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VERTICAL REDUCTION MAMMAPLASTY IN GIGANTOMASTIA AND SEVERE BREAST PTOSIS

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Vertical scar reduction mammaplasty has the advantage of reduced scar bilateral reduction mammaplasty and improved long-term projection of the breasts. The technique has been criticised for being restricted to moderate cases is considered more intuitive for the surgeon, Difficult to learn compared with conventional inverted-T scar reduction mammaplasties. We describe some modifications of the Lassus vertical reduction technique to achieve safe reductions even for very large and ptotic breasts to minimise unsightly scarring, skin necrosis and poor shape. These modifications include the enlarged superior pedicle and the uplifting of the sub-mammary fold. Over the past 8 years, 490 patients have undergone bilateral breast reduction using the vertical mammaplasty technique with the superior pedicle. We present a retrospective study of 232 cases, 150 cases of (Gigantomastia reductions over 700 g) and 80 cases of severe breast ptosis, (distance nipple to the sternal notch over 30cm), who underwent bilateral reduction mammaplasty, using our technique. By using the described modifications, the nipple and areola were safely transposed on a superior dermoglandular pedicle producing good breast shapes, in addition, scarring and complications in the vertical reduction mammaplasty for oversized and ptotic breasts were effectively minimised. This technique offers a safe and effective way for treating all kind of breasts.

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