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Craniopagus parasiticus: Parasitic head protuberant from temporal area of cranium- A case report

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Background: Craniopagus parasiticus is a rare medical case and the case here is a unique one unlike other cases reported from different literature. The head of parasitic twins is protruding from the temporal area of cranium. Parasitic head had two deformed lower limbs; one is too rudimentary attached to the mass; long bones of bilateral lower limbs and some pelvic bones. After dissection of the mass, the intestine was seen but no chest organs and other abdominal organs: There is also rudimentary labium but no vaginal opening.

Case Presentation: A 38-years-old multigravida (Gravida V para IV) women from Amhara ethnicity referred from rural health center to Referral Hospital due to prolonged second state of labor at 42+1 weeks. Upon arrival she had contraction, term sized gravid uterus, and fetal heart beat was 112. On digital pelvic examination the cervix was fully dilated, station of the head was high and the pulsating umbilical cord coming in front of the presenting part with ruptured membrane but in the vaginal canal. The team decided to perform emergency cesarean section and then a live female infant weighing 4200 g was delivered. The placenta was single and normal. The APGAR scores were 7 and 9 at 1 and 5 min, respectively. The infant appeared to be grossly normal except the parasitic co-twin attached at the cranium. The neonate was investigated with the available investigations (CBC, X-Ray, Doppler Ultrasound) and Pediatric side consultation was made. After a week of counselling and investigations, successful separation operation was done. During post-operative time the neonate comfortably suckling on breasts and no neurological deficit. The details of the Surgery, Post-operative condition and subsequent follow up will be discussed during the conference.

Conclusion: The possible etiologies of craniopagus parasiticus were still unknown due to a rarity of cases. Doctors, Genetic-Scientists, Epidemiologists and Researchers continue to investigate this case as the reasons that could give clue to birth defect and to provide answer for better prognosis of cases and improved the life chances of the twins. This case will have some input in the effort to know the etiology and pathogenesis of this new born.

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Optimizing the results in breast augmentation

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The mammary gland forms one of the most attractive areas of the female anatomy. Proper positioning of the nipple areola complex (NAC) during breast augmentation is very important particularly if mammary atrophy is associated with ptosis. For patients with grade (3) and most of the patients with grade (2) breast ptosis, Mastopexy is required in addition to augmentation. Patients with mammary atrophy alone or with grade (1) and grade (2) (NAC within 3 cm from infra mammary fold) ptosis can be managed with breast augmentation and five patients were managed by breast augmentation Mastopexy alone. Twenty patients were managed with breast augmentation alone. The results were good with only 2 cases with hematomas and one case with bad scarring. The overall patient satisfaction rate was 95%.

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