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Reduction Mammaplasty Pedicle Top with the Technique of Five

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ABSTRACT

Our retrospective study on a series of 21 cases of breast, medium and large hypertrophy in which an original technique was practiced adapting the rule of five centimeters into the predetermined pattern. This is a simple technique for beginner surgeons, reliable on the vascular plan with the least complications and satisfactory esthetic results for both the practitioner and for the patient and reduces scar damage.

INTRODUCTION

The breasts were AAll eras regarded as an object of seduction and female laBeauté attribute.The size, shape and symmetry of the breasts can dramatically affect the physical and mental health of women.The large breasts not only cause functional problems importantsmais also diminish the esteem body image and therefore confidence.This is why the enmatière requirements breast surgery have cesséd'augmenter.Eneffet, Principles of breast reduction are the same: to create a harmonious breast volume and uneforme next to the mammary base with reduction glandulaireet preserve the vascularization of breast and aréolomamelonnaire plate (MAP) [2-4].The revêtementcutané is adapted and reduced, which results in a rançoncicatricielle.The techniques described are countless. For nearly unsiècle, this surgery is développeet many plasticiensont brought them to the building. Some are engraved leurnom.

Our technique is an adjustment to a conventional technique of breast reduction to pédiculesupérieur that combines the advantages of the pitangy technique [11], and dermal vascular arch with absolute safety and satisfactory résultatsesthétiques.

MATERIALS AND METHODS

Patients

Our study focuses on 21 women whose average age is between 18 and 45 years.The upper pole clavicule- average distance of 31 cm to WFP. [5,6,9].Study weight resection, length of stay and complications.

Surgical technique:

The drawing (Fig. 1)The drawing is practiced in crayondermographique on the woman standing before taking him to blocopératoire.

The middle line is first trace, then onrepère the first point A; supraclavicular which will be the basis of all the rest of the drawing, located 5 centimeters off the midline; from the suprasternal hollow and we draw the first line from the previous point to the center of the nipple.

The upper pole of the future plate aréolomamelonnaireest marked on this line at a distance between 19 and 21 centimeters; this is the point B. It draws a circle of 5 cm around the former areola; from the upper pole of the latter, draw two points B: an arrow 5 centimètresen in (internal), and a point C: centimeters a boom outside (external).

We draw from the three points A, B and C, a full half cerclesupérieurqu'on in lower; has at most half of the upper beam (spot distance A higher -Pole areola of the former).

This circle represents all the limits of upper and lower désépedemisationpériaréolaire.

From the points B and C; we draw two arrows internally and externally 5 centimeters; constituting the internal and external boundaries of the cutaneous glandular resection lower and the median suture formantla future vertical branch of inverted T; measuring 5 centimeters.

Downstairs we draw the future furrow slightly under external breast lateralize for the horizontal leg of the T and away from the neck.

At the end of the drawing, draw all the limits of the lower resection keel boat overturned. This is a clear and simplified design for reliable breast reduction surgeon for a beginner. You just follow the path.

The intervention

The operation is performed under general anesthesia with intubation tracheal oro with the patient in half -assise position, arms along the body.

We start with a Tourniquet breast with mammostat, an areal désépedermisationminutieuseperi with cold scalpel blade number: 15; according to the drawn circle (A, B, C) (Figure 2), then open the mammostat and realization of the first point window frames with a large wire: Nylon 1/0; joining the point A at the top of the désépedermisation, held by a clamp check without .This item claws is technically important because they allow us to lift the breast up to the resection. (Figure 2)

On the lower Initiates cutanéoglandulaire resection boat overturned keel using monopolar electrocautery: In hautdu point C to point B, laterally: following the pre lateral lines, from point B and C, below: following the new crease under the breast drawn 1 centimeter lower. (Figure 3)

Resection block is effectuéejusqu'au plane pectoral fascia, and pushed up while leaving a door flap nipple with a thickness of more than one centimeter, and gardantses posterior vascular connections cutanéoglandulaire cleavage avecabsence. Rigorous hemostasis using electrocautery is essential as well as sutures lateral glandular pillars with resorbable points.

It must Fill the three other points around window frames of the new areola; The lowest point is of paramount importance joining the two side pillars and the mid neo furrow under the breast .The excèslatéraux are resected by the cold blade.

