PURPOSE: The solid customized and prefabricated silicone implants have been used by many surgeons for a long time in chest wall deformities such as Pectus Excavatum, without any impairment of cardiopulmonary function. The implants can be either customized using a moulage technique or prefabricated which can be modified on the operating table to repair the contour deformity. The silicone consistence has a role in the final aesthetic result. A hard implant may become visible by rising or moving the arms, may be easily recognized when touched and also needs large incisions. We present the experience from 1998 to 2017 with a new type of super-soft solid silicone and the aid of videoscopy for dissection in the treatment of Pectus Excavatum.

METHODS/TECHNIQUE: The defect in the contour of chest wall is measured in the pre-operative period. A super-soft silicone rectangular block is customized. The base and the height correspond to the maximum measures of the wall defect. The access incision is horizontal, 4 cm large and 2cm away from the implant positioning. The plane of dissection is anterior to the muscle, periosteum and pericondrium. The endoscope is used to improve the visibility with a 4mm or 5 mm, 30º angle optic system. When the surgical pocket is ready, the space is measured, and the block is sculptured. The posterior base of the implant must fit the contour of the ribs and the sternum to fix the implant and to prevent its movement. The same procedure is done in the anterior border of the block. The implant can be easily folded to be introduced. The implant must be fixed to the sternum by non-absorbable stitches. A tubular suction drain is maintained 5 to 7 days.

RESULTS: From 1998 to 2017, 47 patients with Pectus Excavatum were treated, 38 of them had with only a medial depression and one had also with rib alterations in the right side of the thorax. The only complication was seroma in 17 patients, drained with needles from 1 to 3 times. The results were considered satisfactory. The patients are physically active, and the implants show no long-term sequelae such as infection, displacement, or rupture. There was no subcutaneous “show” even in movements.

CONCLUSION: The major advantages in this technique are the minimally invasive operation, the short hospital stay, the good aesthetic results and the patient high satisfaction. The use of endoscopy resulted in shorter incisions and more gentle technique. The super-soft solid silicone implant provides a more aesthetic result.

Lateral Stabilizing Cartilaginous Grafts through the Marginal Modified Open Approach: An Alternative to Avoid the Descent of the Nasal Tip

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The Rhinoplasty is one of the most complex procedures in Aesthetic Plastic Surgery and the predictability of the aesthetic result is very limited. A result that apparently looks perfect immediately after the surgery, may be totally different one year later.¹

The secondary rhinoplasty is very frequent and is a more difficult procedure since although the surgical technique may be similar, it is more complicated to perform it because of the scar tissue, fibrosis and the lost of nasal tissues during the primary rhinoplasty, especially cartilaginous tissue.²

The main reason why the patients ask us for a secondary rhinoplasty is because of the decreasing of the nasal tip projection, this happen because of a deficient support of the cartilages of the nasal tip. To avoid the descent and lateral displacement of the nasal tip, we have developed a technique for rhinoplasty that is different to the usual techniques, we use the modified marginal approach without incision on the skin of the columella nor in its base,³ after that, we place an intercrural septal cartilage, a shield type graft and two lateral stabilizing cartilaginous grafts.

The objective of this study is to describe the surgical technique that we use to create a very resistant cartilaginous structure that provides permanent support to the nasal tip and to achieve a very successful result for the patient and for the surgeon. In this study we also evaluate the projection of the nasal tip in the long term with our technique using as reference the nasolabial angle.

This surgical technique can be used in any type of nose. We surgically intervened during a period of 18 years, to 1756 patients, of which, 1126 (64.12%) correspond to the female sex and 630 (35.8%) to the male sex.
The minimum follow up time was of two months and the maximum of ten years, only in one patient, the follow up was of seventeen years. The minimum age of the patients was 15 years and the maximum was 59 years.

In all cases we use the marginal approach without incision of the skin of the columella, obtaining cartilage from the septum to create the cartilaginous structure to support the nasal tip and to shape the intercrural septal cartilage, the two lateral stabilizing cartilaginous grafts and the shield type graft. In some cases we use costal cartilage when the septum was insufficient or it was absent.

In the last medical assessment that we perform to the patients, we measured the nasolabial angle and in 98.2% of the patients, it was greater than 92 degrees in men and greater than 95 degrees in women, in the other 1.8% of the patients, the angle was lesser than 92 degrees in men and lesser than 95 degrees in women.

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Experience of 9000 Cases on Lip Reduction Surgery in Thailand

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The purpose of this report is to present my personal experiences over the last 8 years in lip reduction surgery.

A method of evaluating the results of lip reduction surgery was performed on 9000 consecutive patients from 1 January 2010 to 30 April 2018 at Punisa Clinic lip surgery clinic. Patients who have undergone a lip reduction surgery by Dr. Pusit technique, “Seagull wing incision” can expect more desired shape & size of their lips and even an improved smile, abnormality. Results of my patients included 6743 cases underwent upper lip surgery, 361 cases for lower lip surgery and 1896 cases for both upper-lower lip surgery. Patients who underwent lip reduction surgery reported an overall of high satisfaction rate with their surgical outcome. In conclusion, Lip reduction surgery tend to be more popular in Asian countries from past until now.

Lip surgery can improve patients lip shape, size and smile.

The minor complication were reported with asymmetry, scarring (Keloid) and lip tightness.

Autologous Rib Cartilage Rhinoplasty for Harmonious Asian Face: Combining an Extended Columellar Strut Graft with a Pair of Maxillary or a Premaxillary Graft

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PURPOSE: It is critical that the aim of the rhinoplasty should not only be an improvement of the nose itself but should also pursue a harmonious relationship with other facial structures.

Recently, rib cartilage rhinoplasty for Asian nose is widely used, because of increased revision cases due to complications of implants and higher expectation of the patients.1 Additionally, it is a common the characteristic that the mid-facial skeleton of the Asian, which is the basement of the nose, is flat or sunken. Therefore, when performing rhinoplasty, Asian rhinoplasty should include evaluation and augmentation of the retruded midface for the harmonious facial relationship.2

The purpose of this presentation is an evaluation of the effect of the combining the extended colunmellar strut graft with a pair of maxillary or a premaxillary graft in Asians who have sunken midface for the harmonious face in the autologous rib cartilage rhinoplasty.

METHODS AND MATERIALS: We conducted a retrospective review of the medical charts and postoperative photographs