

Simultaneous Reconstruction of Pectus Excavatum and Aesthetic Breast Augmentation

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Abstract

Background: Pectus excavatum poses several challenges to the aesthetic surgeon. Women often have hypoplastic and asymmetric breasts along with a deep chest wall deformity. We considered that a one-stage procedure instead of the usual two stages would be of significant benefit to the patient by addressing both the chest wall defect and hypoplastic breasts at the same time. Our goals were avoiding a midline incision to avoid hypertrophic scars and obtaining separate pockets for each implant to avoid implant migration.

Methods: Using a custom compression moulage of the chest wall defect, we created a silicone chest wall implant that was placed in a subperiosteal/submuscular plane. One hundred and fifty ml silicone gel breast implants were also placed utilizing endoscopic visualization in a subfascial plane. In this way, the breast implant pockets did not communicate with the chest wall implant. The implants used were approved for reconstructive use.

Results: A twenty-year old woman presented with an uncorrected pectus excavatum and hypoplastic breasts (Figure 1). She had no cardiovascular compromise. After clearance with her cardiologist, she underwent simultaneous chest wall and breast reconstruction. Postoperatively, she did well with no complications and has been followed for over one year at this time. (Figure 2).

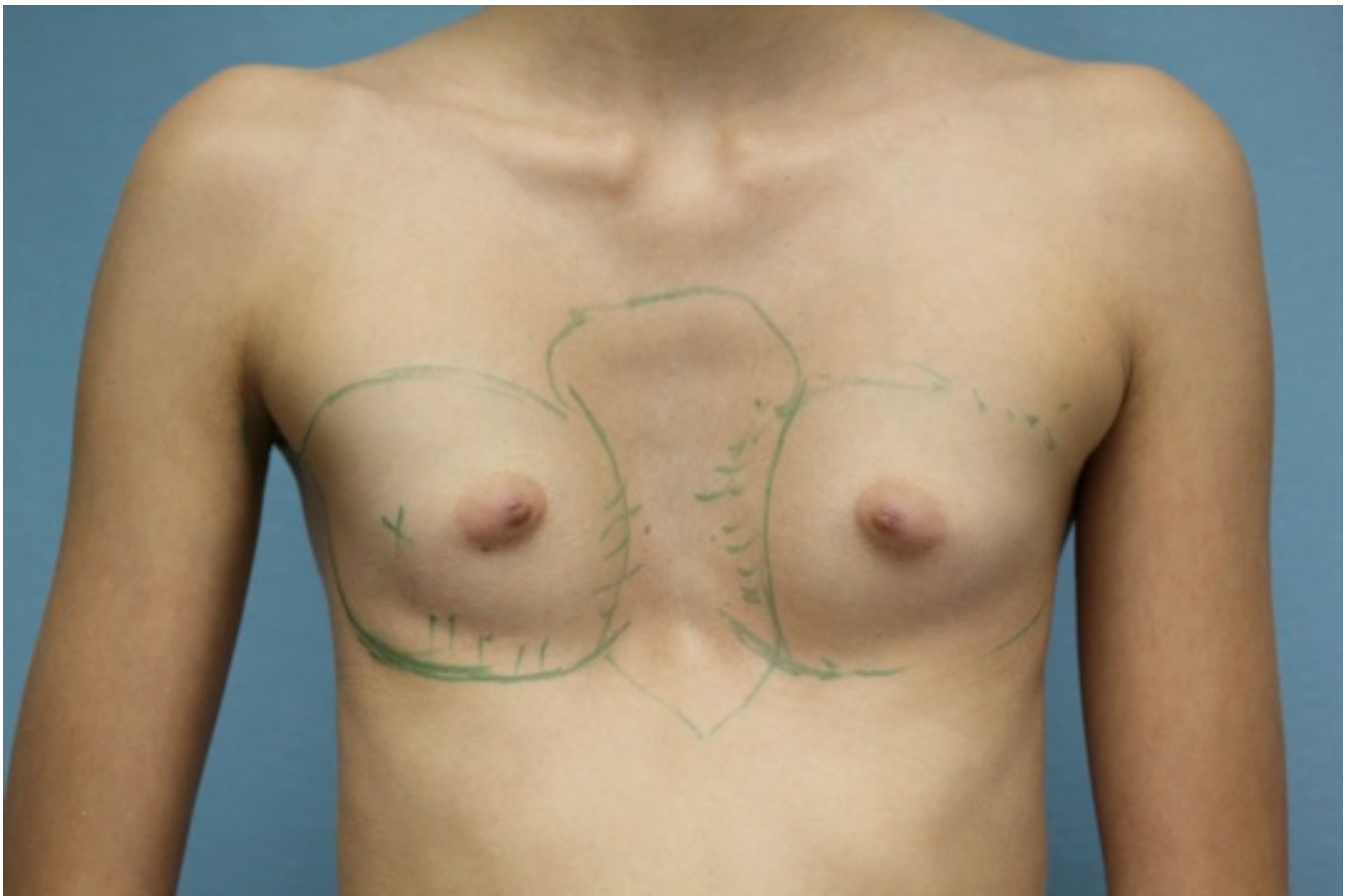


Figure 1.

