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BACKGROUND

Reduction mammoplasty is becoming increasingly common in adolescents to mitigate the negative physical and psychosocial effects of macromastia, or breast hypertrophy. However, it has been hypothesized that hormonal fluctuation may increase the risk of developing a post-operative complications, namely hematomas.

We aim to examine the potential impact of menstrual irregularity and contraceptive use, both hormone modifiers, on early complications following adolescent reduction mammoplasty.



METHODS

Medication and medical history, perioperative details, and postoperative outcomes data were collected from young women between the ages of 12-21 years undergoing reduction mammoplasty.

RESULTS

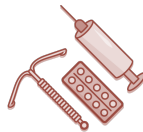
N = 313, mean age = 18.0 ± 1.6 years
66% were overweight/obese
~1390 g of tissue resected per patient

<4% of patients experienced minor complications (wound dehiscence, abscess, seroma/hematoma)

0% of patients experienced major complications



Almost half (46%) of patients had a documented menstrual irregularity (irregular periods, PCOS, dysmenorrhea, endometriosis, abnormal uterine bleeding)



Over one-third (38%) of patients were on some form of hormonal control (oral contraceptive, IUD, etc.)

Neither hormonal contraceptive use nor having a menstrual irregularity increased the likelihood of developing an early postoperative complication ($p > 0.05$, all).

CONCLUSION

Our study suggests that reduction mammoplasty is a relatively safe procedure and that hormonal contraceptive use or menstrual dysregulation should not preclude adolescents from the positive benefits of breast surgery. More research is needed to explore the underlying basis of menstrual irregularities in these patients.