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SURGICAL TIP

Management of axillary dermatolipodystrophy following massive reduction mammoplasty

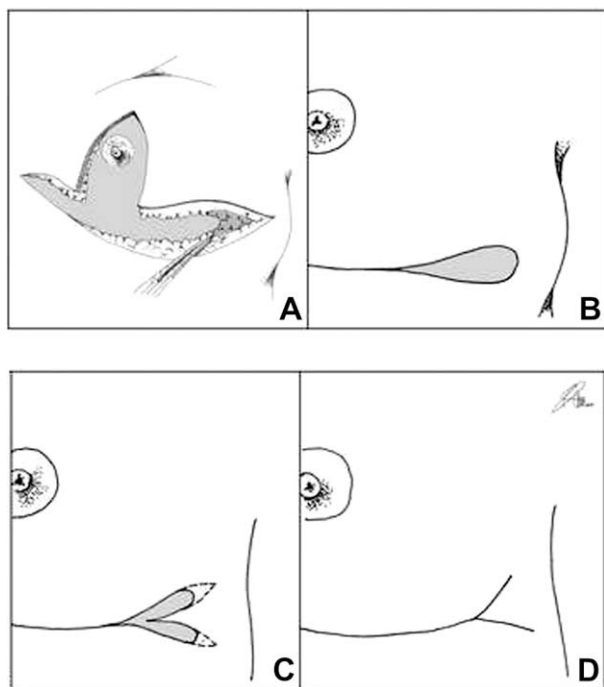


Figure 1 Using electrocautery, an extended axillary lipectomy is performed. The lipectomy is beveled outward to achieve aggressive de-fatting and thin skin flaps in this region (A). The breast pedicle is secured to the desired location, and the skin is re-draped into position using a skin stapler. Prominent lateral standing cutaneous deformities will be readily apparent in the axillary regions bilaterally (B). The central segment of the excess tissue is advanced medially along the line of the inframammary incision, dividing the excess tissue into two equal, yet smaller, standing cutaneous deformities (C). This important step flattens the axillary roll. The two new dog ears are excised in standard fashion. The closure takes on a 'Y' or 'fish-shaped' appearance (D). A suction drain is inserted prior to closure. (Illustration courtesy of Rachel Streu, MD).

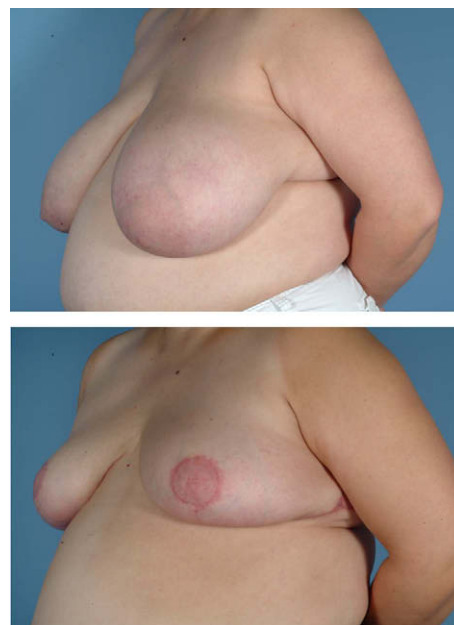


Figure 2 A representative preoperative and postoperative patient photo is shown. The postoperative oblique view demonstrates flattening of the axillary roll with the Y-shaped scar hidden beneath the arm. In our series of 30 morbidly obese patients, no wound infection, tissue loss, dehiscence, or seroma formation occurred at the M-plasty site. Postoperative axillary contour has been acceptable and no patient has requested or required revision surgery.

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