

A Novel Technique for Duct-preserving Nipple Eversion

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Disclosures: None to declare

Background

- 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 nulliparous lady with benign bilateral nipple inversion who underwent duct-preserving nipple eversion surgery using autologous dermal scaffold grafts.



Case history

- A 23-year old nulliparous lady presented to the clinic with benign bilateral grade 3 nipple inversion (Han & Hong classification¹).
- After trialling the external suction devices, she requested surgical correction.
- She had no relevant comorbidities, and no previous history of breast pathology.



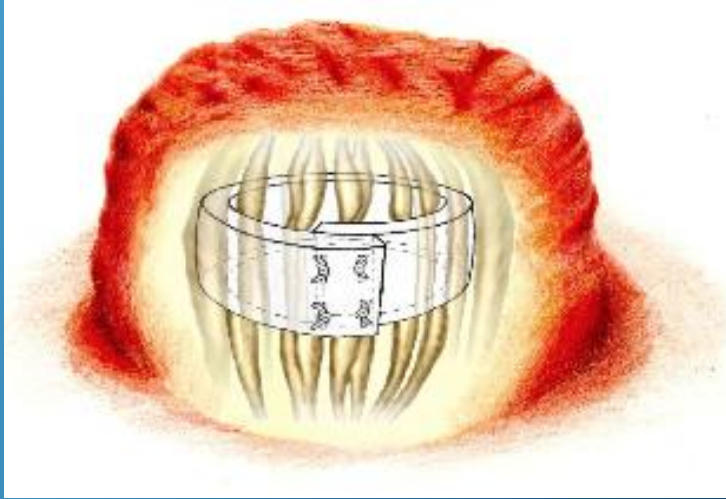
1. Han S, Hong YG. The inverted nipple: its grading and surgical correction. *Plast Reconstr Surg.* 1999 Aug;104(2):389-95



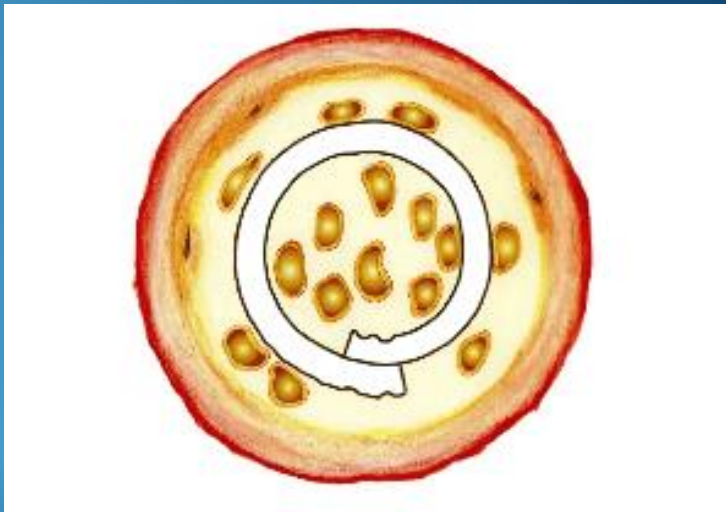
Pre-operative nipple inversion



Technique (1)

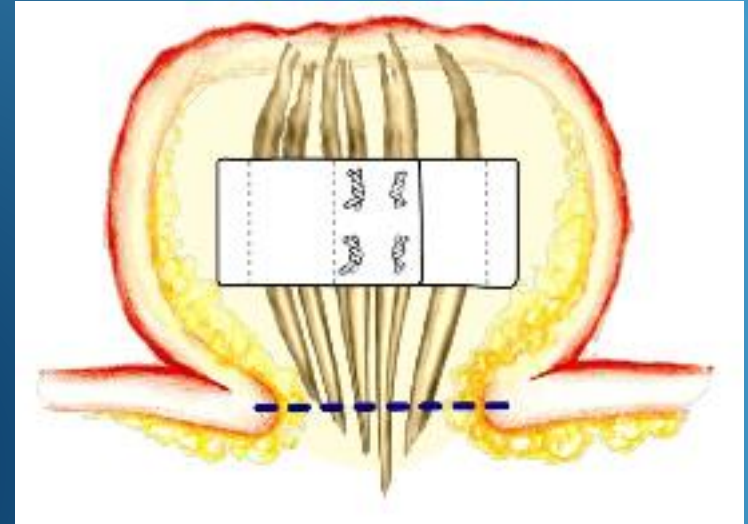


- Using inferior nipple-areolar junction incisions, the ducts were identified, isolated and preserved by release dissection of the inter-ductal fibrous support tissue.
- De-epithelialised dermal grafts were harvested from the flank.
- These were woven around the central ducts and fashioned into cylindrical collars.



