

Management of Tuberous Breast Deformity: A Paradigm Shift

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Abstract Text:**Goals/Purpose**

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This paper presents a case series of a novel method of correction of the complicated congenital deformity that is the tuberous breast. Characterized by unilateral or bilateral constricted lower pole, elevated inframammary fold, parenchymal hypoplasia, particularly lack of medial cleavage, and nipple areolar complex herniation resulting in an oversized areola, tuberous breasts can be difficult to reconstruct without residual deformity. The method described provides improved release of the inferior pole and primarily requires fat grafting to achieve symmetric long term aesthetic results.

Methods/Technique

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From the period of 2008 to 2023, a total of 16 patients (ages ranged from 18 to 49 years old) with tuberous breast deformity underwent surgical correction with superficial wide plane dissection of the constricted lower pole combined with areolar reduction, mastopexy, and fat grafting with or without implant. Severity of breast deformities ranged from types 1 through 4. Outcomes were determined by final grade of deformity based on scoring by three primarily aesthetic plastic surgeons.

Results/Complications

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Preliminary results demonstrate a total of 16 patients over 15 years with tuberous breast deformity treated with superficial wide plane dissection of the inferior pole and fat grafting resulted in resolution of deformity after a single stage fat transfer in 13 patients (81.25%). Of the 16 patients, 6.25% were type 1 severity, 37.5% type 2, 31.25% type 3, and 31.25% type 4. One patient (6.25%) required implant at first stage due to desire for volume that could not be obtained with single stage fat grafting. Three patients (18.75%) required revisions with two of those being mastopexy with second stage fat grafting and the third augmentation with implant. One of the patients requiring a second stage of fat grafting, had resolution of deformity from type 4 to type 1. First stage fat transfer volumes per breast ranged from 180 ml to 470 ml with a mean of 356 ml. Asymmetry was corrected in 10 patients (62.5%), with 3 of those being 50 ml or greater difference between breasts. Deformity was corrected in two stages or less. No complications were noted in any first or second stage procedures.

Conclusion

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The method presented here results in a reliably consistent aesthetically pleasing outcome in tuberous breasts without the requirement of parenchymal radial scoring or implant. Of note, the most important deforming forces (lower pole constriction, raised IMF, NAC herniation, and lack of medial cleavage) in the tuberous breast were corrected consistently. 80% of type 4 tuberous breasts were able to be reconstructed with no residual deformity. Patients should be counseled that this option is available, however due to the nature of the tuberous breast lack of soft tissue envelope and parenchyma, multiple stages of fat grafting or implant may be needed for larger volumes. In those cases where implant is desired, fat grafting provides improved soft tissue coverage.

Title:

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