

Management of Recurrent or Persistent Macromastia



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KEYWORDS

- Breast reduction • Complication • Mammary hypertrophy • Recurrent • Reduction mammoplasty
- Vertical scar • Revision • Pedicle

KEY POINTS

- Repeated breast reduction can be a safe and reliable procedure, even in cases of unknown initial pedicle, with little risk of vascular compromise of the nipple-areola complex (NAC).
- It is important to determine whether the NAC is adequately positioned, because this determines whether transposition of the NAC is required in addition to the inferior wedge resection and liposuction used for volume reduction.
- Liposuction is a useful adjunct in repeated breast reduction, because it allows for volume reduction while at the same time minimizing damage to the blood supply of the breast NAC.
- It is important to rule out malignancy as a potential cause of recurrent macromastia, particularly if the recurrence is unilateral.

INTRODUCTION

Breast reduction continues to be one of the most commonly performed procedures in plastic surgery, with more than 114,000 breast reductions performed in 2014, according to the American Society for Aesthetic Plastic Surgery.¹

Recurrent macromastia can be defined as the accumulation of excessive breast tissue after breast reduction. Excess breast tissue is a function of 2 factors: (1) the amount of excess tissue in the breast and (2) the location of excess tissue in the breast. Persistent macromastia describes continued breast tissue excess despite previous breast reduction.

Repeated breast reduction goes by several other names in the literature, including secondary breast reduction and revision breast reduction. All of these terms refer to volume reduction procedures after primary breast reduction. For the

remainder of this article, the technique is referred to as repeated breast reduction. This article on the management of recurrent or persistent macromastia reviews key principles for repeated breast reduction and the authors' approach to this potentially difficult problem.

BACKGROUND

Despite reduction mammoplasty being one of the most commonly performed procedures in plastic surgery,¹ the literature on outcomes after repeated breast reduction is limited to a handful of case series²⁻⁴ and case studies.⁵⁻⁹ Unfortunately, the sparse literature that does exist presents conflicting opinions and approaches to repeated breast reduction. Some investigators report significant complications in repeated breast reduction cases, including complete loss of the NAC,^{6,8} and advise that repeated breast reduction be approached

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with great apprehension.^{6,8,10,11} Some investigators even advocate liberal use of free nipple grafting in these cases.^{6,8,10,12} Meanwhile, other investigators have reported good results and believe repeated breast reduction can be a safe option, even in cases where the original mammoplasty technique is unknown.^{5,7,9,13}

A review of the case series published in the literature reports 88 patients having undergone repeated breast reduction, with 75 of these patients requiring transposition of the NAC (**Table 1**). Lejour⁵ reported good results after vertical mammoplasty in 14 patients with no complications. She noted that liposuction was a safe technique that allowed for volume reduction without compromising vascularity to the NAC.

Hudson and Skoll⁶ reviewed 16 repeated breast reduction patients, of which 8 required NAC transposition. Three patients in this cohort suffered vascular compromise of the NAC, with 2 leading to complete unilateral loss. Among these 3 cases, 2 occurred in the setting of a new dermoglandular pedicle (primary superomedial pedicle revised to inferior pedicle; primary inferior pedicle revised to superior pedicle) whereas the other occurred in the repeated use of an inferior pedicle. They suggested using the same pedicle, if known, when the NAC required transposition and otherwise free nipple grafting if the initial pedicle was unknown.

Losee and colleagues⁷ reported on 10 patients undergoing repeated breast reduction. A different technique/pedicle was used in 7 of the 10 cases, although only 3 cases involved complete transection of the previous pedicle.¹⁰ Five minor

complications were reported in 3 patients, with no cases of NAC vascular compromise. Their group concluded that repeated breast reduction is a safe option when using either a similar or different technique.

Patel and colleagues⁸ reported a major complication rate of 37.5% in 8 patients undergoing repeated breast reduction. Furthermore, the investigators reported a 100% complication rate among the 3 patients where an inferior pedicle was used for both the primary and secondary procedure, including 1 case of NAC necrosis. They suggested that free nipple grafting might be the technique of choice for repeated breast reduction as there were no complications in the 2 cases included in their series.

Sultan and colleagues⁹ reported on 15 patients who underwent repeated breast reduction using a vertical scar with superior or superomedial pedicle after primary inverted T scar breast reduction. The initial pedicle was known in only 4 of the cases and all 4 were inferior pedicles. They reported 1 complication of unilateral NAC epidermolysis, which healed fully with conservative management. They concluded that this approach is safe and provides good aesthetic results.

A review of the literature reveals 20 documented complications among the 88 patients reported to have undergone repeated breast reduction. The majority of the complications (14 of 20) would be classified as minor complications (ie, delayed wound healing, scarring, and recurrent asymmetry) with only 3 patients experiencing complete NAC necrosis^{6,8} and 2 patients experiencing of

Table 1
Complications reported from case series of patients undergoing repeated breast reduction

	No. of Patients (No. of Breasts)	No. of Complications	Nature of Complications
Lejour, ⁵ 1997	14 (28)	0	N/A
Hudson & Skoll, ⁶ 1999	16 (28)	8	NAC necrosis (2) NAC compromise (1) Scar/dog ear (2) Wound-healing complications (2) Hematoma (1)
Losee et al, ⁷ 2000	10 (?)	5	Delayed wound healing (3) Delayed nipple sensation return (2)
Patel et al, ⁸ 2010	8 (16)	3	NAC necrosis (1) Seroma (1) Abscess (1)
Ahmad et al, ¹³ 2012	25 (48)	3	Recurrent asymmetry (2) Cellulitis (1)
Sultan et al, ⁹ 2013	15 (28)	1	NAC epidermolysis (1)

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