CONDITION

Symmastia

Symmastia is a condition in which the breasts meet across the breastbone instead of having a clear central separation.

WHAT IT IS
Reduced separation between the breasts across the breastbone

BODY SYSTEM
Breasts and chest wall

MAIN SYMPTOMS
Central tissue bridge, absent cleavage, implant malposition, discomfort

WHAT CAUSES IT
Congenital development or breast surgery

HOW IT IS DIAGNOSED
Physical examination, with imaging for suspected implant problems

MAIN TREATMENT
Observation or reconstructive plastic surgery

CAN IT BE CURED?
Sometimes - surgery can recreate central separation

IS IT AN EMERGENCY?
No - usually assessed through routine care

LONG-TERM OUTLOOK
Often stable; recurrence can follow surgical correction

Overview

Symmastia means that the usual space between the breasts is partly or completely absent. Skin, breast tissue, or breast implants may appear to cross the midline over the breastbone, also called the sternum. It is sometimes informally called "uniboob," although many people find that term insensitive.

Symmastia can be present from birth or develop after breast surgery. Congenital symmastia is present because of how the chest and breast tissue developed. Acquired symmastia most often follows breast augmentation or reconstruction with implants.

The condition is not cancer and does not turn into cancer. It may cause no physical health problems. However, it can affect comfort, clothing choices, body image, and satisfaction with breast surgery. Implant-related symmastia may also be a sign that one or both implants have

moved out of their intended pockets.

Normal cleavage differs widely between people. Breasts that naturally sit close together are not necessarily symmastia. A clinician needs to examine how the skin and deeper tissues cross the midline before confirming the condition.

Symptoms

The main feature is little or no visible separation between the breasts. There may be a bridge of skin or soft tissue over the breastbone. With implants, the implants may sit too close together or seem to merge in the centre of the chest.

Other possible features include:

Many people have no pain. The appearance may be noticeable only in certain bras, low-cut clothing, or positions.

Symptoms that start soon after surgery need separate attention. Rapid swelling, increasing pain, redness, drainage, or fever may point to a surgical complication rather than symmastia alone.

- Loss of the normal breast crease near the breastbone
- Breast or implant asymmetry
- Tightness, pressure, or tenderness in the centre of the chest
- Implants that can be seen or felt near the midline
- Changes in breast shape when lying down or moving the chest muscles

Causes and risk factors

Congenital symmastia results from development before birth. The skin and soft tissues over the breastbone do not form the usual separation. It may become more noticeable when the breasts develop during puberty. In most cases, no single inherited cause is identified.

Acquired symmastia usually develops after breast augmentation or implant-based reconstruction. Each implant normally sits within its own surgically created pocket. If a pocket extends too far toward the breastbone, the central supporting tissues can weaken or lift away from the chest wall. The implant may then move toward or across the midline.

Factors that may contribute include:

Having one of these factors does not mean symmastia will develop. It can occur even when

surgery and recovery appear to have gone as planned.

Symmastia is not caused by sleeping in a particular position, wearing the wrong everyday bra, exercise, or sexual activity. These may temporarily change how the breasts look, but they do not usually create the underlying tissue problem.

- Implant pockets created too close to the breastbone
- Implants that are too wide for the available chest tissue
- Naturally thin or weak tissue over the breastbone
- Pressure from implants stretching the tissues over time
- Previous breast operations or repeated implant revisions
- Chest wall shape, including a sunken breastbone
- Healing problems or failure of a previous internal repair

Diagnosis

Symmastia is mainly diagnosed through a physical examination. A plastic surgeon or breast specialist may look at you while you are standing and lying down. They may gently move the breasts or implants to assess the skin, chest wall, implant pockets, and central tissue attachments.

The assessment also considers whether the appearance could have another explanation. Naturally close-set breasts, a narrow chest, breast sagging, or a sunken breastbone can resemble symmastia without true tissue crossing the midline.

If you have implants, details from earlier operations can help. These include the implant size and type, whether it was placed above or below the chest muscle, and any previous pocket repairs. Before-and-after photographs may show when the change developed.

Scans are not usually needed to confirm symmastia itself. Ultrasound or magnetic resonance imaging, known as MRI, may be used if there is concern about an implant rupture, fluid collection, lump, or another breast problem. Routine breast screening remains important based on your age and personal risk; symmastia does not replace or change the purpose of that screening.

Treatment and management

Treatment is not always necessary. If symmastia is mild, stable, and not causing distress or

discomfort, observation may be reasonable. A supportive or specially fitted bra can improve comfort or appearance, but it cannot permanently rebuild the central tissue attachment.

Surgery is the main option for lasting correction. The exact operation is based on whether the condition is congenital or acquired, the amount and strength of available tissue, chest shape, and whether implants are present.

For implant-related symmastia, surgery may involve closing the inner part of the implant pocket with internal stitches. This is called capsulorrhaphy. A surgeon may instead create a new pocket in a stronger tissue layer. Some repairs use surgical mesh or acellular dermal matrix, a processed tissue support, to reinforce weak areas.

The implants may need to be replaced with smaller or narrower ones. In some cases, a person may choose implant removal without replacement. Fat transfer can sometimes help cover thin areas or improve contour, but it does not by itself correct every central pocket problem.

