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The congenital cleft nipple and its surgical treatment☆

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Summary Congenital variations of the shape and structure of the nipple lacks coverage in the medical literature. We present four cases of a specific and unique congenital nipple anomaly, the cleft nipple. Each woman had a normal contralateral breast and nipple—areola complex. Three of the four cases were corrected surgically with no complications experienced. Included in the discussion is a description of the techniques used in the corrective surgery and a review of the current literature on associated variations of normality.
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Introduction

The nipple forms during the perinatal period with the proliferation of the mesenchyme underlying the areola. At birth, the nipples are poorly formed and often depressed. Soon after birth, the nipples are raised from the shallow mammary pits by proliferation of the surrounding connective tissue.[1] Various congenital anomalies of the nipple are well established in medical teaching such as athelia, absence of the nipple and polythelia, a supernumerary nipple. Furthermore, various traumatic causes of nipple disfiguration secondary to piercing and infection have been described in case reports.[2]

We report a series of four cases of a congenital unilateral cleft nipple and their surgical management and discuss the evolution of a new technique to correct this particular deformity.

Cases

Case 1

A 44-year-old woman presented for a bilateral reduction mammaplasty. At the time of her initial consultation an

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abnormal cleft nipple was also noticed on her left breast. The woman declined the offer of its correction and the reduction mammaplasty proceeded without complication.

Case 2

A woman underwent simple excision of the portion of NAC skin between the two edges of the cleft nipple. Although done as an ellipse, it flattened the projection of the nipple and left it tapered on one side to produce a lopsided nipple (Figure 1).

Case 3

A 28-year-old woman presented complaining of an "inverted" left nipple. On examination she was found to have mild tubular breast deformity, which was of no concern to her and a cleft nipple (Figure 2). A simple transposition flap of the triangle of skin within the cleft was carried out (Figure 3), displacing the skin to one side and closing in the nipple. This partially corrected the cleft but placed the nipple off centre on the areola (Figure 4). Despite this, the patient was extremely pleased with the result.

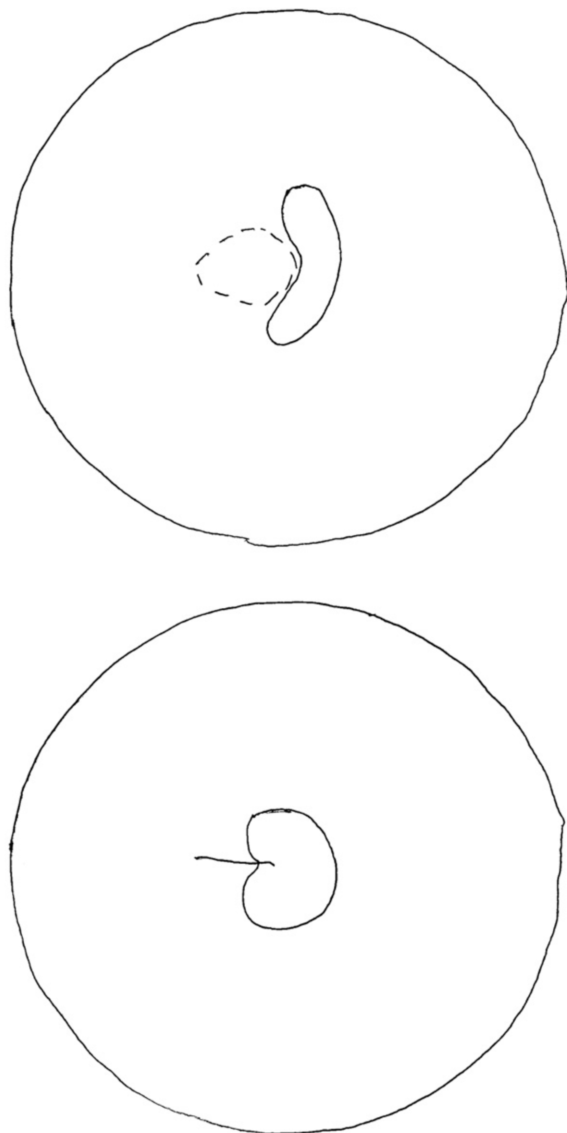

Figure 1 Diagram illustrating the simple excision of tissue between the cleft edges of the nipple.

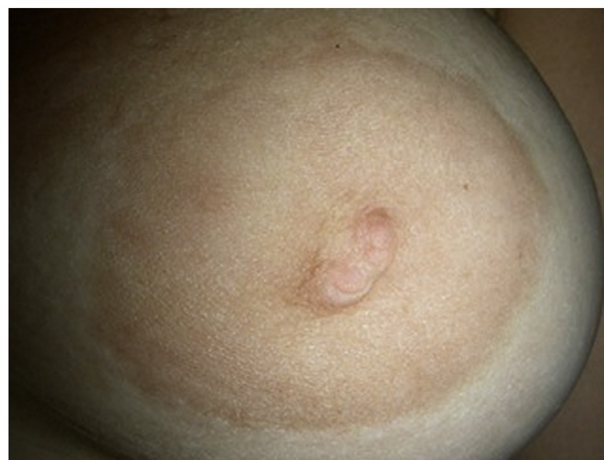

Figure 2 Pre-op photograph showing cleft nipple appearance.

Case 4

A 20-year-old woman presented to the outpatient clinic with developmental breast asymmetry secondary to scoliosis. She also complained of an "inverted" left nipple, which on examination was also cleft rather than inverted (Figure 5). She went on to have a bilateral augmentation mammaplasty and a correction of her unilateral cleft nipple. The technique used for the latter procedure was a modification of the double-opposing Z-plasty in that the flaps were still planned as mirror images of each other as in the classic "butterfly flap" but they shared a common limb along which the line of reflection lay. In this way nipple tissue from both edges was brought in to close the 'horseshoe' and non-nipple tissue making up the previous cleft was distracted to the periphery (Figures 6 and 7). Postoperatively, as with the other patients, the corrected nipple was managed with a foam doughnut that was worn within the bra for a period of six weeks for protection. At four and half months post op the patient was happy with her result and the cleft appearance of the nipple was significantly improved (Figure 8).

Discussion

Cleft nipple is a previously undescribed developmental anomaly. The nipple not only plays an important functional role in the female but also contributes to the breast aesthetic. Thus, small defects or anomalies in its structural integrity can impart a disproportionately large psychological morbidity upon the female patient.

Nipple anomalies such as inverted nipple and congenital breast deformities such as tuberous breast are well known to cause significant psychological distress in women.[3,4] It therefore was unsurprising that the majority of women in our case series requested surgical correction of their cleft nipple. Furthermore, an evolution of techniques served to

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