Abstracts / Resumos

Castro CC, Aboudib Junior JH, Salema R, Gradel J, Braga L.
How to deal with abdominoplasty in an abdomen with a scar.
Aesthetic Plast Surg. 1993;17(1):67-71.

Abdominoplasty is a common procedure in plastic surgery. Reviewing 150 patients who underwent abdominoplasty, it has been observed that 72% of the patients already had an abdominal scar. How to deal with abdominoplasty in an abdomen with a previous scar is discussed in this article.

Aboudib Junior JH, Castro CC.
Mammaplasty utilizing the periareolar approach.
Aesthetic Plast Surg. 1998;22(1):51-7.

An analysis of 300 cases of reduction mammaplasty done utilizing a periareolar approach at the University Hospital of the State of Rio de Janeiro and our own private clinic during the period from September 1989 through October 1995 is presented in this article. The technical evolution of this procedure is described in detail as well as how the complications were eliminated and the aesthetic results improved. A thorough analysis of recommendations and comments on the results are made by the authors.

Nahas FX, Ishida J, Gemperli R, Ferreira MC.
Abdominal wall closure after selective aponeurotic incision and undermining.
Ann Plast Surg. 1998;41(6):606-13; discussion 613-7.

The tension required to pull the anterior and the posterior rectus sheaths toward the midline was studied in 20 fresh cadavers at two levels: 3 cm above and 2 cm below the umbilicus. The quotient of the force used to mobilize the aponeurotic site to the midline and its resulting displacement was called the traction index. These indices were compared in three situations: (1) prior to any aponeurotic undermining, (2) after the incision of the anterior rectus sheath and the undermining of the rectus muscle from its posterior sheath, and (3) after additionally releasing and undermining the external oblique muscle. A significant decrease in aponeurotic resistance was observed after each dissection. The anterior sheath showed higher resistance to traction compared with the posterior sheath on both levels. No statistical difference was noted in the comparison of the values of the aponeurosis above and below the umbilicus. These results suggest that these procedures are effective in assisting in the closure of abdominal wall defects because these maneuvers decrease substantially the tension required for advancement of the aponeurotic edges.