Repair of congenital symmastia may involve removing or reshaping central fatty tissue and attaching the skin or deeper tissue to the breastbone. Because congenital anatomy differs from person to person, there is no single standard operation.

Recovery often includes a surgical bra or another form of support designed to protect the repaired midline. Activity restrictions and follow-up depend on the procedure. Your surgical team should explain how scars will be placed, what improvement is realistic, and how likely another operation may be.

Symmastia correction can be technically difficult, particularly after several previous operations. Seeking assessment from a plastic surgeon experienced in revision breast surgery can help clarify the available options. A good consultation should include discussion of both surgical and non-surgical choices without pressure to proceed.

Complications

Untreated symmastia may remain stable. In implant-related cases, continued stretching can sometimes make the implants move farther toward the centre. Thin tissue may also make implant edges or rippling more visible.

Possible complications of corrective surgery include:

Implants also retain their usual long-term risks, including rupture, hard scar tissue around the implant, and further movement. Breast implants are not lifetime devices, so future monitoring or surgery may be needed even after a successful symmastia repair.

- Bleeding, infection, or fluid collection

- Noticeable or raised scars
- Changes in nipple or breast sensation
- Ongoing pain or tightness
- Uneven breast shape or implant position
- Skin contour changes over the breastbone
- Failure of the repair or recurrence
- Need for another revision operation

Prevention

Congenital symmastia cannot currently be prevented. It results from how the chest and breast tissues developed, not from anything done during pregnancy, childhood, or puberty.

Acquired symmastia cannot always be prevented either. Careful implant selection, accurate pocket placement, and preservation of central chest attachments may reduce the risk. These are surgical planning issues rather than steps you can control by yourself.

After breast surgery, following the recovery instructions about bras, activity, wound care, and follow-up may protect healing tissues. However, doing everything as advised does not guarantee that implant movement will not occur.

Living with it and what to expect

Congenital symmastia may become more obvious during puberty as the breasts develop. After that, it may remain much the same for years. Pregnancy, breastfeeding, weight changes, and ageing can alter breast size and skin support, so the appearance may change over time.

Acquired symmastia may appear soon after surgery or develop gradually as tissues stretch. Some cases stay mild and stable. Others become more noticeable, particularly if implants continue to press toward the midline.

Surgery can improve separation and implant position, but it cannot guarantee perfect symmetry or permanent correction. Tissue strength, implant size, chest shape, and previous operations all influence the result. Some people need staged treatment or another repair later.

If the condition affects your confidence, relationships, or daily clothing choices, that impact is valid even when there is no medical danger. It may help to discuss both the physical concern and your goals for appearance before choosing treatment.

When to get medical help

Arrange a routine appointment if you notice a persistent bridge between the breasts, loss of cleavage after implant surgery, gradual implant movement, or discomfort over the breastbone. A non-urgent review is also appropriate if the appearance is affecting your quality of life or you want to understand corrective options.

Contact your surgical team promptly if a recent operation is followed by increasing redness, warmth, drainage, fever, worsening pain, or one breast becoming much more swollen than the other. These signs may suggest infection, bleeding, or a fluid collection and should not wait for a routine follow-up.

Seek emergency care for:

These are not typical features of stable symmastia. They may indicate an acute surgical or medical problem.

A new breast lump, nipple bleeding, skin ulcer, or unexplained change in breast shape also deserves medical assessment. These findings have several possible causes and should not automatically be blamed on symmastia or an implant.

- Rapidly expanding breast or chest swelling
- Heavy bleeding through a surgical dressing
- Fainting, severe weakness, or confusion
- New chest pain or difficulty breathing

Common questions

Is symmastia dangerous?

Symmastia itself is usually not dangerous. It does not cause breast cancer or spread to other parts of the body. The main concerns are appearance, discomfort, and implant position. Sudden postoperative swelling, fever, severe pain, or breathing trouble may represent a separate complication and needs prompt care.

Can exercise fix symmastia?

Exercise cannot reattach skin or rebuild an implant pocket at the breastbone. Strengthening the chest muscles may change the overall appearance of the chest, but it will not correct true symmastia. Some chest exercises can also make implant movement more visible when implants sit beneath the muscle.

Can a special bra separate my breasts permanently?

A bra may support the breasts and improve their appearance while it is being worn. It does not permanently correct congenital tissue connections or an implant pocket that extends across the midline. After surgery, a specific support garment may help protect the repair, but it should be used according to the surgical team's instructions.

Does symmastia always need surgery?

No. Treatment is optional when the condition is stable and not causing significant physical or emotional difficulty. Surgery is generally considered when there is pain, unwanted implant movement, marked concern about appearance, or a wish to restore the central separation.

Can symmastia come back after surgery?

Yes. Recurrence is possible because the repaired tissues remain exposed to pressure and stretching. Risk may be influenced by tissue strength, implant width, the type of repair, healing, and previous operations. A recurrence does not necessarily mean that anyone caused it.

Is symmastia the same as having close-set breasts?

No. Close-set breasts can still have normal skin attachment over the breastbone and separate naturally when the body position changes. In true symmastia, skin, soft tissue, or an implant pocket crosses or lifts away from the central chest boundary. A physical examination can distinguish these patterns.

Sources

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