width and tip width than respective controls. Caucasian BCLP alar width (37.66 ± 0.77), alar base width (38.06 ± 0.65), and nostril width (12.54 ± 1.68) were significantly greater than matched controls (31.21 ± 2.54, 31.33 ± 2.18, 10.34 ± 1.01). Hispanic BCLP alar width (38.75 ± 3.79), alar base width (38.73 ± 3.35), and nostril width (13.23 ± 2.13) were significantly greater than matched controls (35.00 ± 3.20; 35.13 ± 3.08; 11.92 ± 2.13). African American BCLP alar width (40.88 ± 3.92), alar base width (40.56 ± 3.97), and nostril width (13.01 ± 2.07) were not significantly different from matched controls (39.17 ± 3.35; 40.56 ± 3.97; 14.00 ± 1.45). Across UCLP groups the African American group had significantly less nasal protrusion (17.84 ± 1.38) and columellar height (8.96 ± 0.85) and significantly greater columellar width (9.56 ± 1.58) than Caucasians (20.18 ± 1.93, 10.57 ± 1.45, 8.48 ± 1.07), and Hispanics (21.14 ± 2.12, 10.83 ± 1.96, 8.26 ± 1.51). Caucasian alar width (33.66 ± 3.12), alar base width (33.66 ± 3.51), and affected nostril width (10.80 ± 1.51) were significantly lesser than Hispanics (37.52 ± 3.46, 36.77 ± 2.81, 12.04 ± 2.28) and the same measures in both Caucasians and Hispanics were significantly lesser than African Americans (41.63 ± 3.43, 41.93 ± 3.78, 13.96 ± 2.43). Across BCLP groups, there were no significant difference in measurements.

CONCLUSIONS: The UCLP deformity differs between groups in alar width and alar base width. African Americans further differ in nasal protrusion, columellar height, and columellar width. The BCLP deformity does not differ between groups. The findings demonstrate that when correcting alar width, alar base width, tip refinement, and projection racially and ethnically congruent goals should be used to better approximate normal appearance.

Do Not Stahl: Analyzing 10-Year Trends of Nonsurgical Ear Molding as Early Intervention for Congenital Ear Anomalies

Presenter: Karina Charipova, BS

Co-Authors: Ashley Rogers, MD; Manas Nigam, MD; Vikas S. Kotha, BS; Christina Barra, NP; Stephen B. Baker, MD

Affiliation: Georgetown University School of Medicine, Washington, DC

BACKGROUND: The senior author has employed ear molding as a treatment for infant ear anomalies for over 12 years, and it is now his preferred approach to almost all ear anomalies. During this period, we have observed trends in our treatment approach secondary to our experiences. The purpose of this study is to evaluate the classification of presenting anomalies, duration of treatment, timing of treatment, parent satisfaction, complications, and any identifiable barriers to care.

METHODS: The authors conducted a retrospective review of infants who underwent ear molding with the EarWell or Infant Ear systems by a single surgeon over a 10-year period. Each case was evaluated for key patient demographics, presenting anomalies, treatment duration, device reapplication, complications, outcome satisfaction, and need for adjunct treatment.

RESULTS: Two hundred forty-six infants with a total of 385 ears were evaluated. Of these patients, 107 underwent unilateral treatment and 139 underwent bilateral treatment. Presenting anomalies included Stahl’s ear (n = 9), lidding/lop (n = 23), helical rim (n = 70), prominent (n = 26), cupping (n = 7), conchal crus (n = 8), and mixed (n = 92). Age at the start of treatment ranged from 3 to 156 days with 61.8% of patients presenting before 3 weeks. Average duration of treatment was 30.5 days and did not vary significantly with age at presentation (P = 0.653) or laterality (P = 0.630). Duration of treatment was shortest for ears exhibiting lidding/lop anomalies (22.8 days) and significantly longer for ears exhibiting a combination of at least 2 anomalies (32.4 days; P < 0.01). Unilateral treatment required an average of 0.96 device replacements compared with 1.49 for bilateral treatment. Adverse events occurred in only 19.1% of cases with skin breakdown (n = 26) under the device being the most common. The senior author performed approximately 12.4 cases per year between January 2010 and December 2016 and 53.0 cases per year between January 2017 and December 2019. Average income for treated patients based on zip code was estimated to be $113,087 and treatment was covered by insurance in 244 of 246 cases. At least 1 parent expressed satisfaction with outcomes in 92.0% of cases.

