

Adolescent Plastic Surgery

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ABSTRACT: Plastic surgery seldom saves life, but it may greatly improve its quality. This article provides examples of abnormalities that may have a seriously detrimental effect on self image, socialization and quality of life and of the results of plastic surgery. Prominent ears may be corrected as an outpatient procedure. The results of breast hypertrophy is associated with the highest patient satisfaction. Breast asymmetry, inverted nipples and breast hypoplasia are all amenable to surgical correction with excellent cosmetic results. Nasal imbalance and small chins can also be corrected. This article provides illustrations of the result of plastic surgery on adolescents.

Plastic surgery is quality of life surgery. While it is not often that plastic surgeons save lives, their effects on people can be lifelong. It is a specialty that has the ability to merge the physical, psychological and social aspects of the human condition. This is especially true in the pediatric and adolescent population.

No one would deny the need to reconstruct a cleft lip or argue the justification to build an absent ear or correct a deformity resultant from a burn.(1,2). But what about the child who is being taunted with "dumbo ears" or the teenage girl with asymmetric breast development who cannot wear a bra or bathing suit. What about the boy who will not participate in gym because of locker room jeers surrounding his exaggerated breast development. These are just some of the conditions that can create psycho-social havoc in a young persons life.

Childhood and adolescence is a very difficult time. Social attitudes present strong influences. There are extraordinary pressures imposed by society to conform to arbitrary standards of external appearance. Young people live in a world of stereotypes. As the standards of aesthetic norms rise, the pressure for acceptance increases. Those with physical traits outside the so called social norms may experience diminished self esteem.

Psychological studies have clearly demonstrated that perceived physical attractiveness is associated with a positive self concept and that physical characteristics play much more than a minor role in life (3). Body image influences self-esteem and a perceived flaw can be inwardly destructive.

Plastic surgery is quality of life surgery.

A nursery school study in 1974 demonstrated that the more physically attractive children were more popular and received more attention from teachers and staff.(4) A similar study conducted in maternity units revealed that nurses and students gave more attention to the more attractive babies.(5) Mock juries meted out harsher sentences to unattractive people in contrast to their appealing counterparts with the same crimes.(6)

These studies were in no way meant to imply that plastic surgery is a panacea for the problems of growing up. On the contrary; it proposes only that there are some individuals with physically undesirable traits who are experiencing damage to their psycho-social development.(7) And that these individuals with the proper screening and evaluation may benefit from quality of life plastic surgery. Some of the most significant areas of concern involve the nose, ears, and breasts.

Prominent ears: Protruding ears have been nicknamed "dumbo ears", "bat ears", "Mickey Mouse ears" and "flop ears". Imagine going to school every day only to hear those jibes. Consolation from parents telling children that they will outgrow the abnormality, or that they are "funny, but cute" does not help. These ears cannot be taped back to influence growth. Children who have this

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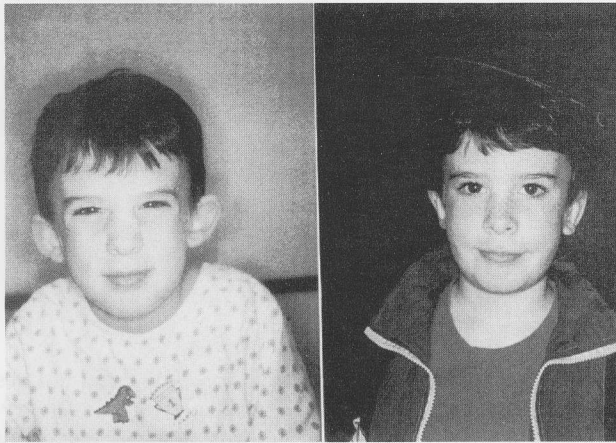


Figure 1. Prominent ears before (left) and after correction (right).

problem will begin to engage the torment of peers at around age six. Fortunately the ear is essentially adult size at that time and surgical correction is straight forward and rewarding.

Prominent ears are cup shaped because they lack a fold in the cartilage near the edge. This can be on one side or both. Surgical correction is called an otoplasty. It is an outpatient procedure that can be performed under either general anesthesia or local anesthesia (obviously depending on the age and maturity of the person). Surgical incisions are hidden and it restores a normal appearance (Figure 1). Recovery is quick and the psycho-social results are dramatic.

Children with this problem should see a plastic surgeon prior to the onset of stress so as to avoid an unnecessary pressure that may manifest in problems later.

