

Poster abstracts

Poster number P01

A new closed system to mix fat nanograft and micrograft with PRP for the correction of facial wrinkles and age related face volume loss

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Introduction/Background: to report the efficacy of a new technique for fat nanograft and micrograft, harvested by means of a new conception cannula and mixed in a closed system with PRP for the correction of wrinkles

Objective(s)/Method(s): 390 patients aging from 21 to 79 year underwent fat nanograft and micrograft mixed with PRP to correct face wrinkles and age related face volume loss.

Prp has been harvested by means of a separation gel kit.

213 patients underwent fatgraft with a standard open system, while 187 with a new conception closed system, allowing to filter the fat faster and easily mix it with prp in the optimal 80:20 proportion.

The standard open system group underwent fat harvesting by means of a Coleman cannula and the fat has been washed by means of decantation.

The closed system group underwent fat harvesting by means of a new conception Cannula, which allows to harvest the fat combining a to-forward movement together with a rotatory movement to minimize trauma over adipocytes and optimize the speed of harvesting. In the closed system both the negative and positive maximum pressure applied to adipocytes are controlled. The fat is separated from anesthetic, water and blood by means of filtration trough a 70 micron filter.

Result(s): The two methods showed comparable effectiveness. The closed system decreases the time required for fat harvesting, most of all due to the lesser time required to separate the fat tissue from the blood and from the adipocytes derived oil. Even the ideal proportion of 80:20 between fat and PRP is obtained with greater speed and accuracy. Being a closed system it ideally decreases the already minor risk of infections.

Conclusion(s): this is a preliminary study showing the effectiveness of a closed and step by step controlled system for washing fat and mixing it with prp.

References: -

Disclosure of Interest: None to declare

Poster number P02

An unusual case of ruptured Poly Implant Prothèse breast implant associated with xanthoma

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Introduction/Background: A suspicious breast mass was identified in patients and post-operative examination revealed rupture of Poly Implant Prothèse (PIP) breast implant.

Objective(s)/Method(s): A female patient of 30 years of age was seen by the senior plastic surgeon (VK) in January 2015 after bilateral aesthetic breast augmentation in 2007. Taking into account the PIP scandal and possible risk of PIP-related complications the patient demanded preventive removal of PIPs and replacement with authorized silicone implants.

Result(s): A macroscopic inspection of the removed PIPs revealed no ruptures of implants. A visible air bubbles within the silicone gel and small “fatty” smears on the gloves were discovered after the left PIP implant inspection, indicating possible subtle ruptures of the implant’s shell. Furthermore, after removal of the left implant, 50 ml of milky fluid was effused. Further revision revealed a yellowish well-delimited mass 4*5 cm in the lower part of the left breast over the fascia of the pectoral major muscle. The histopathology of the excised specimen revealed xanthoma and no evidence of malignant neoplasm. Immunohistochemistry (IHC) revealed low proliferation no expression of sarcoma-related IHC proteins.

Conclusion(s): Data analyses revealed that microruptured PIP was not associated with typical clinical signs of implant rupture, despite the pathological response (i.e. xanthoma) of surrounding ruptured implant breast tissue. To our best knowledge this is the first case report supported the data from the studies investigating large cohorts as well as suggested to raise awareness of the high risk of implant rupture among individuals having PIP without clinical symptoms of silicone gel leak.

Disclosure of Interest: None to declare

Poster number P03

Single stage augmentation mastopexy: Securing the implant and IMF location with an autologous dermal graft

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Introduction/Background: Breast lifting with augmentation is not an uncommon procedure in breast surgery. This combined procedure has been reported to result with high rate of recurrent ptosis by several recent studies. The goal of this study is to introduce a novel technique that addresses the importance of two variables- breast position and IMF location via autologous dermal graft, for an improved end results in augmentation mastopexy.

Objective(s)/Method(s): Eighty -one patients operated over a period of two years from August 2005 through August 2015 were included in the study. The augmentation was performed first followed by adjusting the skin envelope and breast parenchyma to contour around the new breast volume. Augmentation/ mastopexy with autologous dermal graft interpositioning, presented in this paper, is a novel technique and the technique is described in detail.

