

Background: Scar retraction and soft tissue depression may compromise aesthetics and cause social embarrassment. The purpose of this study was to evaluate the results of treating soft tissue depressions or retractions at varied anatomy regions with combined upward suture traction and percutaneous subcision.

Methods: There were 40 patients (age: mean, 39 y; range, 22-55 y; 39 women and 1 man) (total, 77 soft-tissue lesions) who had treatment with the present technique from 1996 to 2014. Postoperative follow-up was from 6 months to 2 years. The treated anatomic areas were evaluated in 5 groups: (1) face (8 patients; 8 lesions); (2) gluteal (16 patients; 46 lesions, including cellulite grade 3, retraction type 1A and 1B); (3) breast (7 patients; 10 lesions including axilla retraction post lymphadenectomy); (4) abdomen (7 patients; 7 lesions); and (5) lower limb (2 patients; 6 lesions). The technique included placing a 2-0 nylon monofilament suture deep at the core of the depression, pulling vertically up with the suture, and using a needle or miniblade (placed percutaneously or through a small incision) to release the adhesions (Fig. 1 and 2).

Results: The depressions were released successfully in all patients. Bruises around treated areas persisted for 2 to 3 weeks. Moderate induration persisted until three months. In the gluteal region, 6 patients who had retracted areas with diameter > 5 cm developed seroma after treatment; the seromas resolved after needle aspiration or placement of a Penrose drain for 2 weeks (2 patients).

Conclusions: The present results confirmed the efficacy of the combined subcision method with upward traction at diverse body sites as previously reported for inverted nipple in the breast.¹

REFERENCES

1. Pereira Filho OJ, Bins - Ely J, Granemann AS, Bertelli JA, Abdalla, SC. Closed inverted nipple treatment through a microincision procedure. *Plast Reconstr Surg.* 2001; 108: 1000-1005

