the latissimus dorsi flap (LDF) has resulted from reports of high implant capsular contracture rates. We present a series of 12 patients who underwent LDF reconstruction following the development of recurrent breast cancer after BCT.
Results Of these 12 patients all had a good aesthetic result. Despite previous radiation, capsular contracture rate was only 81/12) (Median follow-up: 50 months, Range: 20–93 months). The most common complication was donor site seroma in 253/12) of cases.
Conclusions The LDF yielded excellent results with a low capsular contracture rate. Despite prior radiation, LDF remains a good, technically straight forward option for breast reconstruction following failure of BCT.

FP313
BREAST RECONSTRUCTION AND AUGMENTATION IN DEFORMITIES

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Breast deformities is a serious problem following congenital thorax deformation and also occurs during development of the breasts. Later in life deformities follows trauma and after surgery like mastectomi. In young girls tubular and asymmetrical breasts can be a social handicap and often affects the whole family. The presentation will discuss many different types of breast deformity and the the technique of correction. One case with a giant naevus covering the front of thorax, including the breasts,will be demonstrated. In breasts with asymmetry, but with adequate volume of the smaller breast, appropriate techniques of mastopexi/and/or reduction must be chosen. If the smallest breast is inadequate in size an implant or a combined implant/expander must be used, sometimes in combination with a mastopexi. In tubular breasts the nipple areola/complex has to be invaginated and the constricting ring incised. The lower breast pole must be reconstructed. The author will demonstrate the use of intraoperative tissue expansion to create volume and symmetry, without using flaps. In most instances this can be done as a single procedure. Correction of breast deformity-especially in young girls-gave them the possibility to live a normal life.

FP314
BREAST RECONSTRUCTION WITH TRAM FLAP IN ADVANCED BREAST CANCER

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Women's Health Reference Center

The present study was conducted to evaluate the feasibility of breast reconstruction with the transverse rectos abdominis myocutaneus (TRAM) flap for patients with locally advanced breast cancer. A retrospective database of 106 patients with locally advanced breast cancer (stages IIB, IIIA and IIIB) who underwent mastectomy and breast reconstruction with TRAM flap, between October 1997 and December 2001. Neoadjuvant and/or adjuvant therapy was given to all patients. Their ages ranged between 29 and 62 years with the average of 43,5 years. Information was collected regarding cancer recurrence, mortality and complications during the 27,6 month follow-up period (range 2–62 months). 23 (21,7%) patients developed recurrence of the disease. It may be concluded that breast reconstruction with TRAM flap should be performed for patients with locally advanced disease without compromising the oncological treatment.

FP315
LOLLIPOP MASTOPEXY, COMBINED PERIAREOLAR AND VERTICAL MASTOPEXY

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Private Practice

Lollipop MastopexyThe 'Lollipop Mastopexy' technique combines the benefits of the peri-areolar mastopexy with that of the vertical mastopexy technique. In addition, an autogenous, inferiorly based, parenchymal implant is transposed into a subglandular location as described by Botti and others. The technique is suitable for hypoplastic breasts and mild to moderate hypertrophic breasts when a lift is desired with minimal scarring and prevention of late 'bottoming out'. The areola is mobilized on a superior pedicle and tissue is excised from the inferior hemisphere of the breast. The medial and lateral pillars are reconstituted and the areola mastopexy is performed. Finally the vertical closure is completed. The areolar mastopexy has the benefit of reducing the length of the vertical distance from the areola to the inframammary crease and of limiting the phenomenon of areola creep. The areola pattern is easier to plan than the classic mosque shape of LeJour. Representative cases are shown.

FP316
THE USE OF AUTOLOGOUS MATERIAL IN THE FACE

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In some congenital deformities, in certain diseases, following trauma and normal ageing volume loss can occur in the face. In big volume deficits a free flap can be indicated, but in some cases lipoaugmentation can be an alternative. Two main principles as volume replacement will be discussed: (1) the use of nearby surplus material to fill a local defect (2) the use of fascia, fat and derma/fat free grafts as filling material in the periorbital area, over the malar region and in the lipsExamples of the first principle is (a) fat transposition flaps from the lower eyelids as filling material of 'tear trough' defects and (b) subperiosteal mobilization of the malar fat pads as rejuvenation of the middle face. Principle 2 is exemplified by lipoaugmentation in a large congenital defect in the face and as filling material around the eyes and in lips. Techniques of harvesting grafts will be discussed. The use of local excessive tissue gives predictable results, but free grafts must be planned as 1–3 procedures. The use of autologous material in the face is increasing and new indications have been added both in esthetic and reconstructive plastic surgery.

FP317
A SIMPLE FORMULA FOR ASSESSMENT OF THE BREAST VOLUME

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Introduction With the advent of the recent improved techniques for cosmetic breast surgeries and the awareness of the public toward such procedures, we have tried to develop a simple method for assessment of the breast volume which is an important issue either prior engagement of the patient into any of the aesthetic or the reconstructive breast surgeries and for the postoperative result assessment.
Methods Fifty-two volunteers were included in this study. For every one many general parameters including age, weight, and height were assessed. Other local breast measurements and the water volume displacement were also recorded. The collected data was statistically correlated.
Results Through the analyzed data, the breast volume was calculated through a simple direct formula on basis of the breast circumference. The formula is performed in both the supine and upright positions resulting the same values which reflect a high degree of accuracy of the breast volume assessment.
Discussion Previous methods of breast volume measurement have included simple bra and breast cup size, fluid displacement, appliances, and visual rough estimation. Our method has, as its principal, the use of an accurate and simple formula which based on easy measurements for both the patient and the plastic surgeon.

FP318
THE LIGAMENTOUS SUSPENSION OF THE BREAST AND ITS IMPACT ON OPERATIVE TREATMENTS OF THE BREAST

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According to our previous investigations the course of the main nerves and vessels within the mammary gland has been shown to follow a regular and predictable ligamentous entity. This ligamentous suspension consists of a horizontal fibrous septum originating at the pectoral fascia along the fifth rib, merging into vertical ligaments along the sternum medially and along the lateral border of pectoralis minor laterally. In a current anatomical study the vascular supply provided by these structures was demonstrated more impressively after intraarterial injection with colored latex in 10 female cadavers. In a further 4 cadavers surgical ink was injected, which stained the smooth and even