CONCLUSIONS: This study shows that ear molding achieves successful outcomes with high satisfaction and low complication rates across a wide range of presenting anomalies and ages. Treatment of older-presenting infants does not vary significantly in complexity or duration compared with younger infants. There has been a rise in the number of ear molding cases performed by the senior author over the last 10 years, indicating increasing interest in nonsurgical correction of auricular anomalies. The overwhelming majority of patients in this study were insured and of...
high socioeconomic status, suggesting need for broadening awareness and access to ear molding as a treatment option.

Wide Awake Facial Skin Cancer Surgery: A Way Forward for Safe and Economic Skin Cancer Surgery Under Local Anesthesia

Presenter: Muhammad Zeeshan Ahmed, MBBS, FCPS
Co-Author: Winston Andrew McEwan, FRACS
Affiliation: Waikato Hospital, Hamilton, New Zealand

BACKGROUND: Skin cancer surgery is on the rise in Australia and New Zealand, both because of increased incidence of skin cancers in aging population and early detection. Skin cancers are common on exposed parts of the body with head and neck area comprising the major part of that. Early detection and early treatment can avoid complex procedures for those skin cancers. Tumor clearance with good margin should be the goal. High-volume skin cancer surgery under local anesthesia minimize the operative time and hospitalization and thus reduce the overall healthcare costs compared with general anesthesia. Local anaesthetic surgery also improves the turnover of cases and significantly reduces the waiting time for these cases. The challenge is to achieve the desired oncological, functional and aesthetic outcome without compromising on patient safety and tumor excision margins.

OBJECTIVES: Wide Awake Facial Skin Cancer Surgery can be safe, economic, and effective method of treating the complex facial reconstruction cases referred for oncological surgery.

METHODS: Two thousand six hundred head and neck skin cancers were excised under local anesthesia from August 2016 to December 2019 at Plastic surgery department Waikato Hospital and Alison surgical centre, Hamilton, New Zealand. All surgeries were performed as a day case procedure by 1 surgeon, and 1,050 of those cases required medium to complex locoregional flap reconstruction. We used diluted local anaesthetic adrenaline infiltration (0.4% lidocaine with 1:125,000 adrenaline) and performed the cases effectively without compromising on the tumor clearance.

RESULT: One thousand fifty required flaps of various types for head and neck area. Sixty percent of the patients were males and average age was 70 years. Patients had defects of various size and depths, and we manage to cover them with various locoregional flaps and made an algorithm of flap choice based on the location of the defects. Tumor clearance with adequate microscopic margin was achieved in 95% of cases. Ninety-two percent flaps were successful with no problems, 6% had wound healing problems/minor infections and 2% had minor flap necrosis and managed conservatively. Two percent required flap revisions.

CONCLUSION: The proposed model is safe, economic, and effective method of treating such increasing number of skin cancer cases. The proposed algorithm and getting mastered in suggested flaps can improve the outcome of the surgical reconstructed areas on the head and neck. It can serve as good guide for those doing skin cancers under local anesthesia in a busy unit.

Longitudinal Outcomes of a Multimodal Treatment Approach Including Mandibular Distraction Osteogenesis and Continuous Positive Airway Pressure for Pierre Robin Sequence

Presenter: Giap H. Vu, BA
Co-Authors: Carrie E. Zimmerman, BS; Laura S. Humphries, MD; Dante Terracciano; Christopher L. Kalmar, MD MBA; Scott Paul P. Bartlett, MD; Christopher Cielo, DO; Jesse A. Taylor, MD; Jordan W. Swanson, MD, MSc
Affiliation: Children’s Hospital of Philadelphia, Philadelphia, PA

PURPOSE: Mandibular distraction osteogenesis (MDO) and continuous positive airway pressure (CPAP) may effectively treat more and less severe forms of tongue-based airway obstruction in Pierre Robin Sequence, respectively. This study aims to demonstrate safety and longitudinal outcomes for these 2 approaches in accordingly selected patient populations.

METHODS: Patients with nonsyndromic Pierre Robin Sequence treated with MDO or CPAP during 2009–2019 were reviewed. Patients who had mild micrognathia, mild glossoptosis on microlaryngoscopy and bronchoscopy (MLB), and obstructive apnea-hypopnea (OAHI) of <20 per