Letter to Editor

An effective method of retaining preoperative markings for reduction mammoplasty during surgical procedure

Sir,

Appropriate results in aesthetic surgery are attained only when they are convincing and satisfying to both the patient as well as the surgeon, especially in mirror image organs like the breasts where symmetry is essential. For this a few things are essential; foreseeing the result, proper selection of technique, preoperative planning with marking and skillful execution.

There are two types of situations in aesthetic surgery according to the organ or region. Group A- there is no change in shape when the patient is made supine on the operation table e.g. in rhinoplasty, genioplasty, corrective otoplasty etc. Group B- where the organ or the region changes its shape and configuration e.g. in mammoplasty, abdominoplasty etc. That is why in Group B preoperative markings are made in standing position.

In mammoplasty adequate counseling with the patient regarding the future position and configuration of the breast is discussed in detail. Substantial time and knowledge is utilized in preoperative markings of a reduction mammoplasty with specific measurements from bony landmarks to calculate the amount of breast tissue to be reduced, to find out the position of the nipple areola complex, placement of the final suture line and to make the breasts appealing and symmetrical. Different types of inks or dyes or markers are described in literature. The breasts will become flatter and displaced as soon as the patient lies supine. The markings get faded or splashed by the peroperative preparations with antiseptics. Remaining marks disappear by mopping during surgery. Thus the surgeon faces difficulty and is likely to be inaccurate in achieving symmetry. The assistant distorting the organ while holding it, which can repeatedly change the shape, adds to this.

We are using a method, which is easy and the preoperative markings remain distinct throughout the procedure. The surgeon feels confident. It does not get affected by any maneuvering and the surgeon performs the procedure smoothly. The detailed markings are made one day prior to the surgery (Figure 1). After the patient is anesthetized, the back of a no. 15 scalpel blade is used to make adequate scratch impression on the skin bilaterally over the previous markings. Then thorough preparation of the area is done with antiseptic lotions without any fear of washing away the marks. In fact most of the ink marks are removed during this process and only (Figures 2a & b).

Figure 1: Detailed markings are made one day prior to the surgery

Figure 2a: Distinct scratch marks remain during process
The whole surgical procedure is performed easily. The procedure is completed bilaterally with symmetrical result (Figure 3). This is a simple and effective procedure. It avoids the possibility of permanent skin marking/tattooing, which can occur sometimes.

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**Unilateral blue sclera: A diagnostic enigma?**

**Sir,**
We had occasion to see a 5-year-old girl, who had this extraordinary appearance of her right eye (Figure 1). She was a relative of one of our patients, and was asymptomatic. We were amazed by this appearance of her eye, (which was present since birth), and were prompted to review the available literature. The differential diagnosis offered in literature is:

1. Marfan’s syndrome.
2. Ehler Danlos syndrome.
3. Hallerman Strieff syndrome.
4. Incontinenta pigmenti.
5. Iron deficiency anemia.
6. Associated with myasthenia gravis.
7. Blue sclera syndrome (Van der Heave syndrome)
8. Osteogenesis imperfecta.

However in all these conditions, there are associated abnormalities of the musculoskeletal system, or connective tissue, none of which was present here. In addition, in all these cases, the sclera is presumably bilaterally involved. Wiernik has cited a familial incidence in 6 out of 24 members of a family in Japan. He also suggests a relation between myasthenia gravis, and osteogenesis imperfecta. Smith has reported an isolated cellular blue naevus of sclera, along with retinal detachment. However, there was an island of tissue involved and not the entire sclera.

The puzzle continues.