

1988 YEAR BOOK OF

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1988
YEAR BOOK OF
PLASTIC AND
RECONSTRUCTIVE SURGERY®

CLÍNICA DE CIRURGIA PLÁSTICA E RECONSTRUTORA
ALBERTO MAGNO LOTT CALDEIRA
BIBLIOTECA

N.º 174

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of the submental crease, excess submental fatty deposit, and redundant submental skin. Although this condition has been described by the misnomer "witch's chin," analysis reveals a distinctly different appearance from "witch's chin" and ptosis of the premental fat pad.

TECHNIQUE.—The ptotic fibrofatty tissue is mobilized and advanced, with elevation and retention in a superior position (mentopexy). Projection is increased by reorientation of the fibrofatty tissue from an inferior to an anterior direction. Also, augmentation mentoplasty may be performed in a conventional manner. The submental crease can be excised directly and repaired with attempts at overreversion of the wound edges. Submental fat is treated by submental lipectomy, and the redundant submental skin is excised.

A patient with the beginning hallmarks of ptotic chin syndrome was seen in 1975. By 1982, all signs of this clinical picture had progressed. The patient underwent the described procedure, which reversed all of the characteristic features of the syndrome.

► Many older patients require parts or all of the authors' suggested procedures.—R.O. Brauer, M.D.

Augmentation Mentoplasty: A Critical Analysis

Ivo Pitanguy, Lurdes Martello, Alberto M.L. Caldeira, and Adelson Alexandrino (Rio de Janeiro)

Aesthetic Plast. Surg. 10:161–169, 1986

4–3

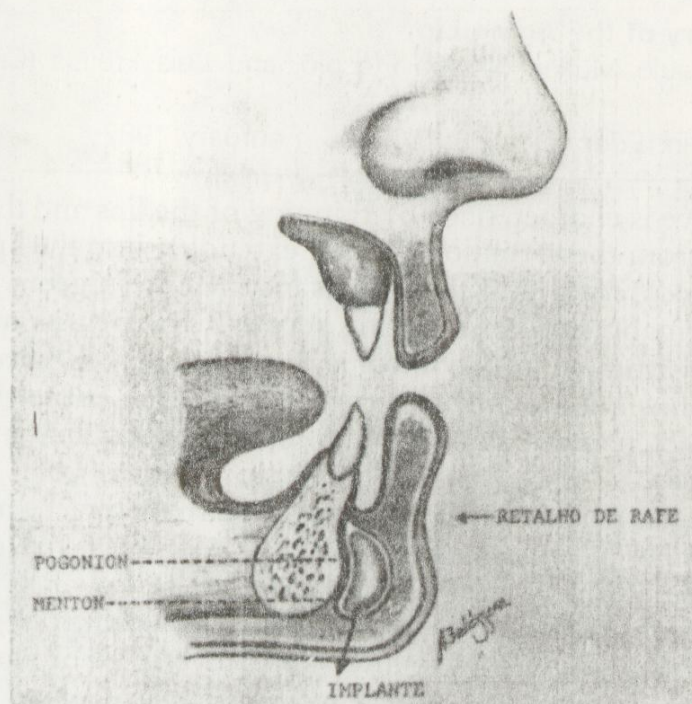


Fig 4–2.—Prosthesis in compact aspect of mandible. (Courtesy of Pitanguy, I., et al.: *Aesthetic Plast. Surg.* 10:161–169, 1986.)

4.6.38

Congenital or acquired defects that deform the facial contours produce serious psychosocial and somatic handicaps in afflicted persons. Advances in craniofacial surgery have made it possible to repair many of these deformities. Pitanguy's augmentation mentoplasty technique, with a silicone inclusion prosthesis, produces a pleasing appearance when used on a chin of small or medium size.

Implantation of a silicone prosthesis is indicated when there is deficiency in the chin region but other facial structures are properly developed. More severe jaw deformities require other procedures. To achieve satisfactory chin augmentation, the prosthesis should be placed in the lowest portion of the mandible, between the pogonion and the mento, and then immobilized (Fig 4-2). These procedures help to prevent implant displacement and reduce the effects of bone absorption, the chief complication of augmentation mentoplasty with inorganic material. Also, good chin projection is achieved through low implantation.

In some cases removal of the prosthesis has been required. However, follow up on such patients has indicated that chin projection is retained because of the remaining tissue fibrosis. Pitanguy's mentoplasty technique produces no functional or anatomical damage. It is an uncomplicated, dependable procedure for augmentation of chins that are of small to medium size.

► I prefer an external approach with the implant placed on top of the periosteum. This allows suture fixation of the implant with positive low positioning.—R.O. Brauer, M.D.

Esthetic Surgery of the Aging Lip

Ivo Pitanguy, Paulo Müller, Nelson Piccolo, and Luiz Freitas (Catholic Univ., Rio de Janeiro)

Compend. Contin. Educ. Dent. 8:460-465, February 1987

4-4

The aging face is characterized by thinning of the lips and the formation of radial lines from the vermilion border, extending into the lips. Wrinkles become permanent after skin elasticity is lost. Many surgeons recommend mechanical dermabrasion for reducing perioral wrinkles, alone or secondary to skin undermining. Full control is possible even with deep abrasion, and complications are minimized through careful patient selection. Other methods include chemical skin planing, liquid and silicone implantation, and local surgery.

Dermabrasion is performed in conjunction with methylene blue marking and local anesthesia containing epinephrine. All epithelial debris is removed from the abraded area. Careful marking (Fig 4-3) is mandatory; the future site of the vermilion border is marked in a slightly hypercorrected position. Complications are rare after a cupid bow procedure, but dermabrasion is less benign. Infection is infrequent if adequate wound care is provided. Both proper patient selection and skin testing are needed to prevent hypertrophic scarring. The use of these methods in carefully se-

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AUGMENTATION MENTOPLASTY: A CRITICAL ANALYSIS
Aesth. Plast. Surg. 10:161-169, 1986
Fig 4

Ivo Pitanguy, M.D.
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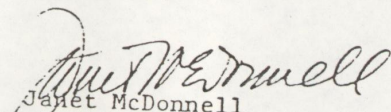
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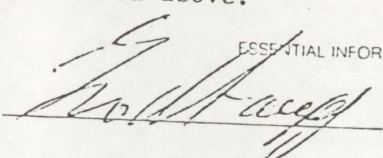
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