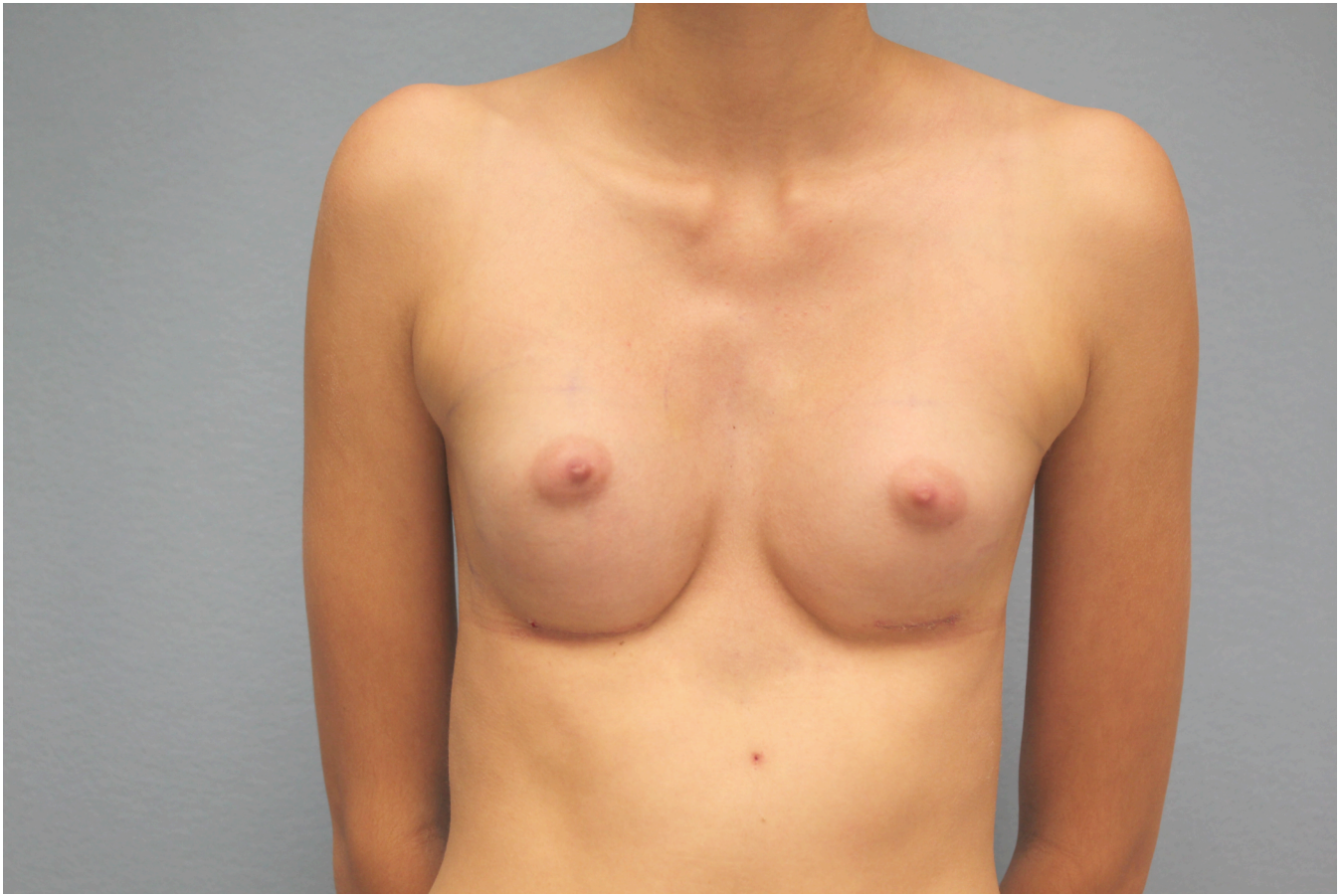


Figure 2.

Conclusions: This case describes the fabrication of a custom chest wall implant, the benefit of the multiple pockets in different planes to prevent symmastia, and how the endoscopic technique was used for the chest wall implant. A one-stage procedure is a feasible alternative to the previous two stage repairs.

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