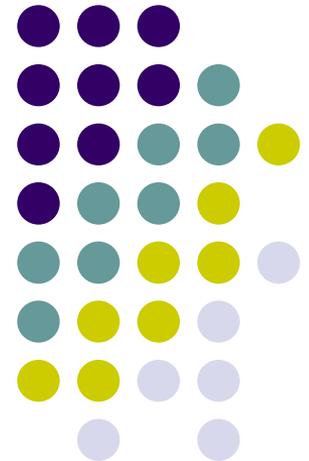
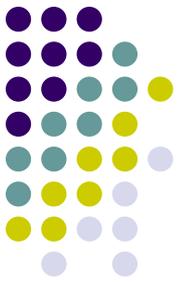


Plastic Surgery in Adolescence

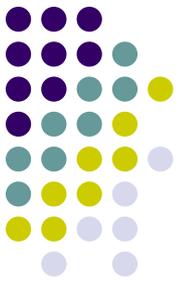
Eid B. Mustafa, MD, FACS
Nablus, October 20, 2010





Objectives

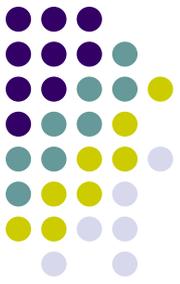
- Highlight adolescent problems often referred to or seen by plastic surgeons
- Discuss indications, contraindications and timing of surgical management
- To present case studies and realistic expectations



Adolescence

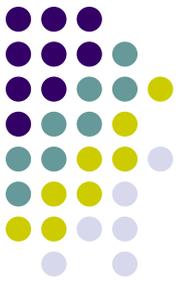
- Transition from childhood to adulthood
- Physical and emotional growth
- Increased awareness of body image
- Significant peer pressure and vulnerability to the same

Common Plastic Surgery Encounters



- Facial problems: Nose, jaws, ears, neck
- Skin: Acne scars
- Trunk: Pectus deformities
- Male Breast: Gynecomastia
- Female Breast: Hypertrophy, Poland Syndrome, underdevelopment, tuberous deformity, ptosis, asymmetry, supernumerary nipple/areola or breast complexes

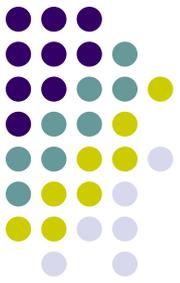
Jaws



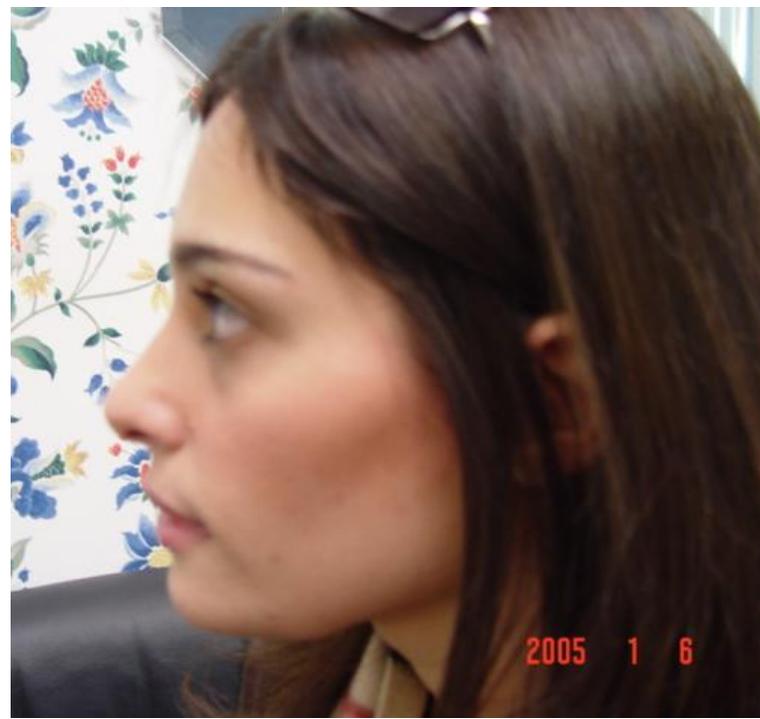
- Orthodontic evaluation and treatment
- Orthognathic surgery
- Always asses the neck



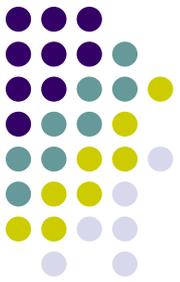
Rhinoplasty



- After full development
- Must be individualized
- Always look at the chin and the airway
- Functional problems can be treated simultaneously

