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CLINICAL CASE

Breast lipofilling: A new treatment of Becker nevus syndrome



Lipofilling du sein : une nouvelle approche pour le traitement du syndrome de Becker

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Becker nevus syndrome;
Lipofilling;
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Breast augmentation;
Breast asymmetry

Summary

Introduction. — The association of Becker's nevus with other cutaneous, musculoskeletal or maxillofacial anomalies is called Becker nevus syndrome. Ipsilateral breast hypoplasia is the main reason for female patients to seek medical advice. We present two clinical cases of Becker nevus syndrome with thoracic nevus and ipsilateral breast hypoplasia treated with lipofilling alone (fat grafting).

Material and methods. — For the two consecutive cases of Becker nevus syndrome treated by fat grafts, we present the surgical technique and the outcome at one year follow-up. Fat was harvested with cannula after infiltration. The adipose tissue was prepared with a short centrifugation. Fat grafting was realized as backward injections.

Results. — We have noticed a concomitant improvement of the thoracic nevus color with a stable result after one-year follow-up. The aesthetic result after lipofilling was evaluated as very satisfying by the patient. The breast symmetry was improved.

Conclusions. — We believe that the lipofilling technique is a natural and valuable treatment option for thoracic anomalies in Becker nevus syndrome with a major impact on patient's quality of life.

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MOTS CLÉS

Syndrome de Becker ;
Lipofilling ;
Transfert graisseux ;
Hypoplasie mammaire ;
Augmentation
mammaire ;
Asymétrie mammaire

Résumé

Introduction. – L'association du nævus de Becker avec d'autres manifestations cutanées, musculo-squelettiques ou maxillofaciales constituent une anomalie appelée syndrome de Becker. L'hypoplasie mammaire homolatérale est le principal motif de consultation des patientes. Nous présentons deux cas de syndrome de Becker avec nævus thoracique et hypotrophie mammaire homolatérale traités par transfert graisseux seul.

Matériel et méthodes. – Pour les deux cas consécutifs de syndrome de Becker, nous avons décrit la technique chirurgicale du lipofilling et les résultats au long cours à un an post-opératoire. Après prélèvement de la graisse, une courte centrifugation a été réalisée avant de réinjecter la graisse de façon rétrotraçante.

Résultats. – Nous avons noté une amélioration de la couleur du nævus de Becker avec un résultat stable à un an post-opératoire. Les résultats esthétiques ont été jugés très satisfaisants par la patiente avec une bonne symétrie mammaire.

Conclusions. – Nous pensons que le lipofilling est une technique naturelle et valable pour les malformations thoraco-mammaires du syndrome de Becker avec une amélioration notable de la qualité de vie des patientes traitées.

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Introduction

Becker nevus syndrome is rare. It is a syndrome described in 1997 and characterized by the presence of a Becker nevus in association with unilateral hypoplasia of breast or other cutaneous, muscular or skeletal defects [1]. Female patients usually seek medical treatment for the thoracic nevus and/or breast hypoplasia and the classic treatment consists of breast augmentation using silicone implants. The results after this technique are usually relatively poor regarding the final shape and volume of the breast. As we have great experience with fat grafting, procedure that was practiced in our department since 1998 for breast reconstruction [2], we have extended the indications of fat grafting to breast asymmetry [3] or acquired breast deformities [4,5].

The purpose of this article is to present the lipofilling as a new treatment option for Becker nevus syndrome.

Materials and methods

We present two consecutive cases of Becker nevus syndrome. The patients consulted for breast asymmetry with an important breast hypoplasia. A cutaneous pigmentation at the hypoplastic breast level suggested the Becker nevus syndrome diagnosis. We present the lipofilling or fat grafting as an alternative to improve the Becker nevus syndrome. The results were evaluated at one year after surgery. Complications (infection, hematoma, hemorrhage, fat embolism, pneumothorax) were registered. The patient and surgical team result evaluation were recorded.

Every surgical procedure was undertaken under general anesthesia. The technique used implied liposuction in the preoperative established fat areas after infiltration with saline serum and epinephrine (one milligram epinephrine in 500 mL of saline serum). The areas chosen for fat harvesting were for the first session the abdomen and for the second session the thighs and the trochanteric regions. 10 cc Luer-Lock syringes were attached to a 3.5 mm diameter multi-perforated cannula for liposuction. The harvested fat was treated by centrifugation for 20 seconds at 3000 rotations

per minute (500 g). The incisions at the breast level were made using a 18 gauge trocar. The treated fat grafts were injected in the deficit areas of the breast using a 2 mm diameter monopercutaneous cannula [2] from the deep to superficial layers while retracting the cannula. The subcutaneous strings [4] were released using a 18 gauge trocar. The injection points were closed using a 4-0 fast absorbable suture. The breast is dressed using paraffin gauze. In the liposuction areas, a compressive dressing is applied and is removed five days after surgery.

Results

The results of fat grafting for the Becker nevus syndrome treatment are shown by two cases of Becker nevus associating breast hypoplasia.

Case report 1

A 26 years old female patient without co-morbidities, presented with right breast hypotrophy and irregular brownish macula with geographic distribution in the right thoraco-mammary region. No other associated anomaly detected and no family history found.

The clinical diagnosis of Becker nevus syndrome was made. The patient concern was her breast anomaly. This was treated with two sessions of fat grafting with the injection of 144 and 312 cc of adipose cells three months apart. No complication was noted. Result after one year showed the correction of the right breast hypotrophy with excellent result and symmetry (Fig. 1). We noticed the light color of the thoracic nevus after the treatment. The patient and the surgeon were very satisfied. The one-year post-operative mammography and ultra-sound were normal.

Case report 2

A 19 years old female patient came to our office to our office with right breast hypoplasia. No other co-morbidities were recorded. The clinical examination showed a right

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