

# SEGURIDAD DE LOS INJERTOS DE GRASA AUTÓLOGOS EN AUMENTO MAMARIO ESTÉTICO REPORTADA EN REVISIONES SISTEMÁTICAS DE LA LITERATURA ENTRE 1980 - 2018

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## RESUMEN

Existen múltiples maneras de hacer incrementos en el volumen de las mamas por estética, una de ellas es el injerto de grasa autólogo, el cual ha demostrado ampliamente en la literatura ser muy efectivo y satisfactorio para los pacientes, sin embargo, a través de los años se han reportado complicaciones o preocupaciones en la seguridad oncológica y radiológica en los pacientes. Se realizó una revisión sistemática de la literatura con búsqueda electrónica y manual, los criterios de inclusión fueron estudios en humanos vivos de cualquier edad, sexo y raza a quienes se les realizó un injerto graso autólogo en mama que contengan datos en cuanto a complicaciones, seguridad radiológica y seguridad oncológica, revisiones sistemáticas de la literatura o metaanálisis y que estén en inglés, español y portugués. Se excluyeron los estudios de injerto de grasa autólogo realizados para cirugía reconstructiva de mama post cáncer de mama o estudios donde el injerto

graso autólogo en mama fue realizado en pacientes de manera concomitante con o por complicaciones de implantes mamarios; este estudio se realizó con el fin de obtener una condensación de todo el conocimiento científico sobre la seguridad del injerto de grasa autólogo en mama en cuanto complicaciones, seguridad radiológica y oncológica. Se incluyeron 5 estudios los cuales describieron entre las características quirúrgicas el sitio donante fue la parte abdominal y glútea con una gran variabilidad en la extracción, preparación y aplicación (técnica y volumen) del IAG en mama, no existe una técnica de extracción y procesamiento de la grasa estandarizada ni con mejores resultados que otras técnicas, con respecto a la inyección de la grasa coinciden en depositar la grasa en pequeños cúmulos ya sea en bolos o en cadenas de manera subcutánea / periglandular / retroglandular o las capas anteriores del tejido muscular, no recomiendan la aplicación intramuscular de esta. Se reportó hasta un 82% de supervivencia del injerto. Se encontró una tasa global de complicaciones de 9,7%, donde las más frecuentes fueron formación de quistes, necrosis grasa, infección de sitio operatorio y calcificación; con una baja incidencia de complicaciones severas como neumotórax 0,02% y sepsis 0,02%. Los hallazgos radiológicos en el seguimiento más frecuentes fueron necrosis grasa, quistes, micro y macro-calcificaciones, que no interfirieron con el diagnóstico de cáncer de mama, el cual tuvo una incidencia de 0,028% (2/7044 pacientes).

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