Abstract Template

Title: Poland Syndrome Treatment With Customized Implant: A Case Report

Ricardo Cavalcanti Ribeiro, MD, Ph(d)[1], Pedro Felipe Suárez, MD[2], Giovanni Augustus Morais e Silva[3] and Paulo Azizi, MD, PH(d)[4]

[1] Full Member of Brazilian Society of Plastic Surgery. Full Professor of the Post Graduation Course at the Carlos Chagas Institute, Head of Division of Plastic and Reconstructive Surgery of Universidade Federal do Estado do Rio de Janeiro (UNIRIO) and Casa de Portugal, Rio de Janeiro, Brazil

[2] Postgraduate of Carlos Chagas Institute, Division of Plastic and Reconstructive Surgery, Rio de Janeiro, Brazil

[3] Postgraduate in Plastic Surgery and Breast Surgery, RJ- Brazil. Staff and Preceptor of the internship and residency from the Department of Plastic Surgery and Surgeon of the Department from Breast Post- Mastectomy Reconstruction in the General Hospital das Palmas- TO, Brazil.

[4]Professor of Anatomy of Universidade Federal do Estado do Rio de Janeiro(UNIRIO), Post graduation in Plastic and Reconstructive Surgery, Brazil

Keywords: Poland Syndrome; Customized Implant; Regular Implant; Poland Treatment

I. Abstract Body (up to 250 words)

Background: The Poland syndrome is a rare congenital alteration of the thoracic region, mainly characterized by the partial or complete absence of the pectoralis major muscle. It has one higher incidence in males, with a predominance of the right side of the chest. Several factors have been associated as possible causes, but currently a main ethology has not been found. Methods: We report the case of a 32-year-old male patient, who presents an almost total absence of the pectoralis major on the right side, preserving only the portion upper distal of the muscle. Through the use of a mold that is adapted to the region of the defect, we obtained a prosthesis customized with exact measurements of the desired area, which was placed the day of surgery. Results: With the use of this customized prosthesis, we achieve adequate correction of the defect, obtaining the desired symmetry of the thoracic region and a rapid recovery of the patient, without any complications during surgery. Conclusion: Using this approach best results are obtained, with less morbidity for the patient, fewer adverse effects and a more rapid recovery, making it an excellent choice in the treatment of sequelae of Poland syndrome.

II. Image:



Figure 2: Preoperative (left) and Postoperative (right).

III. Reference:

1. Cooper RA, Johnson MS. Mammographic depiction of Poland's syndrome. Br J Radiol. 1990; 63: 302- 303.
2. Bainbridge LC, Wright AR, Kanthan R. Computed tomography in the preoperative assessment of Poland's syndrome. Br J Plast Surg. 1991; 44: 604-607.
3. Mentzel HJ, Seidel J, Sauner D, Vogt S, Fitzek C, et al. Radiological aspects of the Poland syndrome and implications for treatment: a case study and review. Eur J Pediatr. 2002; 161: 455-459.

IV. Biography:

Post-Graduated in Plastic Surgery and Breast Surgery of Santa Casa of Misericordia in Rio de Janeiro - 28a Infirmary, Brazil, 2009. Preceptor of the internship and residency in General Surgery from the Federal University of Tocantins, Staff from the Department of Plastic Surgery and Surgeon of the Department from Breast Post- Mastectomy Reconstruction in the General Hospital das Palmas Dr. Francisco Ayres, Palmas TO- BR.

V. Presenting author details



Full Name: Giovanni Augustus Morais e Silva
Contact number: +55 63 981113348
Twitter account: @drgiovanniplast
E-mail: mottamorais11@gmail.com
Session name/ number: Recostructive Surgery
Category: Poster presentation
Passport Number: FR673880