

## *Discussion*

### **Extended Crescent Mastopexy with Augmentation**

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The authors' work is welcomed because there still is not a definite answer for the treatment of a small breast with mild to moderate ptosis. In fact, several authors have approached the issue with different techniques, demonstrating that consensus is not likely to be achieved easily.

The idea of excising a crescent of skin, although not new, finds a new and interesting view in this proposal for reducing tension by gland removal [3,4]. This reduction, according to the authors, deals with one of the greatest challenges of crescent (and circumareolar) breast augmentation: areola spreading [1]. Furthermore, in their opinion, the technique offers an improvement in upper pole fullness and a lessening of the hanging convexity (the areola–inframammary distance).

The initial hypothesis considers a reduction in the skin tension around the areola by excision of the underlying gland. Two questions seem pertinent and difficult to answer here: (a) How can such reduction of tension be measured? and (b) How much gland needs to be excised to achieve a reasonable tension? It is interesting to see that one-third of the patients presented some unfavorable scar result. Although these patients did not want to revise the scar, one interpretation of these numbers may be that the reduction in tension was not sufficient.

The patients presented in the photographs seem to lack upper pole fullness preoperatively, a problem that apparently persists even after surgery. It is conceivable that the excision of gland may have led to this recurrent situation despite the presence of the implants.

In our particular experience, one priority of Brazilian women in terms of results is upper pole fullness, and demands in this direction are strong among our patients. Considering that a patient such as the one presented is not satisfied with her result, a new procedure may be difficult to plan. A new mastopexy with a vertical L-shaped or inverted T seems to be precluded (at least in the first years) because the vascular pedicle is not a reliable one. For this reason, it would be particularly interesting to discuss with the patient the options for the primary surgery and their implications for an eventual secondary procedure [3].

The implant profile is another important issue that should also be discussed with the patient. A medium- or high-profile implant may lead to a better upper pole contour than anatomic implants. On the other hand, the latter are a very good alternative for thin patients who undergo retromammary or subfascial placement.

The authors include the degree of ptosis and the distance between the nipple and the inframammary fold as determinants for performing extended crescent mastopexy. In fact, patients with a prominent lower pole may benefit from a mastopexy procedure that directly addresses this volume (vertical L or inverted T). We suggest two other parameters implicitly related to these cases that need to be well evaluated before surgery: the distance between the sternal notch and the nipple–areolar complex and the areolar diameter. Although the distance between the sternal notch and the nipple–areolar complex varies according to the patient's height, measurements greater than 24 cm generally are an indication for other mastopexy options [2]. In the cases presented in this article, the position of the sternal notch is unfortunately somehow unclear. Furthermore, the photographs would have a better impact if the

shoulders also were included, allowing a more precise assessment of the degree of ptosis. The areolar diameter also would be important to mention because smaller areolas may not be a good indication for this technique.

Although the authors presented a relatively small number of cases, and although their follow-up period ranged from 8 to 36 months, their work can potentially be the answer for some difficult small and ptotic breasts. Time has shown that the perfect balance between shape and scar in the breast has not yet been found, and that there is an open field for creativity and innovation.

## References

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