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Breast Reconstruction in congenital breast asymmetry by Dr David Ross Plastic Surgeon

Some people are born with asymmetry of the anterior chest wall. In women this congenital condition may be manifest by breast size asymmetry, which can be mild to severe. In Poland Syndrome, this can be more severe, in both males and females, with underdevelopment of not only the breast but absence of the all or part of the pectoralis muscle and various ribs and costal cartilages. This situation can lead to lack of self confidence and lowered self esteem particularly in adolescent years.

Reconstructive surgery for these patients can be very beneficial. In situations of relatively mild breast asymmetries, these are best corrected by either enhancement of the underdeveloped breast with a breast implant or reduction of the more developed breast to attain breast symmetry. Often a combination of these procedures is required to achieve a balanced symmetrical result.

In more severe chest wall asymmetries, muscle transfer procedures are required to reconstruct the absent pectoralis muscle. This can usually be achieved by transferring the latissimus dorsi muscle from the back, to simulate the absent chest wall muscle. The most advanced surgical techniques now allow the use of the operating endoscope to dissect the muscle from the back and transfer it to the anterior chest wall via a small incision in the armpit, minimizing additional scars on the back or chest. Following completion of the muscle transfer procedure a second stage breast reconstruction is usually undertaken in females with implants. An implant is inserted to achieve breast symmetry in the similar fashion to that used in reconstruction following mastectomy surgery.

Please look at the clinical examples featured on this website. Please contact our office should you have any queries about the information presented here and would like to discuss the situation with Dr Ross.

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