The establishment of two suction drains aspiratifs laterally is necessary.The sutures of the two branches of inverted T by dots subcutaneous using absorbable suture 2 / 0sontcomplétées by an intradermal serging by the colorless Monocryl 3 / O.

The areola is sutured by an intradermal running suture by the Monocryl colorless 3 / O and sometimes by separate points Skoog. (4)

A compression bandage cross is done in the operating room.

Subsequently, a contention with a support-gorgecompressif maintains deuxmois during night and day.

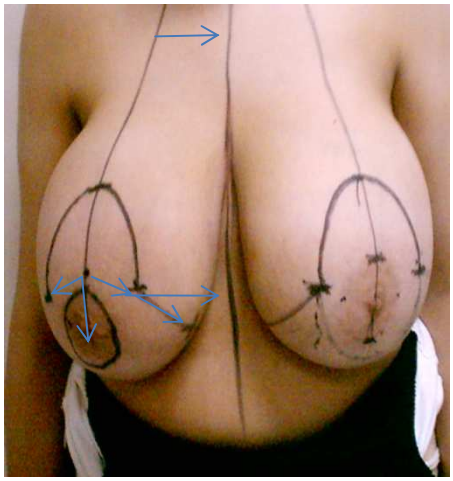


Figure 1 : Preset drawing technique five centimeters

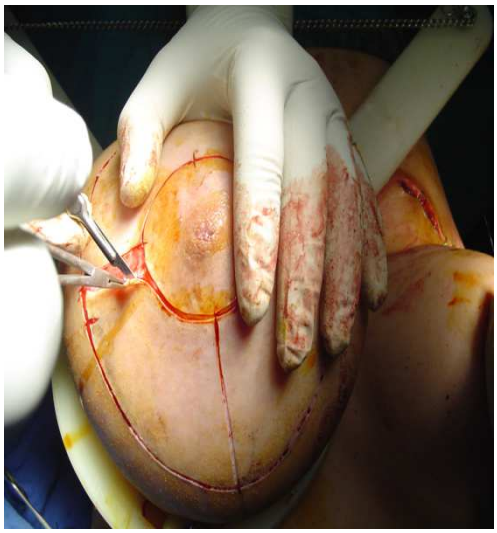


Figure 2 : Tourniquet and désépidermisation perished areal

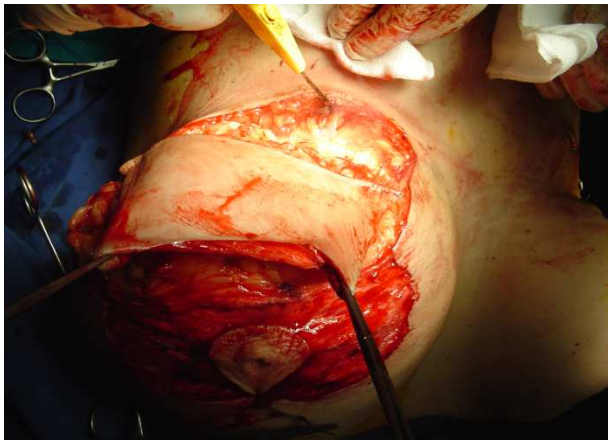


Figure 3 : Resection overturned boat keel

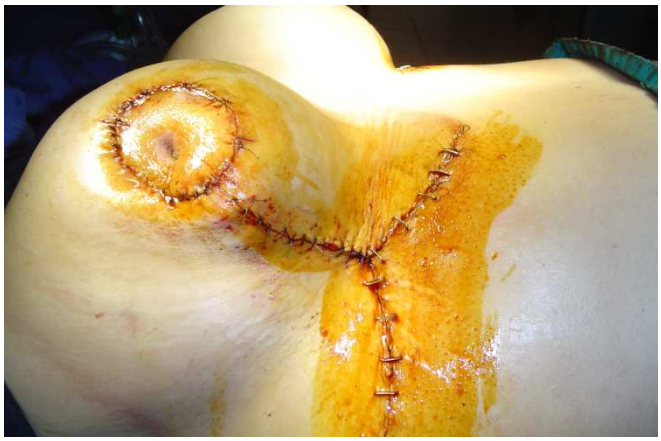


Figure 4 : Suture of the inverted T

RESULT AND DISCUSSION

Resection weight	700 g
Response Time (min)	120 min
Healing time (j)	30 jours
Redons	3 jours
Hospital stay	2 à 5 jours
Postoperative arrow	21cm

The mean resection weight was 700 g, with a maximum of 1200 g for each breast, performed in one patient with a very important hypertrophy.The average duration of response was 120 minutes; the désépedemisation and sutures are an important part of the operating timing.

