Comparative Outcomes Of The Transareolar Approach: Systematic Review And Case Series

Purpose: Breast implant exchange is a common procedure that can be performed utilizing several techniques. This systematic review and case series investigates the outcomes of patients who underwent transareolar breast implant exchange. Methods: A systematic review was conducted using PRISMA guidelines. Eight articles comprising 1,194 patients were identified and reviewed. These patients had an average implant size of 256cc with placement in either the subfascial or submuscular planes. Seven patients from a single surgeon's office who underwent breast implant exchange with linear transareolar approach were identified for comparison. Patients from the clinic had an average implant size of 255cc with placement in the submuscular plane. All patients had an areolar diameter of greater than 2cm, smaller than the patients identified in the systematic review with an areolar diameter of greater than 2.5cm. Results: Clinic patients reported 100% satisfaction with their scars, maintenance of nipple-areolar-complex sensation, and preserved vascularity at an average follow-up of 12 months, which was comparable to that found in the literature (95%, 100%, 100%, respectively). One patient (14%) in our cohort had Baker III/IV capsular contracture and one (14%) experienced hypertrophic scarring, above the incidence found in literature (1%, 3%, respectively). The hypertrophic scarring resolved with triamcinolone injection. While percentage of capsular contracture and hypertrophic scarring differed greatly, it is likely due to small sample size. There were no reports of implant failure, hematoma, seroma, infection, malposition, or reoperations in our cohort, comparable to literature (0-1%). Conclusion: The transareolar approach conceals scars in a naturally striated, irregular, and pigmented tissue. This technique is safe and provides aesthetically beneficial outcomes through minimizing scar formation while preserving sensation and vascularity of the nipple-areolar complex.