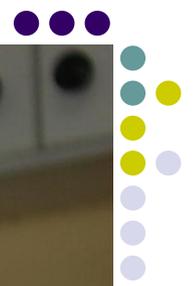


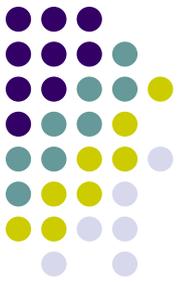


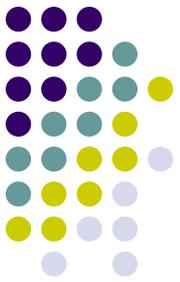


Ear Deformities

- Prominent ears
- Cup and other deformities
- Should be treated in the preschool period, but often seen afterwards

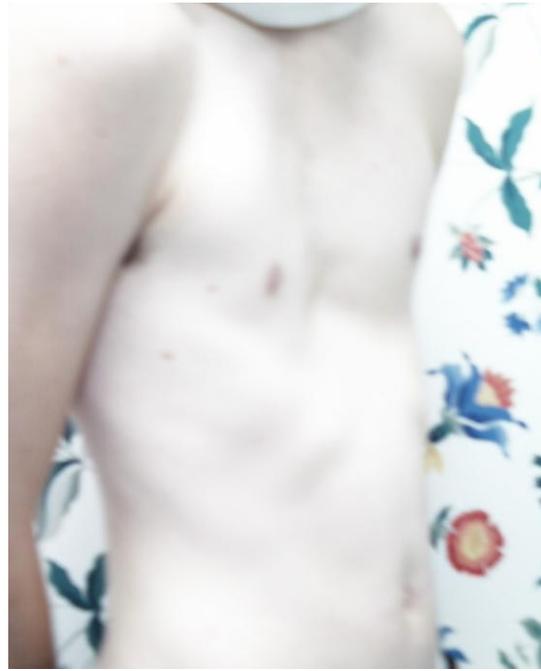




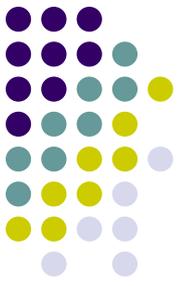


Pectus Deformities

- Pectus Excavatum: Cosmetic and often functional
- Treated in childhood, but sometimes in adolescence
- Pectus Carinatum: mostly cosmetic

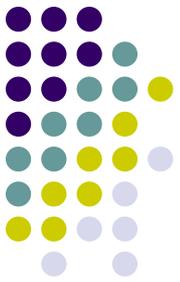


Gynecomastia



Causes:

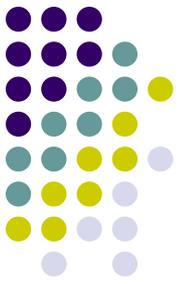
- Idiopathic
- Obesity
- Physiologic: Birth, puberty, old age
- Endocrine: Testis, adrenals, thyroid, pituitary
- Neoplastic: Testis, adrenal, pituitary, bronchogenic



Gynecomastia

- Systemic Diseases:
 - Renal failure, cirrhosis, adrenal, malnutrition
- Drug Induced:
 - Estrogens, androgens, antiandrogens (spironolactone, cimetidine, ketoconazole, ranitidine, flutamide)
 - Cardiovascular drugs (amiodarone, digoxin, nifedipine, reserpine, verapamil)
 - Abused drugs: Alcohol, heroin, marijuana

Gynecomastia Management

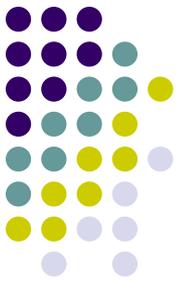


- History and Physical
- Specific work up if indicated
- Surgery: At least one year after puberty
- Methods: Suction Assisted Lipectomy or subcutaneous mastectomy, with or without skin reduction
- Delayed skin reduction preferred





Breast Developmental Deformities

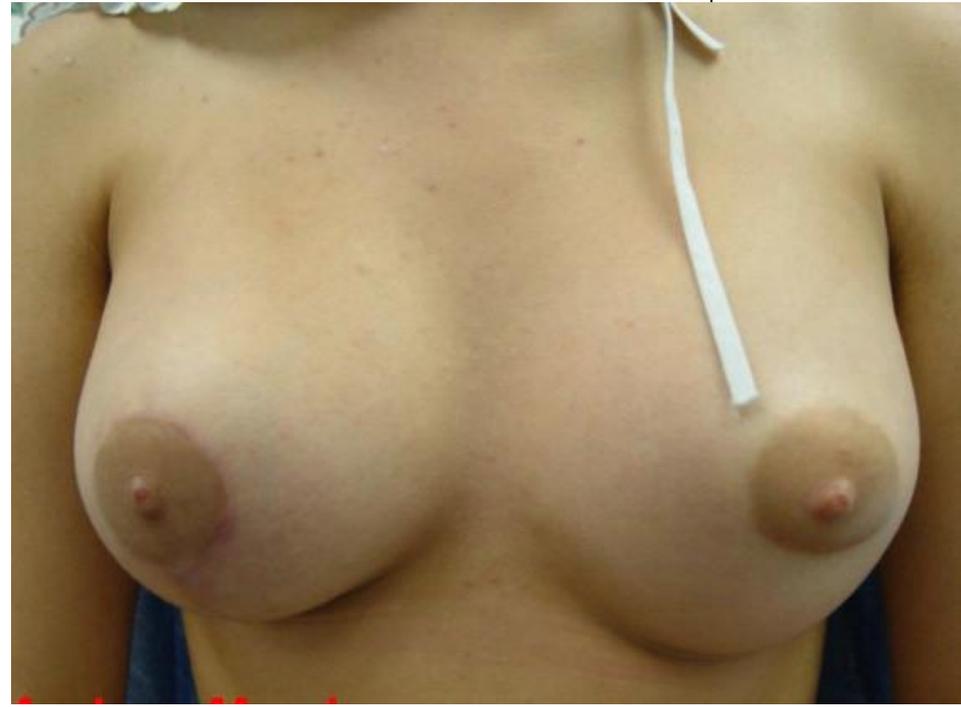
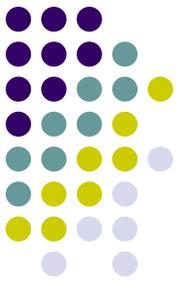


