proportion of patients with gynecomastia were overweight/obese (80.0%) compared to controls (33.3%; \( p<0.001 \)). Patients were followed-up for an average of 28.3 months.

At baseline, subjects with gynecomastia scored statistically significantly less favorably than controls in five SF-36 domains (general health, vitality, social functioning, role-emotional, and mental health), the RSES, and the EAT-26 (\( p<0.05 \) for all). By 6 months follow-up, postoperative subjects were scoring similarly to controls in four of the aforementioned SF-36 domains (vitality, social functioning, role-emotional, and mental health) (\( p>0.05 \) for all), and by 1 year follow-up postoperative subjects scored similarly to control subjects in all survey measures (\( p>0.05 \) for all). Scores remained comparable at 3 year and 5 year follow-up (\( p>0.05 \) for all). These trends were largely unaffected by patient age group (i.e. <18 years and >18 years), and were not influenced by overweight/obese BMI status. Linear regression models, using baseline BMI category as a covariate, demonstrated no statistically significant difference in patients’ most recent postoperative/follow-up survey scores based on case status (\( p>0.05 \) for all).

CONCLUSION: These results illustrate the benefit of operative treatment on HRQOL for adolescents with gynecomastia. Within a year of follow-up, HRQOL in postoperative patients was comparable to controls, and measurable deficits in psychosocial well-being were alleviated. These benefits were largely unaffected by patient age and BMI category. Patients, parents, and providers should be aware of the positive impact that surgical intervention can provide adolescents with gynecomastia.

Current Trends in Breast Augmentation - an International Analysis

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**INTRODUCTION:** Breast augmentation is one of the most frequently performed aesthetic surgical procedures worldwide. There are many different surgical options regarding preoperative evaluation, surgical technique, and postoperative care. Our goal was to evaluate current international trends and practices.

**METHODS:** A 36-item breast augmentation questionnaire was sent to over five thousand active breast surgeons in over 20 countries worldwide. The survey included questions regarding current controversies, new technologies, common practices, secondary procedures, and surgeon demographics.

**RESULTS:** There were a total of 603 respondents with a response rate of 14 percent. While certain standards and common practices seem to prevail on an international basis, there exist several interesting geographic differences. For example, while almost fifty percent of surgeons in the USA and Latin America never use anatomically shaped implants, in Europe and Oceania only 10 percent never use such implants. Similarly, worldwide (Latin America, Europe, Asia, and Oceania), over 80 percent of surgeons use silicone implants only, compared to 20 percent in the US. Also, US surgeons use larger implants (78 percent > 300cc). Internationally, dominant practice preferences include among others preoperative sizing with silicone implants, inframammary incisions, and use of partial submuscular pockets.

**CONCLUSION:** Significant international differences exist in breast augmentation. While there are some similarities regarding preoperative evaluation, surgical technique, and postoperative care, there are region-specific preferences illustrated in our investigation. Continued research evaluating new and promising tools will allow surgeons to provide the highest level of evidence-based care to improve outcomes.

**Bipedicled Pectoralis Major Muscle Flap Suspension Mastopexy**

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INTRODUCTION: A great challenge in aesthetic breast surgery is the long-standing result of breast contour and upper pole fullness. Various techniques have been proposed in order to deal with the long-term post-operative ptotic breast shape. This study aims to assess the long-term cosmetic results achieved through author’s technique of mastopexy.

METHODS: Between January of 2012 and December of 2015, 31 women (62 breasts) underwent consecutive bilateral primary mammoplasty performed by a single surgeon for the treatment of breast ptosis (grade 2 or 3) or breast hypertrophy. The assessments considered the degree of satisfaction of patients and the evaluation of the 62 breasts by two referees in a scale from 1 (poor) to 3 (good) with preoperative and postoperative photographs. Each patient could be scored from 2 (poor) to 6 (excellent). The agreement between the referees was measured by Cohen’s Kappa statistics. The aesthetic breast reduction/mastopexy, with skin markings designed in a Pitanguy/Wise inverted “T” pattern, proposes a parenchymocutaneous flap tethered to the thoracic wall (simulating a breast implant) supported by a bipedicled pectoralis major muscle flap.

RESULTS: The mean patients’ age was 34 year-old (17–65), the BMI at the time of surgery ranged between 20.76 and 31.38 kg/m² (mean=25.71) and the number of pregnancies ranged between 0 and 3 (mean 0.92). The resected volume of each breast ranged between 0 and 742g (mean 338.92). Three women complained of pain (5 of 62 breasts, 8.1%), 2 women had bilateral dehiscence of vertical scar at the 3rd post-operative week (4 of 62 breasts, 6.5%), one of them being subjected to further surgery, she was a heavy smoker and had bilateral dehiscence after the second procedure as well. 97% of the patients felt satisfied and 82% felt very satisfied with breast shape at about one year after the surgery. The observers mean score was 4.57 (SD 1.72, k=0.83).

CONCLUSION: The mammoplasty performed through an autologous implant supported by a bipedicled pectoralis major muscle flap is safe and was effective for filling the upper pole of the breast and for the maintenance of its shape at about 1 year after mammoplasty.

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One-Stage Augmentation Mastopexy: A Retrospective Ten-Year Review of 1,131 Consecutive Cases

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INTRODUCTION: Although numerous studies supporting simultaneous breast augmentation with mastopexy have been reported, concerns persist among surgeons regarding the safety of this procedure. With increasing frequency, patients are requesting that breast volume and skin tightness be enhanced in a single operative procedure to achieve a desired aesthetic outcome. The purpose of this study was to evaluate the safety and effectiveness of one-stage augmentation mastopexy procedures in primary and secondary cases by analyzing long term complication and reoperation rates.

METHODS: A retrospective analysis of one-thousand, one-hundred and thirty-one consecutive one-stage augmentation mastopexy procedures performed by a single surgeon from January 2006 to August 2016. Patient demographics, operative technique and implant specifications were measured and correlated with surgical outcomes. Complication and reoperation rates were calculated and compared with published reports in the literature.

RESULTS: Of the 1,131 one-stage augmentation mastopexy procedures analyzed, 725 (64%) were...