

Nipple Areola Complex Positioning During Subglandular Breast Augmentation In Management Of Breast Ptosis

ABSTRACT

Proper positioning of the nipple-areola complex (NAC) during breast augmentation with mastopexy for management of breast ptosis remained difficult and has potential complications.

It is not advisable to try to correct an evident ptosis by placing a very large breast implant. This behavior often results in an undesirable breast size and the problem of ptosis is seldom corrected. Likewise one should not fall into the error of having planned mastopexy based on examination and measurements and then decided not to do it after placing the implant.

For patients with grade III breast ptosis, mastopexy is generally required in addition to augmentation whether the technique used is periareolar, vertical scar or even inverted T-shaped scar mastopexy. Some patients with grade II breast ptosis can benefit from breast augmentation without mastopexy with a high rate of patient satisfaction, although in such patients elevation of the NAC to its proper site is ideal.

Thirty patients with different grades of ptosis underwent augmentation mammoplasty with or without lifting of (NAC) using different techniques according to the grade of ptosis.

The results were good with only three cases with complications (one case with hematoma and one case with superficial wound infection which was managed conservatively, and one case with bottoming out of the augmented breasts with vertical scar mastopexy which we believe that the skin was excess and inverted T-shaped scar should have been performed from the start). the overall patient satisfaction rate was 90%. The stability of the results depends mainly on the measurements and perfecting the properly chosen surgical technique in each grade of ptosis.