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**Botulinum Toxin A Injections for Treatment of the Facial Muscle Contractures Due to Guillain-Barré Syndrome: A Case Report**

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**INTRODUCTION:** Bifacial weakness with paresthesia is a rare subtype of Guillain-Barré syndrome (GBS). Generally, facial paralysis is transient and may recover completely with proper treatment. We describe a case of facial muscle contracture with synkinetic movement, resulting from GBS. Botulinum toxin A was effective to control these sequelae.

**CASE PRESENTATION:** A 29-years-old female was referred to us with a bilateral facial muscle contracture at rest and synkinetic movement after treatment of GBS. The contracture was seen in the whole face including the forehead, glabella, eye, cheek, upper lip, and mentum region.

Botulinum toxin A was used to suppress the facial muscle contractures and control the synkinetic facial movement. Although complete recovery could not achieved, the injection was effective. Now the patient has been undergoing the injections repeatedly with no adverse effect.

**CONCLUSION:** Facial muscle contracture due to GBS is well controlled by botulinum toxin A injections. However according to recovering of the facial functions, it is insufficient to treat only by botulinum toxin A injections.

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**Breast Asymmetry in Women Requesting Plastic Surgery of the Breast**

**Norma I. Cruz, MD**

**INTRODUCTION:** It has been reported that 88% of women who had breast augmentation surgery had preoperative breast asymmetry. However, the prevalence of breast asymmetry has not been well studied in women undergoing other types of breast surgeries.

**METHOD:** Breast measurements of women, who did not have prior breast surgery, were prospectively recorded in a plastic surgery database. The women in the study had been consecutively evaluated for possible plastic surgery of the breast area. They were classified into three groups according to the presenting breast problem; hypoplastic breasts, macromastia, and ptotic breasts. Comparisons were made between the right and left side of each patient, regarding symmetry of the nipple-areola complex (size and position), breast mound, and chest wall. Differences between groups were evaluated using the Chi2 test and values of p<0.05 were considered statistically significant.

**RESULTS:** The breast measurements of 244 women who were consecutively evaluated were analyzed. The mean age was 34 ± 11 years. The study population was distributed in the following manner: 106 women had hypoplastic breasts, 80 women had macromastia, and 58 women had ptotic breasts. Asymmetry of the size and position of the nipple-areola complex was the most common type, being present in 54 ± 12% of women with hypoplastic breasts, 59 ± 15% of women with macromastia and 51 ± 10% of women with ptotic breasts. Asymmetry of the chest wall was found in 45 ± 12% (hypoplasia), 47 ± 10 (macromastia) and 43 ± 11% (ptosis) of the groups. Asymmetry of the breast mound was found in 54 ± 12% of women with hypoplastic breasts, 59 ± 15% of women with macromastia and 51 ± 10% of women with ptotic breasts. Asymmetry of the breast mound was found in 45 ± 12% (hypoplasia), 47 ± 10 (macromastia) and 43 ± 11% (ptosis) of the groups respectively. Overall, we
found that 91% of the cases had at least one type of breast asymmetry. The prevalence of asymmetry was not significantly different (p>0.05) among groups.

**CONCLUSION:** Our study indicates that breast asymmetry occurs in the majority of women and these findings are similar among the different groups. The most frequent asymmetry is that of the nipple-areola complex. Since asymmetry may persist or become more pronounced after surgery, patients should be informed of how this might affect the surgical outcome.²⁻⁴

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### Case Report Pectus Scavatum: A Surgical Treatment

**Thiago F. Delgado, MD; Farid Hakme, MD; Augusto C. Almeida, MD; Pedro L. Delgado; José L. Delgado, MD**

**INTRODUCTION:** Pectus excavatum is a deformity where there is depression of the sternum and lower costal cartilages. Prevalence 2 / 1000, male predominance of 7: 1. Most of the time has no functional damage to health, however, many patients turn away from social life and physical activities in which they expose the chest, which can generate a psychological disorder.¹²

**MATERIALS AND METHODS:** Patient 26 years old, female, Brazilian genre with chondrosternoplasty history (Ravitch technique) for treatment of pectus excavatum, but still had major depression in the lower half of the sternum associated with bilateral severe hypomastia and convergence of Nipple Areolar Complex.³

**RESULTS:** A solid silicone implant 46 cm³ was produced and in the first plastic surgery was included in that depression, using a pre existing scar placed in the sternal region (Thoracic Surgery), submuscular. Six months later, the growth of mammary stores using expanders of 500 ml was performed. Three months later, the last plastic surgery was performed to include anatomical mammary implants, 360 ml. To correct the convergence of nipples, generated by the chest of the patient deformity, positioned anatomical implants in the transverse position, thereby leaving the area of lower volume, which is the upper pole on the side of the breast and the area of greatest volume and projection, that would be the inferior pole, on the medial side of the breast, producing slight lateralization of Nipple Areola Complex. The result was satisfactory, with symmetrical breasts with CAPs in the correct position without causing complications.

**CONCLUSION:** Present a creative and relatively simple solution to a complex case of thoracic deformity, with satisfactory results.

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**Central Defect-Control Pharyngeal Flap Surgery Based on Nasoendoscopic Assessment and Speech Outcomes Following Surgery**

**Jihyeon Han, MD; Heeyeon Kwon MD; Baek-Kyu Kim, MD; Rong-Min Baek, MD, PhD**

**INTRODUCTION:** The main strategy behind Hogan’s lateral port control pharyngeal flap surgery is to change a single central incompetent sphincter to two competent lateral sphincters. The concept of tailoring pharyngeal...