

Rendering Nipple Dimensions in the Ideal Male Chest: Outcomes and Reconstructive Options in Chest Masculinization Surgery

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BACKGROUND

Chest masculinization surgery remains important in the physical transition of female to male patients. A general consensus regarding the characteristics of the ideal male nipple-areola complex exists, however methods for creating ideal nipple remain relatively undescribed. In cisgender female patients, nipple reduction techniques are often employed, but extrapolating these techniques to transgender male patients is insufficient. Consequently, we present options and an algorithm for free nipple graft reduction and reconstruction based on the size of the native nipple.

METHODS

A retrospective analysis of 41 transgender male patients who underwent primary, bilateral mastectomy and free nipple graft reconstruction, with or without reduction, via a standardized double incision technique between November 2019 to March 2020 was performed. Patient demographics, hormone therapy, chest wall binding, intraoperative findings such as achieving the ideal nipple size and through various methods, and post-operative outcomes were assessed.

RESULTS

Of the patients 41 patients who underwent double incision mastectomy with free nipple-areola complex graft reconstruction, 22 underwent standard reconstruction, 16 underwent free nipple-areola complex graft with wedge excision, and 3 underwent free nipple-areola complex graft with component based reconstruction. In the standard group, the average right nipple width and height were 10.43 mm and 3.36 mm, respectively; the average left nipple width and height were 10.43 mm and 3.36 mm, respectively. In the group undergoing wedge resection, the average right nipple width and height were 12.50 mm and 6.31 mm, respectively; the average left nipple width and height were 12.50 mm and 6.60 mm, respectively. In the group undergoing the component reconstruction, the average right nipple width and height were 12.33 mm and 11.00 mm, respectively; the average left nipple width and height were 12.33 mm and 11.00 mm, respectively. The nipple was viable in all cases.

CONCLUSION

Despite the variety of resources for management of the ideal nipple-areola complex, no technique is accepted as superior. What can be agreed upon are the subjective markers of the ideal nipple-areola complex (smaller size, ovoid shape, and more lateral position along the chest wall). Given the disparities amongst opinions related to the nipple-areola complex, the idiosyncrasy of the nipple itself is omitted. This study suggests using the width and height to direct reconstructive options. The free nipple graft without reconstruction, free nipple graft with wedge resection, and free nipple graft with component reconstruction are applicable reconstructive options in the more masculine appearing native nipple, intermediately masculine nipple, and feminine appearing nipple, respectively.