Breast Hypertrophy: The breast like no other organ symbolizes femininity. Those whose breasts are outside "societal" norms, or who fall into stereotypes often need the help of a plastic surgeon. A young adolescent female with pendulous breasts may be perceived as promiscuous or sexy. Clothes may become an issue for fear of looking too sensuous. Large breasts may be in the way when it comes to sports. Many women with breast hypertrophy have poor posture not only because of the weight and size of the breasts, but also as a way to minimize their appearance. No one wants to see their child shy away from social events or athletics or to hear about the "cat calls". No one wants their child equated with the stereotypes of Dolly Parton or Pamela Anderson.

Adolescent females with overly large breasts [macromastia] should be evaluated by their pediatrician for hormonal imbalances. Following this an indepth consultation with a plastic surgeon will outline the risks, benefits and outcomes of a reduction mammoplasty (Figure 2). Statistics from the American Society of Plastic and Reconstructive Surgeons state that breast reduction

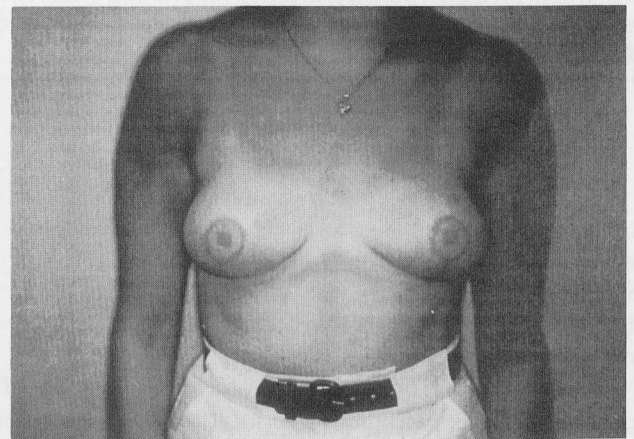
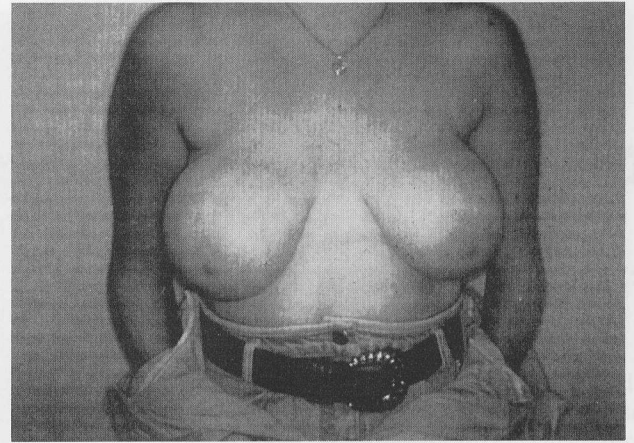


Figure 2. Breast hypertrophy. The figure shows the patient's appearance before (top) and after (bottom) reduction mammoplasty.

surgery carries the highest degree of patient satisfaction of all the operations performed.

Breast Asymmetry: This is probably the most psychologically devastating situations that an adolescent female can face. There are problems of altered body image (pairs are supposed to be matched) and the problems of trying to fit into clothes. These girls will shy away from any situation that may reveal the asymmetry. Plastic surgical consultation will be invaluable to let these teenagers know that there is a solution to their situation. Together patient, family and doctor can plan the best course of action to equalize the breasts (Figure 3).

Inverted Nipples: This is a very common situation that can be very disturbing to young women. Here the ligaments of the nipple pull it inward and prevent nipple erection. A very simple procedure under local anesthesia can correct this problem that can be either one or both sided (Figure 4).

Gynecomastia: Occasionally an adolescent male develops breasts similar to the female shape. This can be a