- Underdevelopment
- Ptosis
- Tuberos deformity
- Asymmetry
- Milk line abnormalities

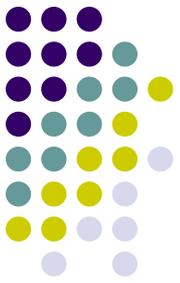






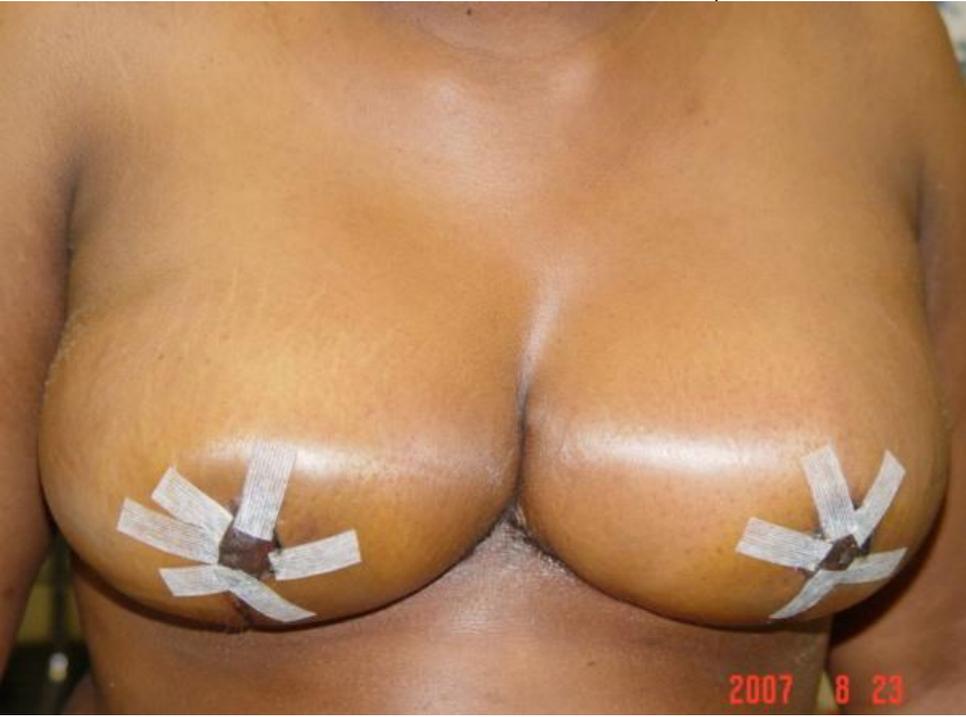
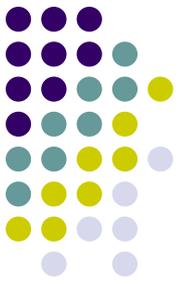


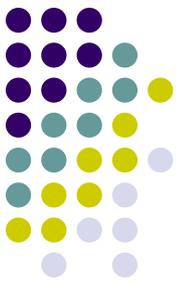
Virginal Mammary Hypertrophy



- Major Functional and Emotional Problems
- Treated once development is complete but sometimes earlier
- Breast Reduction with functional preservation



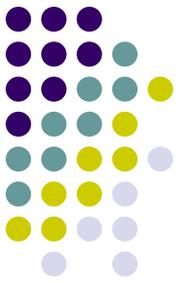




Summary

- Adolescence presents a unique set of clinical problems for both genders.
- Physical and emotional maturity is a major factor in decision making.
- Beware of treating the parents rather than the patient.
- Timely appropriate treatment can be rewarding, and may prevent permanent emotional scars.

Thank you



Questions?