

REDUCTION MAMMOPLASTY USING THE LOWER PEDICLE TECHNIQUE: A LITERATURE REVIEW

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INTRODUCTION

The reduction mammoplasty technique using the inferior pedicle has proven to be an important alternative for breasts with severe breast hypertrophy and significant distances between the areola-papillary complex (CAP) and point A. Widely used in North America, it has the great advantage use in large breast ptosis, as it maintains the vascularization of the areola and eliminates excess breast volume. GOALS: To review the reduction mammoplasty technique using the inferior pedicle, measuring its applicability in real cases over time.

METHODOLOGY

This study consists of an integrative literature review supported by articles on reduction mammoplasty with the inferior pedicle technique published through the Pubmed, Scielo and ``*Revista Brasileira de Cirurgia Plástica*`` (RBCP) database, using the descriptors reduction mammoplasty, plastic surgery, techniques, and irrigation between the years 2001 - 2021, in Portuguese and/or English. Of the articles found, only⁴ were selected based on the established criteria.

RESULTS AND DISCUSSION

The reduction mammoplasty technique that uses an inferior pedicle, including the NAC, demonstrates wide applicability in both aesthetic and reconstructive surgeries, whether for immediate reconstructions or to obtain symmetry. Its main advantage lies in its ability to address cases of severe breast ptosis, preserving the vascularization of the NAC and the potential for breastfeeding^{1,3} With regard to the surgical technique, it was initially described by several authors from the mid-1970s onwards. The procedure

begins with skin marking to determine the skin and subcutaneous cellular tissue that will be removed, taking into consideration, the need to achieve critical breast symmetry based on geometric criteria. This marking is routinely performed with the patient sitting, drawing guidelines that extend from the sternal notch to the xiphoid process and from the midclavicular line to the midpoint of the submammary fold, passing through the areola. The surgery begins with the patient in the supine position and under anesthesia. The inferior pedicle is de-epithelialized using the Schwartzman maneuver, after removing excess breast glandular tissue in the lateral and medial regions, the pedicle is fixed to the fascia of the pectoralis major muscle using non-absorbable thread, in order to avoid its lateralization. Next, sutures are placed to unite the dermoglandular flaps, and a marking is made at the new location of the areolar-papillary complex (CAP), ensuring its transposition naturally and without tension.² With regard to CAP sensitivity, no reports mentioned total loss of sensitivity¹.

CONCLUSION

Based on this, it is clear that the reduction mammoplasty technique with lower areolated pedicle is an excellent method in aesthetic and/or reconstructive surgeries, and is a safe procedure.^{1 3} This way, patients undergoing it have advantages such as an excellent approach in cases of severe breast ptosis, which preserves the sensitivity of the NAC and the potential for breastfeeding.^{1 2 3}

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