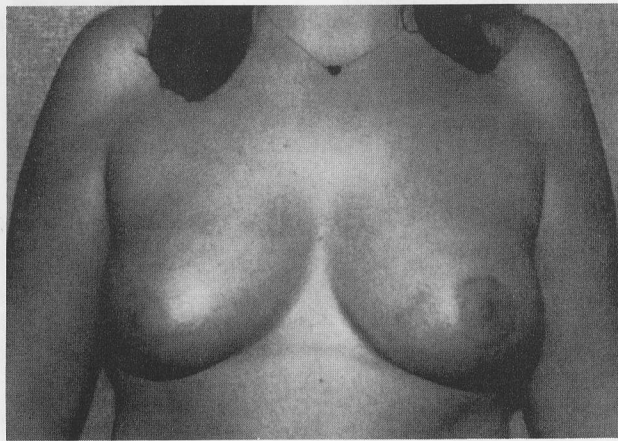
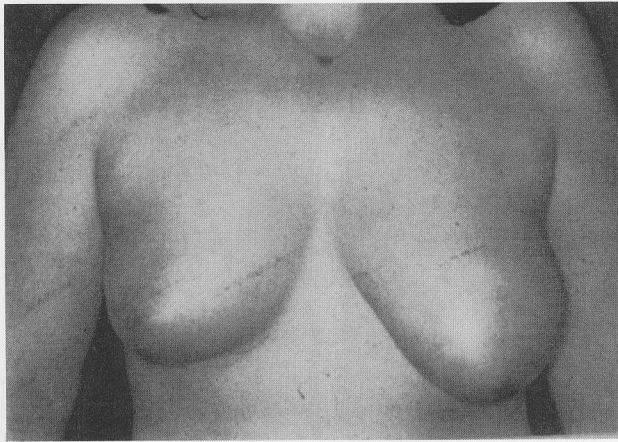


Figure 3. Breast asymmetry before (top) and after correction (bottom).

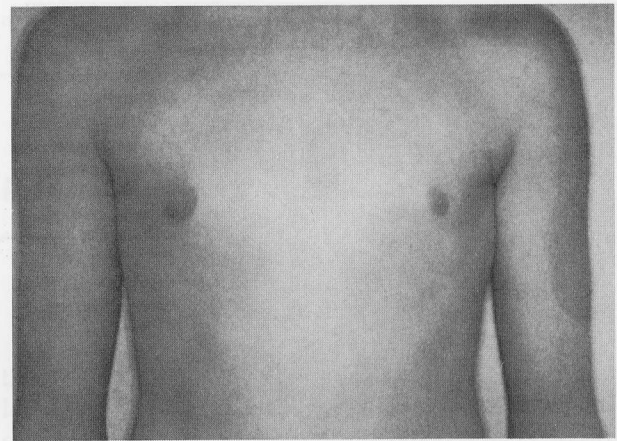
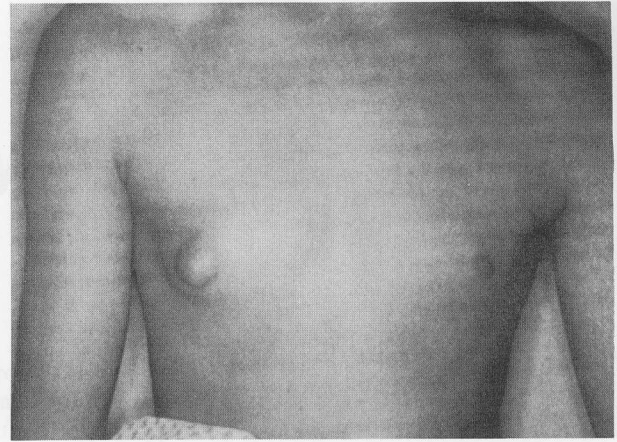


Figure 5. Correction of gynecomastia. Appearance before (top) and after (bottom) correction.

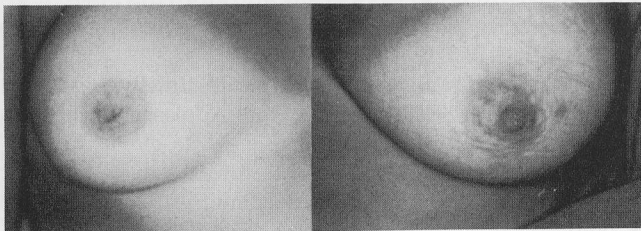


Figure 4. Inverted nipple before (left) and after surgery (right).

socially devastating situation. The cause has been linked to certain medications and to marijuana use. It can however happen without any predisposing factors. Once it occurs only surgery can rectify the problem (Figure 5). This should be performed as soon as an endocrinological evaluation rules out any hormonal imbalances.

Breast Hypoplasia: Just as overly large breasts can be problematic so can be the absence of breast development in a young girl. Once a hormonal evaluation is complete and deemed normal consideration should be

given to breast enhancement if the problem is socially significant (Figure 6).

