Scholars Journal of Applied Medical Sciences
Abbreviated Key Title: Sch J App Med Sci
ISSN 2347-954X (Print) | ISSN 2320-6691 (Online)
Journal homepage: https://saspublishers.com

OPEN ACCESS

Plastic Surgery

Massive Breast Reduction by Superomedial Pedicle Technique: The Largest Documented Reduction in Western India -A Case Report

Dr. Pushkar Deshpande[1]*, Dr. Surajsinh Chauhan[2], Dr. Sushrut Tated[3]

[1]MBBS, MS, Mch (Plastic Surgery) The Aesthetic Hub, Baner, Pune
[2]MBBS, MS, MCh, Dr NB (Plastic Surgery) The Aesthetic Hub, Baner, Pune
[3]MBBS, MS, MCh (Plastic Surgery) The Aesthetic Hub, Baner, Pune

DOI: https://doi.org/10.36347/sjams.2025.v13i12.001 | **Received:** 06.10.2025 | **Accepted:** 02.12.2025 | **Published:** 05.12.2025

***Corresponding author:** Dr. Pushkar Deshpande
MBBS, MS, Mch (Plastic Surgery)

Abstract **Case Report**

Background: Gigantomastia is a rare condition marked by extreme breast hypertrophy, causing functional disability, pain, and psychological distress. Surgical reduction remains the definitive treatment. Among various techniques, the superomedial pedicle has emerged as reliable, offering predictable vascularity and superior shape. We report a 31-year-old woman with symptomatic gigantomastia who underwent bilateral breast reduction using the superomedial pedicle technique, achieving a total tissue removal of 5.767 kg, representing the largest documented reduction in Western India. Postoperative recovery was uneventful. Nipple–areola complex (NAC) viability and sensation were preserved. At 6 months, the patient demonstrated stable aesthetic outcomes, symptom relief, and high satisfaction. This case highlights the safety and versatility of the superomedial pedicle even in extreme reductions, supporting its role as a preferred technique in managing Gigantomastia.

Keywords: Gigantomastia, Breast reduction, Superomedial pedicle, Reduction mammaplasty, largest breast reduction India.

INTRODUCTION

Gigantomastia is an uncommon clinical condition distinguished by excessive and sometimes rapid breast enlargement. Its aetiology remains unclear, and it manifests with numerous physical and psychological burdens, including chronic pain, postural abnormalities, recurrent intertrigo, and social stigma.

Reduction mammaplasty is the cornerstone of management. Traditional techniques such as inferior pedicle, central mound, and free nipple grafting have limitations, especially in cases of extreme hypertrophy. The superomedial pedicle, based on internal mammary perforators, provides dependable vascularity, maintains NAC sensation, and offers superior medial fullness.

This report documents the largest breast reduction recorded in Western India using the superomedial pedicle technique, demonstrating its reliability even in extreme resection volumes.

CASE REPORT

A 31-year-old woman presented with longstanding gigantomastia affecting daily activities. Complaints included Chronic upper and lower back pain, Shoulder grooving from brassiere straps, Recurrent inframammary infections, Difficulty exercising and performing routine tasks, Significant body image distress. There was no history of medical illness. She was G2 P2A0 L2. No history of any menstrual cycle complaints.

EXAMINATION

Height 156 cm, weight 87 kg, Breasts markedly enlarged with Grade III ptosis, Sternal notch to nipple distance43 cm, estimated volume: >2.5 kg per breast, no palpable masses or axillary adenopathy, Baseline investigations and sonomammography were within normal limits.

Figure 1: Gigantomastia with Grade III ptosis

Surgical Technique

The patient was marked preoperatively in the standing position using a Wise-pattern (inverted-T) design. A superomedial pedicle with adequate width was planned to ensure vascular safety.

Figure 2: Pre-operative Marking Superomedial Pedicel Technique.

Key operative steps

Superomedial Pedicle de-epithelialisation preserving robust dermoglandular tissue. Resection of excess lateral, inferior, and central parenchyma. Sculpting of breast mound to restore medial and upper pole fullness. Bilateral tissue removal totalling 5.5 kg (right: 3.152 kg; left: 2.615 kg). Layered closure with suction drains. Operative duration 4 hours. No intraoperative complications occurred.

Figure 3: Right- Excised Breast Tissue

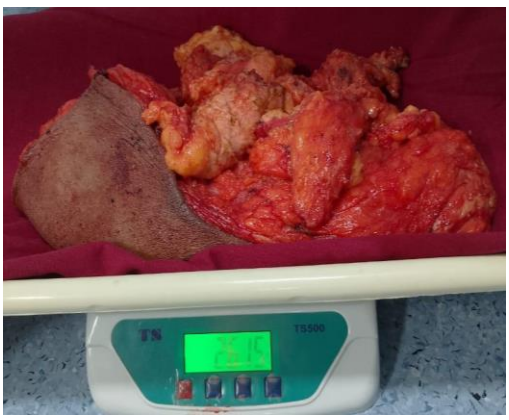

Figure 4: Left- Excised Breast Tissue.

RESULTS

Postoperative recovery was uneventful. NAC viability was fully preserved except mild left nipple inversion which settled down over a period of time. Sensation intact bilaterally. No wound dehiscence, infection, hematoma, or fat necrosis. Drains removed on postoperative day 5. By 6 months, Symmetric breasts with stable shape, Good upper pole projection, Thin, healed scars, complete resolution of back pain and shoulder grooving, markedly improved quality of life, The patient reported high satisfaction with the aesthetic and functional outcome.

Figure 5: late post operative results

DISCUSSION

Gigantomastia is an extremely rare condition, and its true incidence in India is unknown because the literature consists predominantly of isolated case reports and small series. For gestational Gigantomastia, international data suggest an incidence of approximately 1 in 28,000 to 1 in 100,000 pregnancies worldwide [1,3,7]. Case reports from India, including examples of gestational Gigantomastia in Indian women, further highlight the rarity of this entity in the Indian population. Gigantomastia remains challenging due to increased risk of complications such as pedicle ischemia, wound breakdown, and postoperative asymmetry. The choice of pedicle becomes crucial. The superomedial pedicle offers several advantages Strong internal mammary perforator vascularity, improved medial fullness and long-term shape stability, Preservation of NAC sensation, shorter pedicle distance compared to inferior pedicle in large breasts [1,2,4]. In massive reductions (>2 kg per breast), some surgeons prefer free nipple grafting; however, this sacrifices sensation, projection, and breastfeeding potential. Our case demonstrates that even with extreme tissue removal (5.767 kg), the superomedial pedicle provides safe and reproducible outcomes [6,8]. To our knowledge; this represents the largest documented breast reduction in Western India using this pedicle, contributing valuable evidence to the growing literature supporting its use.

CONCLUSION

The superomedial pedicle technique is a reliable, safe, and aesthetically favourable option for managing Gigantomastia, even in cases requiring exceptionally large-volume reductions. This case reinforces its superiority in maintaining NAC viability, providing long-term contour stability, and ensuring high patient satisfaction.

DECLARATIONS

Conflict of Interest: None declared.

Funding: No external funding was received.

Authors Contribution: Dr. Pushkar Deshpande & other two authors performed the surgery and prepared the manuscript.

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