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The Correction of "Displaced" Breasts in Omphalopagus Siamese Twins

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Abstract

We present the surgical approach used to correct congenitally displaced breasts in omphalopagus female Siamese twins. A transverse horizontal bipedicle flap is taken from below the upward displaced breast and transposed superiorly. The width of the flap must correspond to the lower descent obtained for the nipple and breast so that they regain their normal position.

Keywords: Omphalopagus; Siamese Twins; Displaced Breasts

Introduction and Objectives

The main aim of this paper is to demonstrate the feasibility for replacing in normal localization congenital displaced mammary glands in the sporadic cases of Siamese twins, a situation never found in the medical literature.

Reconstruction of the congenital displaced mammary glands also demonstrated that inventiveness is an essential requirement for a correct solution, always based on the sound principles of Plastic and Reconstructive surgery.

Material and Methods

We present the problem of two omphalopagus Siamese twins that, after separation and when reaching puberty clearly demonstrated the misplacement of the breasts in a mirror image and imposed to discover a surgical solution.

Surgical Technique

Figure 1 Displaced mammary glands: moderate ptosis of the right and upwards placement of the left.

Figure 1: Displaced Mammary Glands (left and right).

In the side where the breast was in an abnormally high placement, we decided to upper transpose a transversal by-pedicle flap taken just below the corresponding nipple, with a length corresponding to the desired width to place the nipple and breast in the "normal" placement. The transversal flap must respect the wide/ length proportion for bi-pedicle flaps, to preclude eventual flap

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necrosis), and also the width of the flap must correspond to the desired lowering of the nipple and breast.

Figure 2 Transverse pedicle flap taken from below the nipple, and then moved upward.

Figure 2: Transverse horizontal flap (respecting the wide/ length proportion for bipedicle flaps to preclude eventual flaps necroses), the wideness of the flap corresponding to the desired lowering of the nipple and breast.

Where the breast was almost in a "normal" position on the left, we just performed a classical reduction mammoplasty, correcting a mild ptosis figure 3. The breasts of this girl are almost symmetrical and at the level they should be.

Figure 3: The final result in adolescence (right and left).

Her siamese twin sister (figure 1) had a more severe upwards displacement of the breast on the left side. Also a by-pedicle flap was again used, but wider than the one of her sisters. A reduction mammoplasty was advised but not accepted (a correction just to be performed almost 20 years later....!) figure 4. Result for the other twin, that had a very severe upwards displacement requiring a wider flap.

Figure 4

Discussion

We believe that Siamese twins are monozygotic twins in whom a separation was not completed and I cannot subscribe to the fusion theory. They may remain joined through any part, with higher or lower intensity, so defining the designations utilized. Their frequency is estimated at 1 to 45.000 to 200.000, accepting that another 40% have probably died in utero and the great majority died soon after birth.

It is thought that the first Siamese twins were born in Peru, referred to in the Moche Culture of the III century. In 415 Saint Augustine referred to parapagus caudalis siamese twins. Still, the first survivors following surgery seem to have been From Switzerland (Basileia) in 1989 (omphalopagus), followed by Brasil, in 1900 (xiphopagus) and the U.S.A. (Minnesota) in 1987 (craniopagus).

Some Siamese Twins that survive may live many years, as the famous Chang and Eng Bunker (they married two sisters and had 22 children....!.). They originated the name having being born in Thailand (then the Siam Kingdom).

The (28%) and thoraco omphalopagus (18,5%) are the more frequent types. Fortunately, the ones with a better prognosis after separation (unless only a common heart, commonly malformed,



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which is not helpful for any of them, who will usually die a few weeks after birth). Surprisingly this anomaly is much more frequent in females than in males, in a proportion of about 3 to 1.

Survival depends basically on the extent of the malformation. Nevertheless, nowadays in many places of the so-called civilized Countries (where ultrasound is routinely used in pregnancy surveillance), the wrong decision of abortion is taken even in patients that could survive as normal as any other human being.

In cases that survive but are not separated, the death of one invariably leads to the end of the other. Some types like the Parapagus caudalis (with a single lower body and a duplicated upper body) raise the impossible ethical solution of choosing the Right or the Left "head".

The cases we present are the best demonstration of the possibility of saving the lives of human beings in the respect of the Hippocratic Oath, which nowadays unfortunately many misinterpret.

At the initial operation one of the main concerns (apart the main one, the survival of both Children), was also to reproduce an umbilical scar, a significant aesthetic landmark. The correction of the breast displacement had to wait until puberty and breast development.

We have operated 7 pairs with the survival of 9, the 1st one (Thoraco-omphalopagus) as far as 1978. Then thoraco-omphalopagus (1984), Omphalopagus (1986), Xipophagus (1988) and omphaloischiopagus (1999). In this last pair the girl will require periodic vaginal dilatations under general anesthesia and, at puberty, hormonal support with estrogen.

In 1979 Two ischiopagus died of malignant hyperthermia (after successful surgical repair, in 1984 Two parapagus (one already dead just at birth) and in 1986 one omphalopagus two months old and weighing 2.5 Kg, died one month after surgery in an adult's Intensive Care Unit [1-10].

23

Figure 4: Survivors.

Conclusions

Siamese twins are independent human beings, with intrinsic reality and human dignity, Even with modern technologies the surgical team must be prepared for surprises and for immediate straightforward decisions. Treatment is conditioned for what nature has provided, aiming to preserve the maximum for both twins, particularly concerning their future life. And one must be concerned not only with saving lives but also with giving them the maximum quality.

Disclaimer

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Consent

Was given orally by the Patients themselves.

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