Nasal Imbalance: Functionally the nose aids in our sense of smell, and humidifies and warms the air we breathe. Aesthetically it defines our face and plays a major role in self esteem. Over 70,000 people a year seek out nasal surgery. A nose that is too big or too long for a face can alter otherwise wonderful facial balance and esthetics. Refinements to this area can dramatically improve the psycho-social well being of an adolescent. Many plastic surgeons have computer imaging systems that can show the patient and family the expected changes. Along with this is the pattern of large noses and small chins. Sometimes the solution to the angst is to refine both of these area so the face falls into geometric balance. Figure 7 shows examples of restoration of normal appearance.

These are the most common and traditional problems that affect adolescents in the aesthetic arena. As the standards of accepted beauty rise in this socially pressured world it would not be surprising to see plastic surgeons participating with families and child psychia-

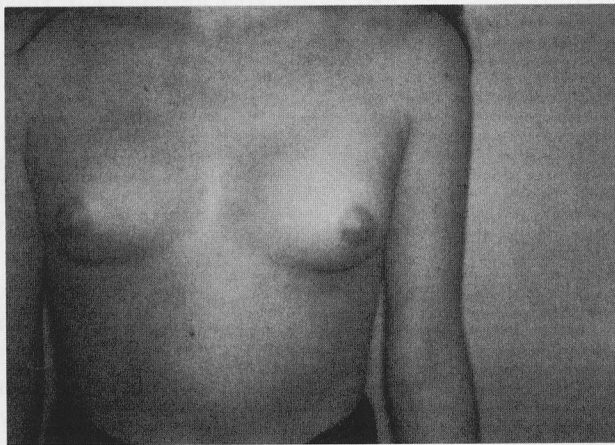
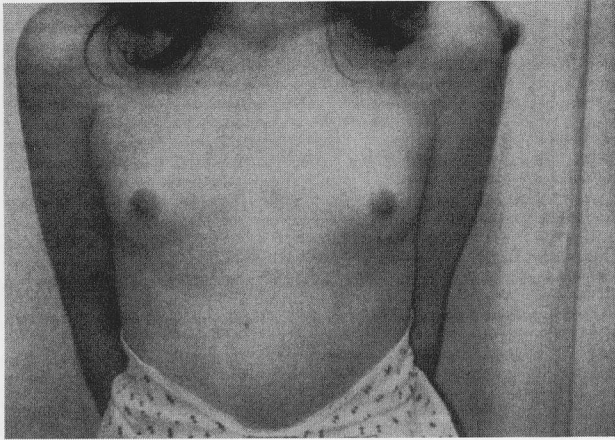


Figure 6. Breast hypoplasia before (top) and after augmentation mammoplasty (bottom).

trists to search out the best solutions for adolescents facing problems of body image. It would also not be surprising to see other areas such as liposuction enter into the mix. A team approach will be very important. A singular perceived flaw is better dealt with than suppressed and converted into another problem like anorexia or bulimia.(8)

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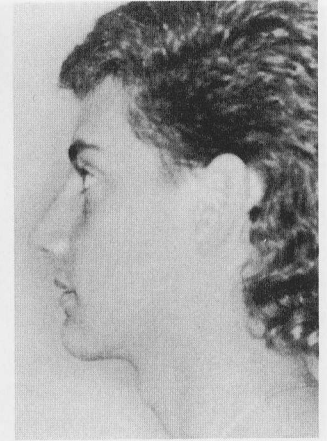
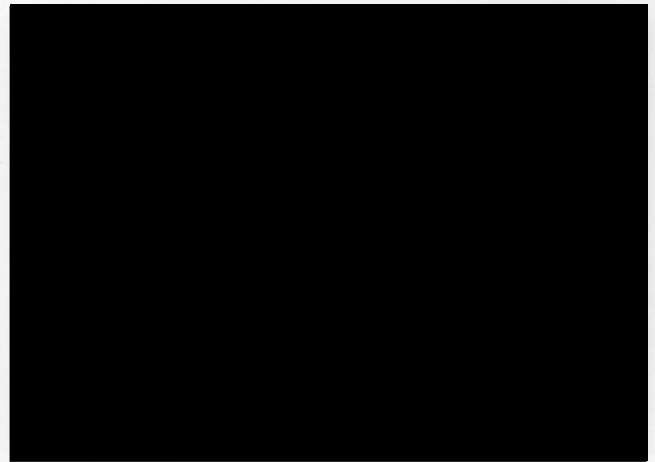


Figure 7. Appearance before (left) and after (right) correction of excessively large noses and small chins in an adolescent girl (top) and an adolescent boy (bottom).

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