Healing is achieved as soon as possible to 15 days in young patients, it is delayed to 30 days in others.Redon drains are removed on the third day in all patients.

Hospitalization is two to five days with strict monitoring and outpatient dressing changes three times a week; made by the physician himself in rigorous aseptic conditions.The average preoperative arrow is 31cm (29-40), postoperative arrow is 21 cm.

	Series A 179 cases -9ans	Our Series 21 cases -2years
Hematoma	3	0
Seroma	0	0
Delayed healing	44	3
Partial necrosis	8	0
Secondary correction	12	2
Hypertrophic scars	Not reported	1
Dropping	Not reported	1
Allergy to elastoplast	Not reported	1
Infection	4	0

We noted in eight out of 21 breast surgery complicationsminimal postoperative: in three cases delayed healing in both diabetic patients treated with local care and healing creams. Scarring is

obtained in more than one month.Two patients had "ears" skin side which were convened for 6 months again later corrected under local anesthesia.

We report a case of hypertrophic scarring 6 months after the procedure; This is a young patient operated for average glandular hypertrophy essentially component. that has evolved after application of silicone sheets on all scars for 3 months.We report a case of disunity of the junction of the two branches of the horizontal scar and chronic smoking verticalechez patient; and has responded well to alternate dressings proinflammatory and anti-inflammatory; complete healing is obtenueaprès 45 days.A young patient with no notable history presented an allergy to elastoplast minor; as érythèmeprurigineux and blisters that have been excised.Estrentré everything in order with daily local care and the application of topical wound healing.

What is interesting in this series of patients who have benefited from this technique of 5 centimeters is the absence of major complications such as hematomas, infections, even partial necrosis of the WFP and the rest of the breast, lymph or collections seroma grâceà good postoperative compression.

The other suites were unremarkable; The sensitivity of the PAM estconservée after undélai postoperative average of 8 months, the shape of the breasts estrestée stable over time, while maintaining good symmetry and an acceptable residual volume.

Discussion

Advantages of this technique

This original technique mammoplasty has pourgrand advantage brought the Pitanguy technique, its absolute vascular reliability because it is powered by the superior pedicle and part of the posterior pedicle seen that the flap door nipple retains its connections back and resection is strictly lower .So no separation of the cutanéoglandulaire unit. With this technique we never expected to complications such as necrosis of the WFP and the rest of the gland.

This method is technically very simple compared to that of Pitanguy.Tous preoperative drawings are preset, including the limits of résectioninférieure. So it's the "autopilot" and the risk of error is minimal. Everything is calculated in millimeters.

The strong points of this technique by comparing it to the dermal vault practiced also in our service are:

-The Sensitivity WFP is fully preserved bitch to WFP flap door that retains its postero-superiors fasteners, and désepidermisation circle is big enough; which fully protects the nerve supply from the area plate.

-L'aspect aesthetic and shape of breasts that are better shaped, more farms and projected with the method of the five with the vault that sometimes gives the appearance of breasts disappointing "tomatoes."

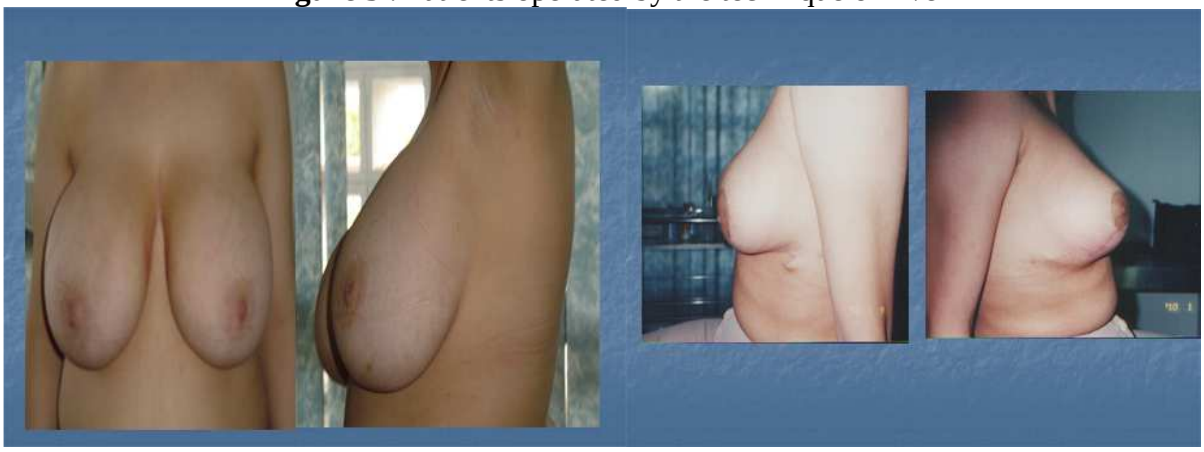
About erectile quality nipple in our series, it is frankly improved.