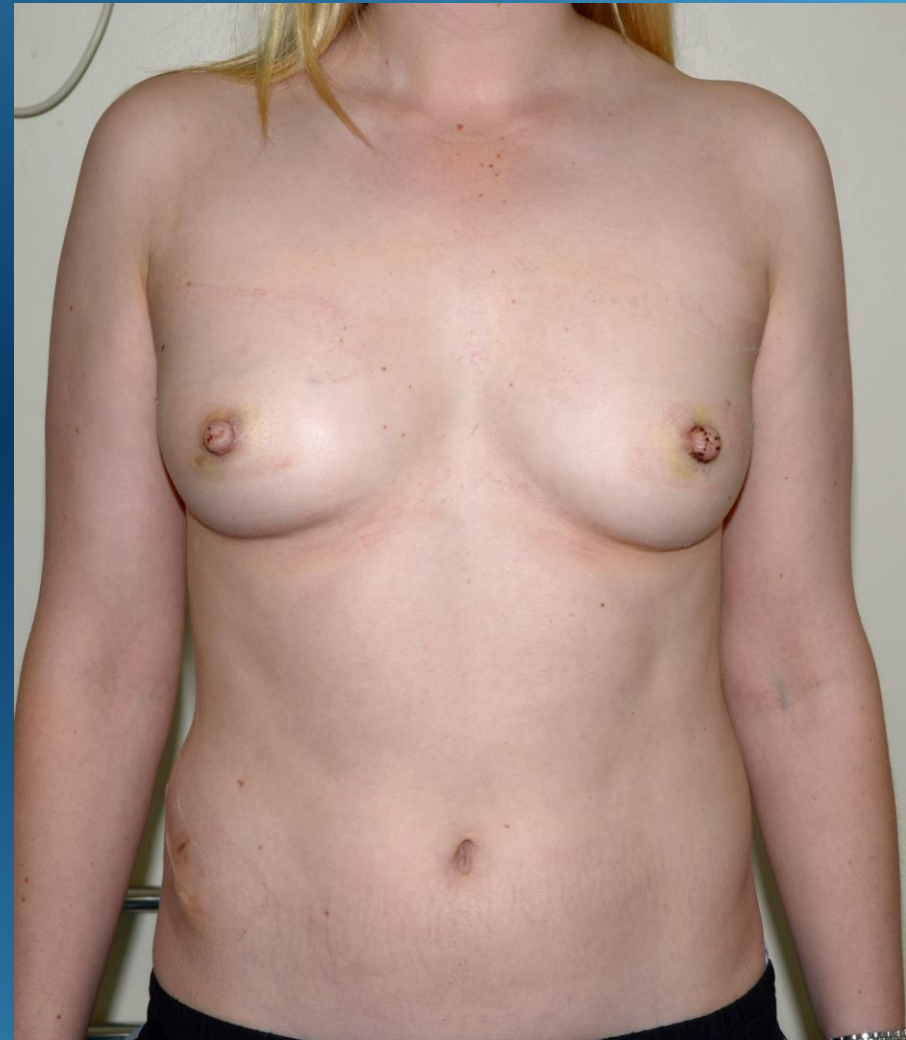
Technique (2)

- 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.



Post-operative

- The photos show her results at 2 weeks.
- The patient is delighted with the results and maintains excellent nipple projection at 6 months following surgery.



2 weeks following surgery



Successful lactation is yet to be confirmed.



Conclusion

- Most surgical techniques of nipple eversion involve dividing the lactiferous ducts, thereby eliminating potential for subsequent lactation.
- Duct-preserving surgery is possible, but often involves multiple circumferential sutures at the base of the nipple which may cause stenosis and constriction around the ducts, and may not prevent recurrence over time.
- Using autologous dermal grafts to form a collar around the ducts is a useful technique for duct-preserving nipple eversion which may avoid potential constriction and recurrence.