Result(s): There were no major vital complications like death, major flap or nipple necrosis. The most common complications seen were: inadequate circumvertical skin incision, inadequate transposition of nipple-areolar complex, overprojection of areola and minor complications such as suture abscess. All complications were revised under local anesthesia. No recurrent ptosis was seen in any of the patients. Mean follow-up was 20.6 months (range 14-36 months).

Image:



Conclusion(s): Simultaneous augmentation mastopexy with autologous dermal graft interpositioning is a safe procedure. The dermal graft is easy to harvest. It is cost-effective. This technique ensures an improved breast appearance via securing the breast position and delineating the inframammary location. The very early results are promising but long term results needed to be evaluated.

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Poster number: P04

Calf contouring with endoscopic fascial release, calf implant and structural fat grafting

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Introduction/Background: Curved lower legs cause psychological stress for women. In evaluating the shape, if thickness is the main contributing factor of leg aesthetic then lipoplasty or calf reducing procedures will be the option. If the legs are slender and have no muscle hypertrophy but still have some indentation or bulges on both sides and lack an aesthetic shape what will be the options? The answer to the question is discussed in detail in this paper.

Objective(s)/Method(s): Twenty-two patients, operated over a period of 5 years from 2007 to 2012, were included in the study. A novel technique has been introduced. This method requires release of fascia covering muscles of the inner leg bulge via endoscopic approach and simultaneous calf augmentation with calf implant, liposuction and structural fat grafting to optimize the results.

Result(s): Patients were followed on a regular basis with a mean follow up of 31 months. The procedure was well tolerated with minimal discomfort during the postoperative period. Increase in diameter of proximal and distal lower legs was measured at least 6 month after surgery. Mean diameter change of proximal lower legs was 2.16 cm and was 1.77 cm in distal lower legs.

Patient Number	Patient Age	Sex	Implant size	LAL	SCFG (cc)	CD Increase Proximal (cm)	CD Increase Distal (cm)
1	28	F	160	+	40	2.1	1.5
2	23	F	165	+	35	2.0	1.5
3	25	F	165	+	45	2.3	1.3
4	32	F	180		40	2.3	2.0
5	27	F	160	+	55	2.1	1.9
6	36	F	165	+	20	2.4	1.7
7	44	F	165	+	60	2.1	1.8

Conclusion(s): A novel endoscopic approach for lower leg contouring is discussed. Endoscopic fasciotomy technique with calf implant and structural fat grafting for improved lower leg aesthetics is a simple, effective, reliable and predictable technique for calf contouring.

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Poster number: P05

Reduction mammoplasty with united pedicle: A safe pedicle for reduction of gigantic and complicated breasts.

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Introduction/Background: Reduction of breasts with well-preserved nipple sensation and viable nipple areola complex (NAC) is one of the basic core concepts of reduction mammoplasty. Many techniques were described with enthusiasm advocating full achievement of the aforementioned goals. The goal of this study is to introduce a novel technique that provides an intact neurovascular source to the nipple areola complex for gigantic and complicated cases.

Objective(s)/Method(s): Forty-six patients operated over a period of four years from December 2009 through November 2015 were included in the study. The reduction was performed by isolating the horizontal septum and inferior pedicle in continuity with medial pedicle to save full neurovascular supply to the NAC and its accompanying breast parenchyma. This pedicle is called as united pedicle. Inclusion criteria, marking and planning with detailed description of the surgical procedure were presented.

Result(s): Satisfactory results were obtained regarding breast shape, upper pole fullness and nipple sensation. NAC sensation was full in all cases in any time interval even immediately after surgery.

Site	Nipple	Areola
Preop - 4th Hour PO	0.001	0.0003
Preop - 4th Hour PO	0.0001	0.0002
Preop - 4th Hour PO	0.0001	0.0003
4th hour PO - 1st mo PO	0.317	0.416
4th hour PO - 1st mo PO	0.011	0.944
4th hour PO - 1st mo PO	0.017	0.931

Conclusion(s): United pedicle technique provides an intact neurovascular source to the nipple areola complex. Reduction with this pedicle meets major satisfaction criteria of reduction mammoplasty and it is a safe procedure. It is also seen that remodeling the gigantic breast can be accomplished without any restriction because of the flexibility of this pedicle. The very early results are promising but long-term results needed to be evaluated.

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