RETRACTION OF NIPPLE - CORRECTION BY INTERMITTENT SUCTION

Sir,

Retraction of the nipple is not an uncommon problem in adolescent women. Most of the treatments described are surgical procedures in which the lactiferous ducts are divided to bring the nipple forwards. Since this surgical procedure divides the ducts, the patient will not be able to feed after delivery.

In a young, unmarried & adolescent woman, lactational function should not be compromised. We describe a suction technique which we found useful in the management of this condition.

The outer sheath of a 20cc glass syringe is taken and a rubber bulb is connected to the tip. The bulb is squeezed, vacuum is created and the base of the glass syringe is kept over the areola enclosing the nipple. When the pressure is released from the bulb, the negative pressure sucks the nipple and brings it forwards. The patient is instructed about this procedure and she is advised to do it at home as frequently as possible.

First one or two attempts are done under the supervision of the surgeon with local anaesthesia infiltrated below the areola and nipple, since there might be pain and some bleeding. Once the patient is confident that she could do it at home, she is advised to do so.

We have done this on three occasions with good results (Fig. 1-3).

(Fig-1) Pre-operative retracted nipple - patient in supine position

(Fig-2) Suction technique - Patient is sitting

(Fig-3) Post-suction protrusion of the nipple - Patient in supine position

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Reference


BLOODLESS FIELD FOR TONGUE SURGERY

Sir,

Tumors of the tongue, especially haemangiomas, are highly vascular and at times their removal could lead to alarming blood-loss or danger of postoperative asphyxiation. I would like to describe a simple method for obtaining a near-total bloodless field during operations involving the tongue, which I have been using.

The tongue is first emptied of blood by successive application of 2 pairs of ordinary non-crushing
intestinal clamps, one after another, from the tip to the base. Finally, one pair of clamps is applied at the base and retained. The surgery is completed and hemostasis achieved prior to removal of the clamp.

Intestinal clamps are designed so that their closing pressure does not damage the delicate layers of the bowel during intestinal anastomosis. They should therefore be reasonably safe for use in other organs of similar consistency and thickness, provided that they are not used beyond the safe ischemic time for that tissue.

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POLYOSTOTIC FIBROUS DYSPLASIA OF MAXILLA CAUSING DYSPHAGIA

Sir,

We are reporting a case of polyostotic fibrous dysplasia involving maxilla and mandible for clinical interest. An 18 year old male was admitted with dysphagia due to a huge growth in the oral cavity (Fig 1). It was hard, globular with smooth surface. The base was hard palate and due to its size it protruded out of the oral cavity completely occluding it. He had a mandibulectomy and partial maxillectomy in the past for the same problem, but no records were available. Ophthalmological and neurological check up was normal. There were no cutaneous pigmentation. Skigram showed radio-opaque shadow of maxilla. Clinical diagnosis of fibrous dysplasia was made which was later confirmed by biopsy.

With an elective tracheostomy, under GA the mass was completely shaved with part of hard palate and alveolar margin to give acceptable shape to the upper jaw. On histological examination, bands of fibrous tissue mixed with irregularly arranged trabeculae of bone was found. He is now able to eat and there has been no progress of disease in 6 months follow up (Fig 2A & B).

Fibrous dysplasia is a rare condition arising due to a perverted activity of specific bone forming mesenchyme. Symptoms usually appear in the first two decades of life. Progress of deformity is usually the need for treatment. Surgery is the treatment of choice. Radiation is avoided because of possible malignant change which can even happen spontaneously. Our case belongs to craniofacial polyostotic fibrous dysplasia due to the multiple bone involvement.

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