

Monsplasty: New Technique

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ABSTRACT

Introduction: Enlarged mons pubis is a distressing complaint in cases of familial fat deposition, obesity, pregnancy, fluctuation of body weight or massive weight loss. Several techniques had been described to correct this problem e.g.; liposuction, undermining and surgical excision but each of them carry the risk of redundancy or prolonged lymphedema.

Patients and Methods: This study was done at Al-Azhar University hospital in the period from June 2011 to March 2012 with follow-up period 6 month post operative. It included 14 cases 13 of them female, 10 associated with pendulous abdomen (8 multipara and one single), 3 after weight reduction and 1 male with isolated fat deposition in mons pubis.

Surgical Procedure: After marking of normal dimension of mons pubis and elimination of excess part of the skin on the top of the mound, de epithelialization of excess part done in a dome shape following the natural aesthetic curvature of the hair line making the de epithelialized part as inverted crescent then burying of its excess part under lower abdominal flap after classic abdominoplasty in 13 female cases through crescentic (semi lunar) excision of lower abdominal flap.

Results: All cases showed complete healing except 2 female cases developed limited dehiscence at site of closure. As regard to the patient satisfaction, all cases were satisfied by aesthetic result and contour in addition to marked improvement in sexual relation and local hygiene. No cases developed post-operative lymphoedema, dyspareunia or infection.

Conclusion: Enlarged mons pubis can be corrected by de epithelialization of its upper part after marking of its normal dimensions and burying it under lower abdominal flap either through abdominoplasty or as isolated procedure. This new technique of monsplasty is beneficial for lifting and reduction of mons pubis with acceptable aesthetic result and patient satisfaction.

INTRODUCTION

Mons pubis is a Latin description meaning "pubic mound" the area also known as the mons veneris (Latin, mound of Venus). It is the rounded eminence made by fatty tissue beneath the skin, lying in front of the symphysis pubis.

The mons pubis may be enlarged in cases of familial fat deposition, obesity, pregnancy, fluctuation of body weight or massive weight loss.

The high incidence of obesity and weight loss has resulted in common complaints of a large, protuberant mons pubis and labia majora related to unsightly fat deposits and skin ptosis. All this leads to difficulties with sexual intercourse, poor hygiene, discomfort and bad appearance.

The anthropometric measurements of the mons pubis are dependent on body weight, height, abdomen shape and age.

There are several technique had been described for mons pubis reduction e.g.; liposuction, undermining and surgical excision but each of them carry the risk of redundancy or prolonged lymphedema.

The new technique of monsplasty (including lifting and reduction) done through deepithelization of excess part on the top of mons pubis and burying it in the lower abdominal flap after partial resection of the deep fatty layer in the lower abdomen (supra scarpa's) keeping normal dimension and aesthetic contour of mons.

Mons measurements:

- Umbilicus to symphysis pubis = 14-17cm.
- Pubic hairline/skin fold to end of labia major (height of triangle).
 - a = a1+a2 = 13-15cm.
 - a1- Pubic hairline to cleft = 6-8cm.
 - a2- Length of labia majora (cleft to end of labia) = 5-7cm.
- Lengths of side segment lines.
 - b = (end of labia majora along the inguinal crease up to lateral hairline) = 13cm.

- Lengths of base of mons triangle.
c = 16cm.
- Inguinal crease/pubic hairline angle (corner of mons triangle) 55 = degrees.
- Inguinal crease to labia majora angle (tip of mons triangle) = 75 degrees [1].

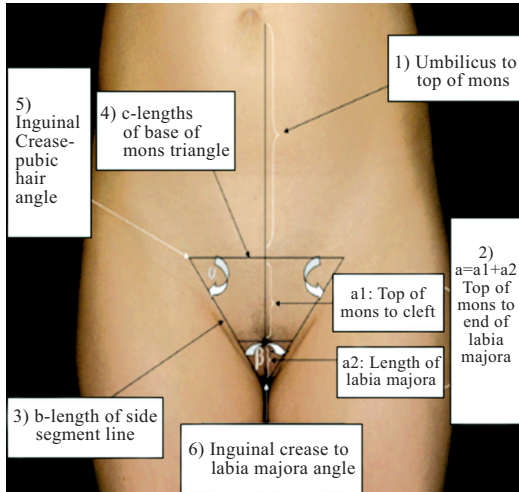


Fig. (1): Mons measurements.

