THE MANAGEMENT OF CHEST WALL DEFORMITY IN PATIENTS PRESENTING FOR BREAST AUGMENTATION

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Introduction

Chest wall asymmetries and contour deformities of the chest are often noted prior to the performance of breast augmentation and often exist when patients present with breast asymmetry. In significant discrepancies (over 3 cm discrepancy from one side to the other) different sized breast prostheses cannot adequately overcome the asymmetry, correct or camouflage the chest wall deformity. I have classified the common chest wall deformities as 1) sternal -pectus excavatum and pectus carinatum, 2) costal deformities (depression or protuberance) 3) muscular deformities in particular Poland’s Syndrome and 4) vertebral deformities including scoliosis and kyphosis.

Methods

A common way of dealing with these problems, might be the camouflage with implants or the use of chest wall implants.

Results and Conclusions

The author’s experience of over ten years of using chest wall implants, either prefabricated or customised, presents an opportunity to equalise the platform of chest wall on which the breast sits. After this has been equalised by submuscular insertion, synchronous breast augmentation can be carried out with a superior result than with different sized or dimensional breast implants alone.

1. Hodgkinson, D.J.: Chest Wall Implants: Their Use for Pectus Excavatum, Pectoralis Muscle Tears, Poland’s Syndrome and Muscular Insufficiency, Aesthetic Plastic Surgery, 21:7-15, 1999
