

ABSTRACT.

Background: There are many different reduction mammoplasty procedures and modifications available; however, there aren't many studies on central mound and medial pedicle techniques.

Aim of the work: to compare the results of reduction mammoplasty utilizing central mound versus medial pedicle procedures.

Methods: The Department of Plastic Surgery at Beni-Suef University Hospital carried out this randomized controlled experiment from July 2022 to April 2023. Two groups of patients were randomly assigned to: The central mound technique was used to manage Group (A), and the medial pedicle technique was used to manage Group (B).

Results: Regarding the weight of the removed breast, BMI, operating time, and demographic information, there were no statistically significant differences. Following surgery, patients in group A had a substantially higher hemoglobin level (12.01 ± 0.40 vs. 11.92 ± 0.67 , respectively; P value = 0.045) than patients in group B. In terms of drawbacks and results, group A included 21.42% with impaired nipple-areola complex (NAC) feeling, 7.14% with NAC necrosis, 78.5% with viable flaps, 71.42% with symmetrical breasts, and 7.14% with recurrent breast ptosis. There were no statistically significant differences between the study groups for group B, which included 21.42% with inadequate sensation to the NAC, 14.28% with NAC necrosis, 64.28% with viable flaps, 64.28% with symmetrical breasts, and 14.28% with recurrence of breast ptosis.

Central mound vs. medial pedicle reduction mammoplasty

Conclusion: Techniques for the medial pedicle and central mound are both secure and reliable methods for the reduction mammoplasty. When compared to the medial pedicle approach, the central mound showed considerably reduced hemoglobin loss, non-significantly less NAC necrosis, and a lower percentage of breast ptosis recurrence.

Key Words: Reduction, Mammoplasty, central mound, medial pedicle.