Categories of mons deformities:

- Grade 1: Patients present with mild fullness of the mons but no ptosis.
- Grade 2: Patients present with moderate fullness of the mons with ptosis that partially covers the external genitalia.
- Grade 3: Patients present with marked fullness of the mons that covers the whole genitalia.
- Grade 4: Patients after undergoing massive weight loss present with no fullness of the mons and severe ptosis that covers the external genitalia partially or totally [2].

Aim of the study:

To demonstrate a new techniques for mons pubis reduction to manage difficulties with sexual intercourse, infertility, poor hygiene, and discomfort, while also improving self-esteem without complications.

PATIENTS AND METHODS

This study was done at Al-Azhar University hospital in the period from June 2011 to March 2012 with follow-up period 6 month post operative. It included 14 cases 13 of them female, 10 associated with pendulous abdomen (8 multipara and one single), 3 after weight reduction and 1 male with isolated fat deposition in mons pubis.



Fig. (2): Preoperative view.

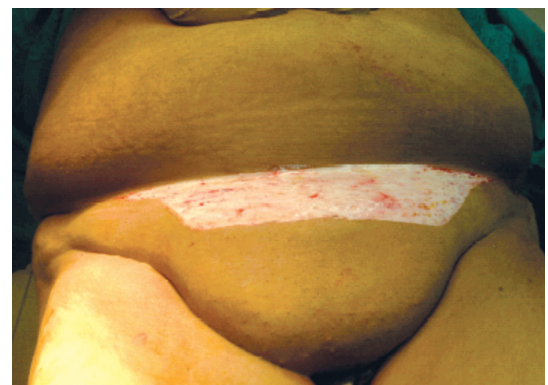


Fig. (3): De-epithelialized part as inverted crescent.



Fig. (4): Excision of lower abdominal flap to fit the new dome of the neo-mons.



Fig. (5): Postoperative view.

Surgical procedure:

After marking of normal dimension of mons pubis and elimination of excess part of the skin on the top of the mound, de epithelialization of excess part done in a dome shape following the natural aesthetic curvature of the hair line making the de epithelialized part as inverted crescent then burying of its excess part under lower abdominal flap after classic abdominoplasty in 13 female cases through crescentic (semi lunar) excision of lower abdominal flap to fit the new dome of the neo-mons (this step correct the excess height of mons pubis by lifting, but to correct postro-anterior bulge (anterior to symphysis pubis) by de-fattening of abdominal flap in supra-scarpa's plain to overcome the mons bulge. Burying it under the abdominal flap giving aesthetic contour of natural infra umbilical mound with skin closure between lower abdominal flap and apex of mons pubis giving aesthetic curvilinear shape of pubic hair.

The male patient showed isolated bulge in the mons pubis as familial fat deposition disturbing his sexual life by limitation of penile length at the root by 4cm. the same technique used through mini abdominoplasty with removal of more supra scarpa's fat to avoid production of feminine infraumbilical mound.

RESULTS

All cases showed complete healing except 2 female cases developed limited dehiscence at site of closure one of them required secondary suture and another one healed by dressing after two weeks of operation. As regard to the patient satisfaction, all cases were satisfied by aesthetic result and contour in addition to marked improvement in sexual relation and local hygiene. No cases developed post-operative lymphoedema, dyspareunia or infection.

DISCUSSION

Some surgeon describes the technique of mons pubis reduction in width through medial thigh lifting incision which is jeopardized by several complications as disturbance of lymphatics of lower limb [3].

Other surgeon describes liposuction to mons pubis which is require tedious maneuver keeping deep liposuction and preserving lymphatics otherwise it will be followed by non resolving lymphoedema with recurrent lymphangitis which may

spread to labia in females and scrotum in males [4].

Undermining technique also described in mons pubis reduction but debuted by liability of injury to lymphatics and disfiguring unpleasing appearance due to translocation sprapubic hair in lower abdomen even after laser application [5].

Wedge excision from the mons considered as an option for mons pubis reduction by Z maneuver but placement of scar in mons pubis not obeying lines of relaxed skin tension and also is burden to complication of scar in this sensitive aesthetically sexual area [6].

Our technique keeping normal aesthetic outline of pubic hair following lines of relaxed skin tension not disturbing aesthetic unit and not locating any scars in this sensitive area, as regard to excess bulk of mons pubis burying it in the lower abdominal flap and keeping infra umbilical contour is anatomical and not disturbing lymphatics at all with subsequent risk.

Conclusion:

Enlarged mons pubis can be corrected by de-epithelialization of its upper part after marking of its normal dimensions and burying it under lower abdominal flap either through abdominoplasty or as isolated procedure. This new technique of monsplasty is beneficial for lifting and reduction of mons pubis with acceptable aesthetic result and patient satisfaction.

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