Type III Tuberous Breast Deformity and Breastfeeding

Norma I. Cruz, MD

Introduction: The tuberous breast deformity is characterized by a constricting ring at the base of the breast which leads to deficient horizontal and vertical development of the breast parenchyma. This condition has been classified by increasing order of severity in types I, II and III (1). Women with Type III tuberous breasts have constricted breast growth in all four quadrants. In spite of the fact that women with small breasts are usually successful at breast feeding, this may not be the case in women with the severe form of tuberous breast deformity. Information on this matter is limited (2-3) and clinical studies on the breastfeeding problems of women with type III tuberous breast deformity are needed.

Method: The breastfeeding success of women who had Type III tuberous breast deformity was compared to the breastfeeding success of women who had normal small breasts (bra cup A). In this study 103 women participated, all of whom had small breasts, and had requested an evaluation for possible breast augmentation. The women who had type III tubular breast deformity (figure 1) were assigned to the study group (n=47) and the women who had normal small breasts (bra cup A) were assigned to the control group (n=56). The inclusion criteria for the study were: no prior breast surgery, having had a live birth, having attempted breastfeeding and having followed good breastfeeding practices. A self-administered questionnaire was used to collect data on demographics and breastfeeding success. For our study, a period of two weeks or more of non-supplemented breastfeeding was considered adequate indication that the woman was physiologically able to breastfeed successfully.

Figure 1. Type III tuberous breasts.

Results: The study and control groups were not significantly different in age (29±6 vs. 28±8) or body mass index (22±3 vs. 21±2). However, the women who had type III tuberous breasts were significantly less successful at breastfeeding when compared to the control group (30% vs. 75%). The difference between the study and control group was statistically significant, $p<0.5$, regarding breastfeeding success.

Conclusion: Women who have type III tuberous breasts are significantly less successful at breastfeeding. Insufficient glandular tissue within a breast that has restricted growth in all four quadrants may be responsible for this problem.

References:

1. Grolleau JL, Lanfrey E, Lavigne B, Chavoin JP, Costagliola M. Breast base anomalies: treatment strategy for tuberous breasts, minor deformities, and symmetry. Plast Reconstr Surg 104:2040-2048, 1999.
2. Neifert MR, Seacat JM, Jobe WE. Lactation failure due to insufficient glandular development of the breast. Pediatrics 76:823-828, 1985.
3. Arbour MW, Kessler JL. Mammary hypoplasia: not every breast can produce sufficient milk. J Midwifery Womens Health 58:457-461, 2013.

Disclosure

Nothing to disclose.