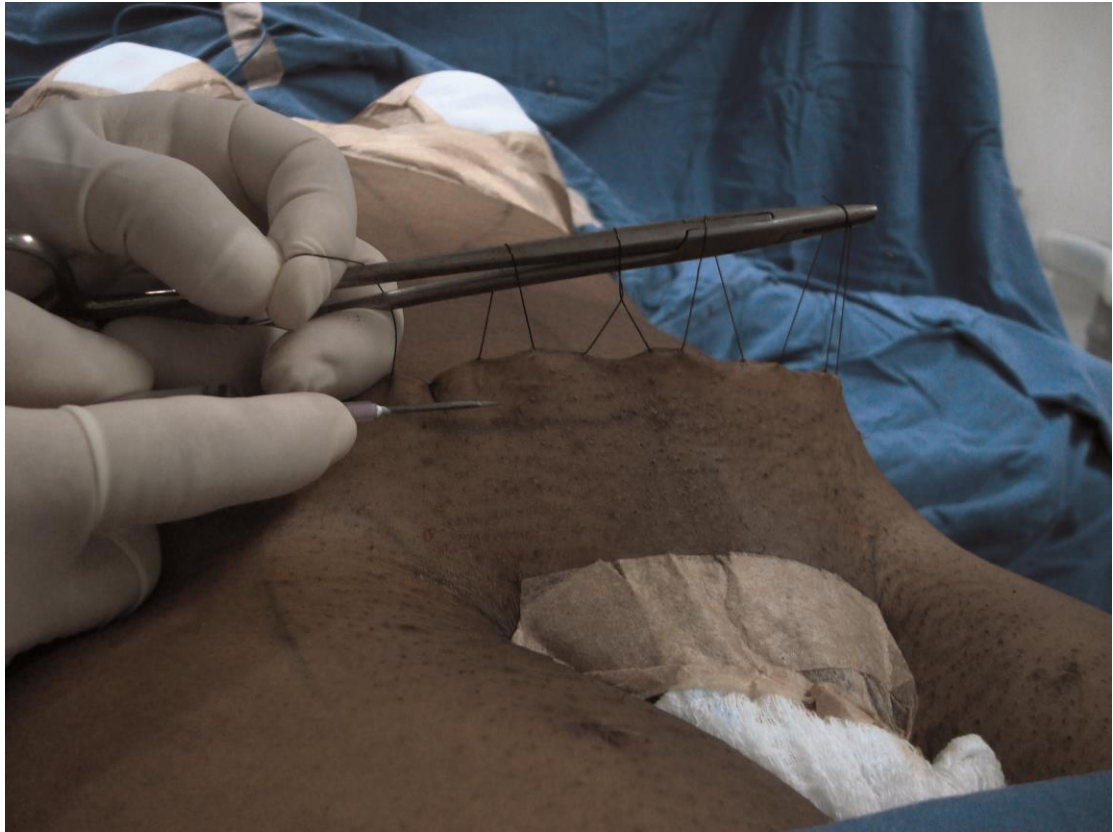


Fig. 1. A 36-year-old patient of the group 4, abdomen, presenting a cesarean scar depression. Upward traction with 2-0 nylon with serial looping stitches eases the combined subcision using #16G or #18G, BD® Nokor, minimi blade Doris, Richter®, or a pink needle.

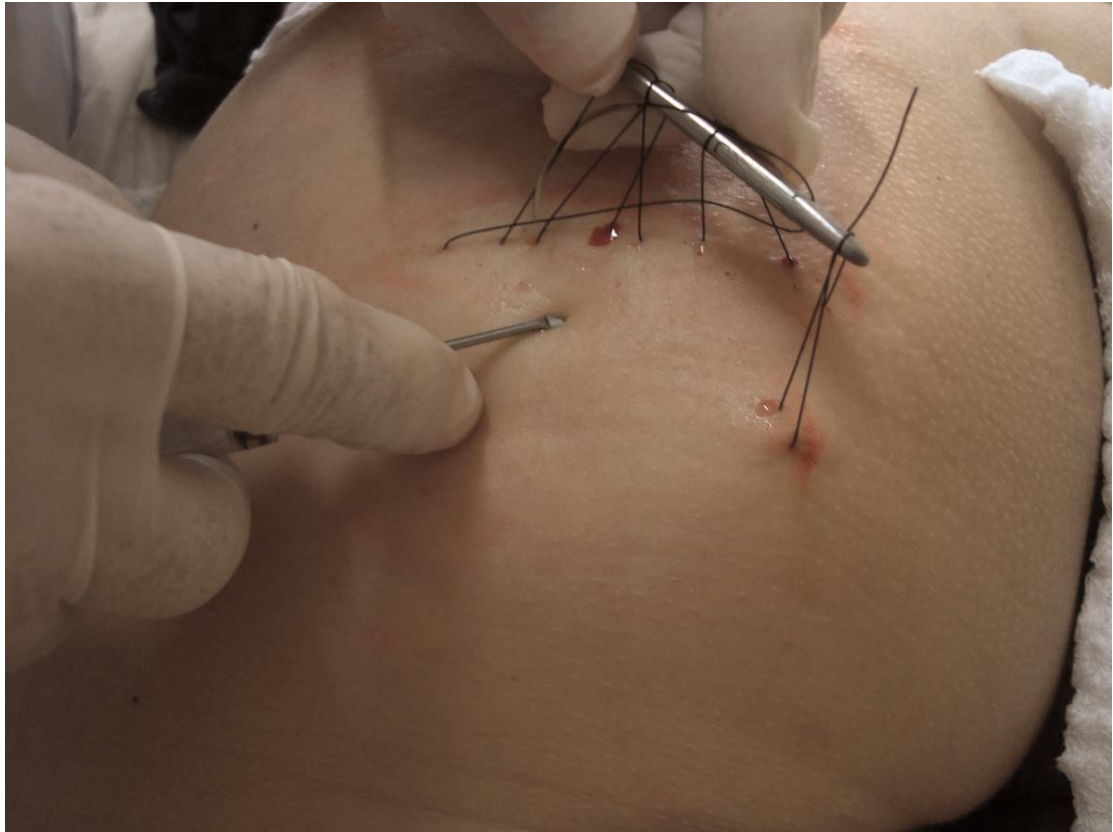


Fig. 2. A 45-year-old patient of the group 2 presenting gluteal cellulite grade 3, mixed with lipoatrophy type 1A and fibrosis type 1B. Upward traction with 2-0 nylon in a criss-cross fashion optimizes the combined percutaneous subcision in a circular movement with #18G BD nokor or pink needle.