

# A Novel Technique for Duct-Preserving Nipple Eversion

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Duct preservation during nipple eversion surgery can be challenging. Chronic shortening of the intact ducts and ptosis from post-partum or involutional changes will predispose the patient to recurrent or persistent nipple retraction.

We present a case of a 23-year old nulliparous lady with benign bilateral grade 3 nipple inversion (Han & Hong classification<sup>1</sup>) who underwent duct-preserving nipple eversion surgery using autologous dermal scaffold grafts.

Using inferior nipple-areolar junction incisions, the ducts were identified, isolated and preserved by release dissection of the inter-ductal fibrous support tissue. De-epithelialised dermal grafts were harvested from the flank. These were woven around the central ducts and fashioned into cylindrical collars. A four-point clover leaf intradermal suture provided the foundation to prevent retraction of the nipple and supporting collar. The skin was closed, and doughnut-shaped sponge dressings were applied to avoid direct pressure on the everted nipples.

Although successful lactation is yet to be confirmed, she is delighted with the results and maintains excellent nipple projection at 6 months following surgery.

## Reference Citations:

1. Han S, Hong YG. The inverted nipple: its grading and surgical correction. [Plast Reconstr Surg.](#) 1999 Aug;104(2):389-95