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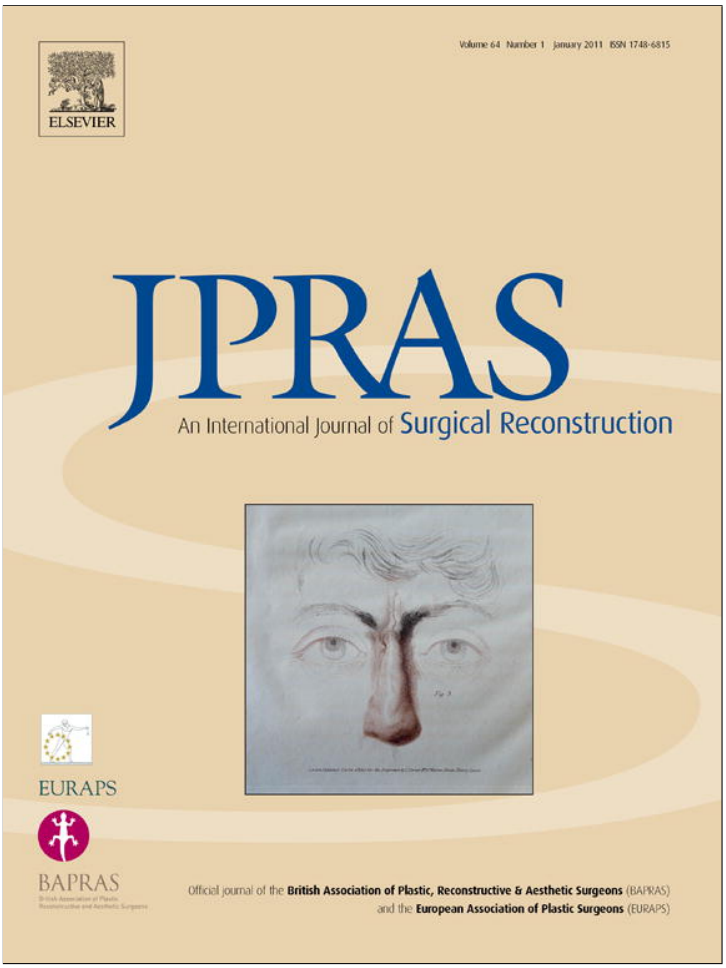

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CORRESPONDENCE AND COMMUNICATION

Criss Cross Mastopexy

Dear Editor,

We read with interest the letter on Criss Cross vertical mastopexy by Sivakumar B, Sadr AH, Smith R, Mosahebi A.[1] We would like to congratulate with the authors for their results and share with them the enthusiasm on this particular technique. Their breast auto-augmentation by mobilisation and higher repositioning of the ptotic portion by suture fixation works well.

The main advantages of this technique are glandular reshaping, higher breast re-positioning, narrowing of the base and improved projection.

We have been using the same technique at our Institution since the year 2000 for mastopexies with or without implants, after having learnt it at the Queen Victoria Hospital, East Grinstead, UK by the senior consultant RW Smith at the end of the 90ies.

The idaea of criss crossing the breast parenchyma was suggested by Ship AG, Weiss PR, Engler AM in a paper entitled Dual Pedicle Dermo-parenchymal Mastopexy; [2]we feel this reference should have been included in the 'Criss Cross vertical mastopexy' bibliography. In it, there is a nice description of the two superiorly based triangular dermo-parenchymal flaps with an 'inverted T' mastopexy scar pattern technique. The inferior tip of each flap is transposed and inverted medial to lateral and lateral to medial (Figure 1, Figure 2).

The adaptation of this latter technique to the vertical (Lejour) scar pattern is in the flaps' distal tip which is obtained by subcutaneous dissection rather than by de-epithelialization. This happens because the skin overlying the flaps' tip is preserved in the vertical scar technique.

The breast gland remolding by base tightening and its fixation to the pectoral fascia are manoeuvres important to reduce tension on the scars and to overcome the effects of gravity over time.

This technique of Criss Cross Mastopexy has provided constant and stable results in 39 patients, of which 18 with the adjunct of implants, with no major complications, at a mean follow-up of 5 years.

Figure 1 Right breast: superiorly based triangular dermo-parenchymal flaps in an 'inverted T' scar pattern mastopexy.

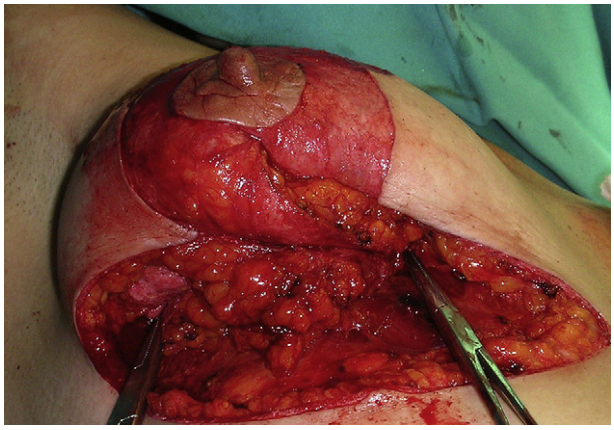

Figure 2 Right breast: the inferior tip of each flap has been transposed and inverted.

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Conflict of interest

None.

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