We treated very important hypertrophy by this technique and we had no problem in depigmentation periareolar whereas with other techniques including Thorek [13] desdépigmentationsdiffuses of WFP with graft failure have been reported in the litterature.

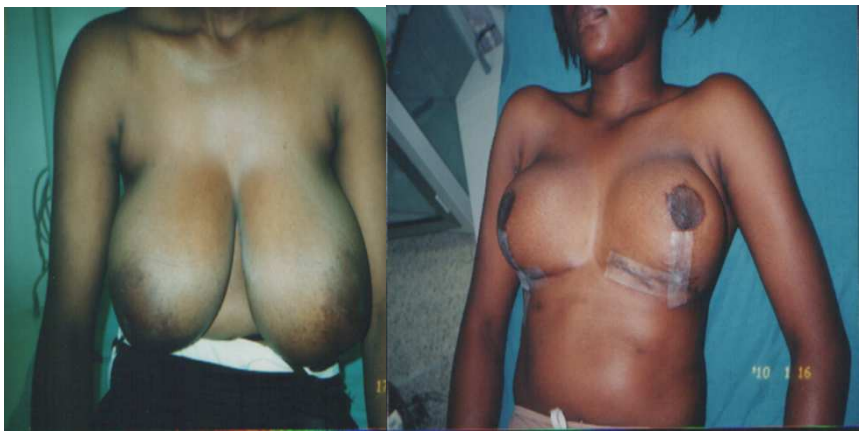
Finally, complications in our series are few and small. None required reoperation.In terms of aesthetic results, 18 patients out of 21 were satisfied; the satisfaction of the surgeon examined about

the same cases as the patients.

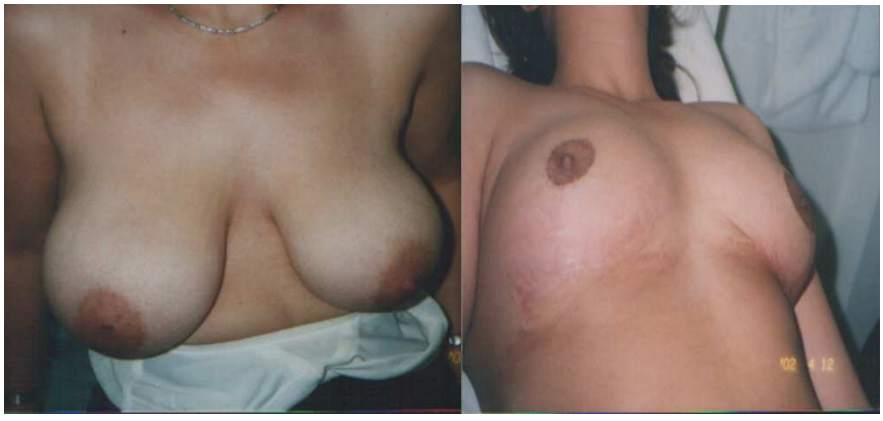
Figure 5 : Patients operated by the technique of five



Results at 6 months



Immediate results



Results at 1 year; ptosis and moderate hypertrophy

CONCLUSION

This technique five centimeters superior pedicle, comparing it to that of pitangy and dermal vault, reliable on the vascular level, quick and easy execution for beginners artists .She has many benefits including sensitivity WFP, the projection of the nipples, and the stability of the results giving a

natural curve in without recurrence, all with the least scarring.

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