

# Technique to achieve the symmetry of the new inframammary fold

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## SUMMARY

The literature outlines several surgical techniques to restore inframammary fold definition, but symmetry of the fold is often left to irreproducible procedures. We report our personal technique to restore the symmetry of the inframammary fold during multistep breast reconstruction.

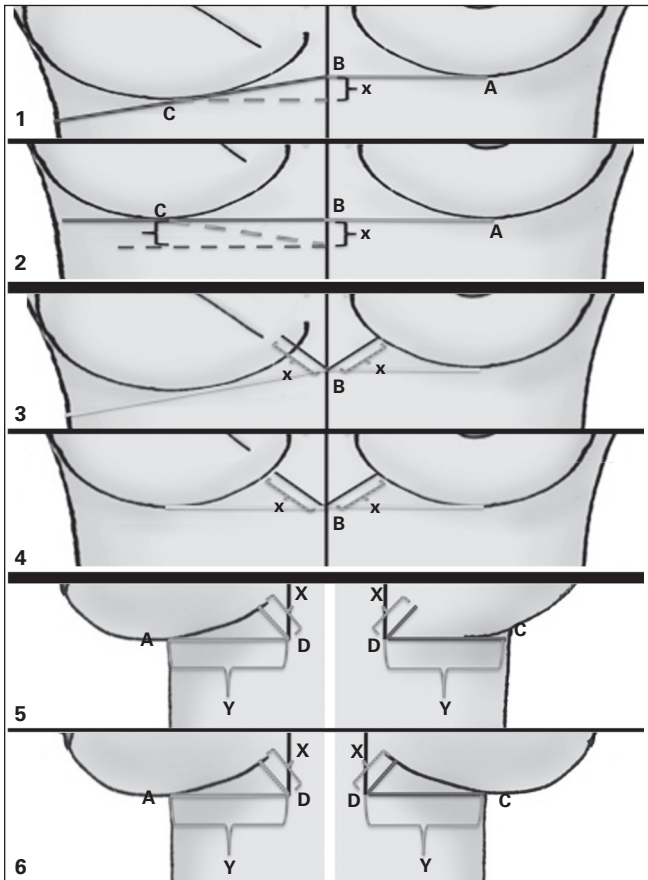
In multistep breast reconstruction, the inframammary fold is often distorted as a result of imperfect tissue expansion.<sup>1,2</sup> The literature outlines several surgical techniques to restore inframammary fold definition, but symmetry of the fold is often left to irreproducible procedures.<sup>3-5</sup> We report our personal technique to restore the symmetry of the inframammary fold during multistep breast reconstruction.

The surgeon begins by drawing the midline with the patient in an upright position. The physiologic inframammary fold is pointed outward, and a perpendicular line is drawn from its lower point (point A) to the midline (point B). From point B, a second line is drawn until it reaches the lower point of the contralateral inframammary fold (point C). From point C, a perpendicular line to the midline is drawn. The surgeon moves the new inframammary fold upward the exact distance between point B and the projection of point C on the midline (Fig. 1, panel 1, x-distance).

During this surgical procedure, an appropriate dermo-adipose flap must be raised to extend the dissection beyond the future inframammary fold. Moving up the new inframammary fold along the x-distance, the CB segment becomes perpendicular to the midline, reaching the same height as the contralateral fold (Fig. 1, panel 2). In order to obtain adequate symmetry of the medial portion of the inframammary fold, the surgeon first draws the BA segment followed by a bisector line drawn from the inner corner (point B) toward the inframammary fold (i.e., the x-distance from point B to the inframammary fold). A new line, equal to the x-distance, is drawn perpendicular to the bisector line (Fig. 1, panel 3).

During surgery, the new inframammary fold has to be fixed at the lateral extreme of this segment, ensuring the same position as the contralateral fold (Fig. 1, panel 4). To ensure symmetry of the lateral part of inframammary fold, the surgeon draws a line from point A to the anterior axillary line (point D), creating the y-distance (Fig. 1, panel 5). A bisector line is drawn from point D toward the inframammary fold, creating the x-distance. On the contralateral side, a new segment is drawn from point C to the anterior axillary line (point D, y-distance), followed by a bisector line (x-distance; Fig. 1, panel 5). During surgery, the new inframammary fold lateral extreme must be fixed at the apex of the bisector line (Fig. 1, panel 6).

The restoration of a well-defined fold during reconstructive or cosmetic surgery is a fundamental step toward an excellent result. It is



**Fig. 1.** Technique to achieve symmetry of the new inframammary fold.

common opinion that the optimum conformation of an inframammary fold is an angle of  $90^\circ$ ; a variation of this angle results in less definition.<sup>3,4</sup> Of equal importance to definition is the symmetry between inframammary folds. Symmetry is often left to “at a glance” procedures without scientific basis.

Our method is simple, quick to perform, reliable and reproducible, allowing the surgeon to perform an inframammary fold to restore and ensure symmetry to the contralateral breast.

To our knowledge, no previous reports on this issue have been published in literature.

**Competing interests:** None declared.

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