



BREAST ASYMMETRY IN WOMEN REQUESTING PLASTIC SURGERY OF THE BREAST

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Nothing to Disclose



Clinical Question

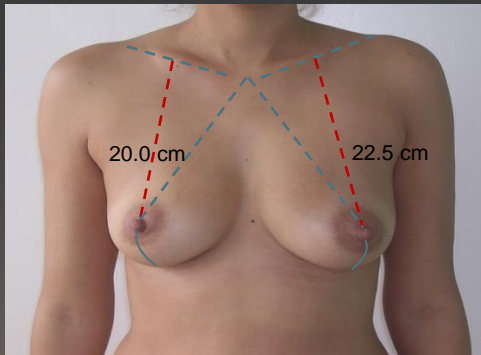
Is the high frequency of breast asymmetry restricted to augmentation patients?



Method

Clinical Study

Breast measurements of 244 consecutive women, who had no prior breast surgery, were prospectively recorded in a database. Comparisons were made between the right and left breast regarding symmetry of the nipple areola complex, breast mound and chest wall.



Method

The patients were classified into three groups according to the presenting breast problem.



Hypoplastic Breasts
(Augmentation)



Macromastia
(Breast Reduction)

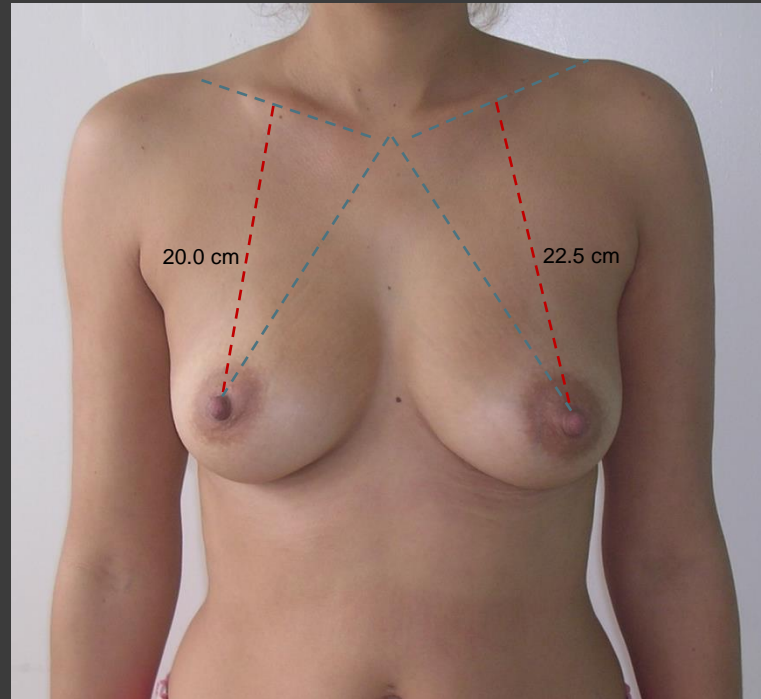


Ptotic Breasts
(Mastopexy & Implants)

Asymmetries

Nipple-areola complex

- Position
- Size



Asymmetries

Breast Mound

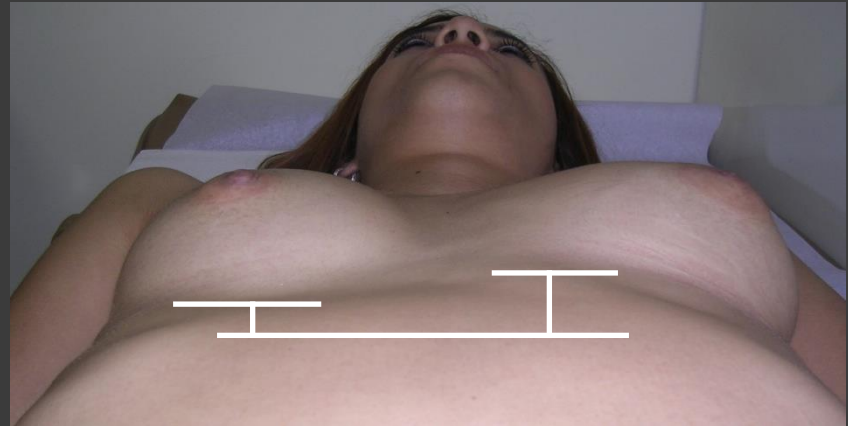
- Volume
- Base
- Inframammary fold (IMF)



Asymmetries

Chest wall

- Pectus excavatum/
carinatum
- Rib flaring



Results



Mean Age \pm SD




Hypoplastic breasts 31 ± 10

Macromastia 33 ± 13

Ptotic breasts 37 ± 11

The mean age of the group as a whole was 34 ± 11 years.

Results

				
Asymmetries	Hypoplastic (n=106)	Macromastia (n=80)	Ptotic (n=58)	P
Nipple-areola	54%	59%	51%	>0.05
Breast Mound	45%	46%	43%	>0.05
Chest wall	12%	11%	10%	>0.05

Overall 91% of the women had at least one type of preoperative breast asymmetry.

Conclusion

Breast asymmetries occur in the majority of women and these findings are similar among the different groups. Since they are often unaware of the problem, they should be informed of the presence of the asymmetry and how this may affect the surgical outcome

