

# Male Lift-up Surgery for Body Contouring: Lower Circumferential Torsoplasty Combined with Inferior Pedicle Mastopexy

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## Introduction

Massive weight reduction caused body shape anomalies in the male population. Body-contouring surgery for chest and abdominal wall abnormalities in patients who have lost a significant amount of weight requires careful preoperative preparation. The safety and results of a single stage combined bilateral mastopexy with inferior based pedicle and circumferential abdominoplasty procedure on 60 male patients were assessed in order to address these prevalent abnormalities.

Male patients who have undergone rapid weight loss through diet and exercise experience extra skin, especially around the breast and belly. These patients are happy with their progress in losing weight, but they are mostly bothered by the lax skin and excess fat around their breasts and abdominal wall, and they get frustrated when their skin starts to develop a fatty apron and behaves exactly like female breasts do after weight loss, leading to breast ptosis and caudal displacement of the IMF.

Patients have a strong desire for surgery for a variety of reasons, including psychological distress brought on by developing a pendulous female breast form and physical limitations like irritated skin, difficulty exercising, or trouble finding appropriate clothing. Patients are increasingly more likely to request combination cosmetic surgery due to the increased media attention given to aesthetic plastic surgery, the spread of the "makeover" idea, the quick gratification, quick recovery, and cost savings connected to these treatments.

When combined, abdominoplasty and cosmetic breast surgery (breast lifts) are the most popular plastic surgical procedures following significant weight loss.

There are no appreciable differences between a single procedure and a combination of procedures in terms of minor or major consequences, according to research on the safety of combined cosmetic procedures in the plastic surgery literature.

In order to increase patient satisfaction and decrease the need for anesthesia, the study's objective is to share our knowledge on how to get a good aesthetic outcome in a single procedure with the fewest number of complications.

The number of males seeking body sculpting after losing a lot of weight is rising. The bulk of plastic surgery procedures performed worldwide are abdominoplasty and breast surgeries combined.

An excess of superfluous skin on the chest wall that resembles female breasts is a common malformation in the male population. This primarily denotes pseudogynecomastia. Increased subareolar fat without expansion of the glandular component of the breast characterizes pseudogynecomastia. As in our series, substantial weight loss causes the I-

-M to move caudally and increases the redundancy of the skin, necessitating skin reduction and IMF relocation to enable fast breast recontouring.

For the purpose of addressing upper abdominal skin laxity, Grazer claims that a reverse abdominoplasty may be paired with a breast mastectomy. It involved making a hemi circumferential anterior incision along the IMF, elevating an inferior epigastric flap to the costal borders, and then transversally excising the extra skin at the distal end of the incision. We used the same principle in our series, but we adjusted the transverse excision to include the elliptical excision for the treatment of male chest deformities, taking into account the excess tissue of the chest in both vertical and horizontal dimensions. The scar is aligned with the pectoralis muscle's outline: It runs at the level of the sub mammary fold with this horizontal ellipse and a further vertical scar on the side of the chest. Nearly all patients prefer the idea of a single major surgical intervention over two or more in order to completely cure the abnormalities. The idea of combining abdominal and breast surgery is not new. It was first described by Rao in 1969. A single-stage procedure has technical advantages when treating men. Subpar outcomes may occur from failing to address the full aesthetic unit of the chest in continuity with the lateral chest and abdomen. According to the operational plan, circumferential resection was used to reduce the circumferential skin excess on the trunk and buttocks. Bilateral mastoplasties were used to treat gynecomastia with skin that was inelastic. The IMF has been destroyed, and the chest wall and upper abdominal skin have been redraped. Because male breasts must be greatly reduced in volume and skin surface, ideally while preserving the nipple-areola complex, we used a horizontal elliptical chest wall excision pattern reaching vertically toward the axilla to accomplish the required functional and aesthetic improvement. In almost all circumstances, the inferior pedicle method can be used.

Such a method, it has been suggested, may cause greater morbidity and postpone convalescence due to substantial blood loss and prolonged operating and anesthetic duration. On the contrary, our findings reveal that not all patients had blood transfusions, that all patients had a smooth post-operative recovery.

Wound healing complications, late complications (Clavien-Dindo classification grade -I), revisional surgery, length of hospital stay, and number of follow-up visits were all within the usual range. We also discovered that the more weight the patient had dropped prior to the surgery, the better the outcome. We created a curving sub mammary fold that begins somewhat lateral to the midline and descends to the breast median before climbing smoothly to the anterior axillary line. and a well-positioned NAC close to the sub-mammary fold, matching to the inferior boundary of the pectoralis major muscle, as well as a proportional, harmonious abdominal contouring that takes into account all connected aesthetic units

The authors may conclude that in actuality, males prefer not to undergo a large operation, such as circumferential abdominoplasty, and be left with severe residual breast deformity. A single stage complete body lift is recommended for patients who require abdominoplasty as well as gynecomastia treatment.

A single stage is advancement in body contouring surgery since patients can benefit from considerable body restoration with a single operation. Contouring of the male chest and abdomen using a combination of bilateral mastopexy with inferior-based dermo glandular pedicle method and circumferential abdominoplasty in the treatment of pseudogynecomastia after large weight reduction is a safe procedure that results in high patient satisfaction.

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