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Breast asymmetries and their correction with microstructural fat grafting and combination of other techniques

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Introduction: In adolescence during and after the development of the breasts, congenital breast asymmetries become more conspicuous. This, conservatively untreatable problem, disturbs the psychical development and social integration of the developing individual.

Purpose: The aim of our presentation is to present the technique of autologous microstructural fat transfer we apply at our clinic and our results in correction of congenital breast asymmetries.

Methods: The harvesting of the fat from the donor site is done by Power Assisted Liposuction and "multihole" cannulas. After sedimentation and centrifuging the fat, it is transferred into the hypoplastic or aplastic breast area with blunt, thin cannulas with 3D multilayer technique. The viability and high survival rate of the fat are ensured by cell-friendly technique. Besides lipofilling in specific cases we additionally use uni-or bilateral silicone implants, mastopexy or reduction of excess tissues.

Results: We present adolescent patients with severe congenital breast asymmetry. We combine fat transfer with mastopexy and silicone implants. We observed average more than 80% fat survival rate, somewhat higher than in the proportion mentioned in other studies (60-80%). The satisfaction index of the patients (on 1-10 scale) was increased in average from 2 to 8-9 regarding their breasts. Also significant overall self-esteem increase was observed in psychological evaluation tests.

Conclusions: Autologous fat transfer is an internationally recognized, effective and safe technique for the correction of breast asymmetries. This method is compatible with the use of silicone implants, mastopexy or breast reduction. These genetical disorders may affect the young adult's psychical development, so the surgery should already be considered already at the age of 15-16. The fat survival rate is also higher in this age. In consideration of many different types of breast asymmetry, we suggest that the treatment plan and the applied combinations of techniques must be individually set in each cases.

Biography: Dr. Gergely Pataki completed his medical studies at Semmelweis University in 1999. He has been the Head of a Premium Plastic Surgery located in the Kutvolgyi Teaching Hospital at the Semmelweis University, Budapest from 2010. Dr Pataki is member of numerous valued medical associations and organizations. He Founded Action for Defenceless People Foundation in 2002, this organization volunteers in third world countries and performs free reconstructive plastic surgeries. Dr. Pataki has published in reputed journals and has been speaker at various world congresses.

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