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Hassan Abbas Khawaja, MD

Cosmetic Plastic Surgeon & Dermatologist

Cosmetic Surgery & Skin Center International +

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Progressive Contouring of the Platysma With Barbed Sutures [Get access Arrow](#)

Sadri Ozan Sozer, MD, Serhat Sibar, MD, Milind D Kachare, MD

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Abstract

Background

As neck lift surgeries increase, the field is continually enriched by evolving techniques. A lot of recent publications focus on deep neck procedures, it is essential not to overlook the significance of platysmal contouring as an integral aspect of neck rejuvenation surgery. Accordingly, we would like to explain our approach to contouring the platysma.

Objectives

The study was designed to assess the efficacy of the progressive contouring concept, a technique in which the neck is reshaped with barbed sutures synergistically with other treatment strategies.

Methods

The study enrolled 337 patients who received neck rejuvenation treatment with the progressive contouring technique from 2014 to 2021. Authors conducted a retrospective review to evaluate the change in cervicomenal angle (CMA) with Mirror software during the pre and postoperative stages.

Results

Study sample mainly comprised females (304 out of 337), with a median age of 61 years (24-88). Most patients (95%) underwent deep cervicoplasty, with a surgical net applied in all cases for skin adaptation. After a median follow-up of 14 months, significant improvements were observed in CMA values (reduced from 149.8° to 106.7°). This demonstrated statistically significant differences when comparing preoperative and postoperative outcomes.

Conclusions

Progressive shaping of the neck with barbed sutures is an effective technique in neck rejuvenation. It utilizes multipoint and multivector plication, particularly when integrated with other surgical modalities.

Patient Satisfaction and Bleeding Rates in Introital Fascial Approach for Temporary and Permanent Hymenoplasty Techniques:

Ozan Dogan and others

Abstract

Background

Bleeding during the first sexual intercourse represents a significant sociocultural concern with potential implications for some couples.

Objectives

This study aims to introduce a novel modification to temporary and permanent hymenoplasty and evaluate both the objective and subjective success of defined techniques by assessing surgical outcomes and patient satisfaction either temporary or permanent hymenoplasty procedures.

Methods

A retrospective study was conducted between 2015 and 2023; comprising 246 patients. Various parameters including age, sexual history, pregnancies, body mass index (BMI), and bleeding satisfaction were assessed. Pain at first intercourse was rated on a Visual Analog Scale (VAS).

Results

The age at the time of operation was significantly lower in patients undergoing permanent hymenoplasty compared to those undergoing temporary hymenoplasty [24,0 (22,0-26,0) vs. 27,0 (26,0-29,0); $p < 0.001$]. Patients undergoing permanent hymenoplasty reported significantly lower VAS scores at first sexual intercourse compared to those undergoing temporary hymenoplasty [4,0 (2,0-5,0) vs. 7,0 (6,0-7,0); $p < 0.001$]. Satisfaction rates were high in both groups, with all temporary hymenoplasty patients satisfied with duration of bleeding compared to %78.6 (110/140) of permanent hymenoplasty patients ($p < 0.001$).

Conclusions

In conclusion, this study introduces a novel modified temporary and permanent hymenoplasty technique to the literature and provide the first video documentation for both temporary and permanent hymenoplasty procedures. The findings of the study present both hymenoplasty techniques as effective and reliable. However, it suggests that temporary hymenoplasty is associated with a higher bleeding rate compared to permanent hymenoplasty, despite resulting in higher VAS scores.

Silicone Lymphadenopathy Following Augmentation Mammoplasty with Silicone Implants

Abstract

Background

Silicone implants are used extensively for breast augmentation. Despite technological advancements, complications persist, with silicone lymphadenopathy (siliconoma) being a noteworthy complication.

Objectives

To notify axillary siliconomas and identify risk factors to help reduce their occurrence.

Methods

A retrospective observational cross-sectional study spanning between 2011 to 2021 at the Shamir-Assaf Harofeh Medical Center was undertaken. Preoperative ultrasound examination was conducted, categorizing patients into those with siliconomas and those without.

Results

A total of 614 women (1209 breasts) met the inclusion criteria. The incidence of siliconomas was 13.6% (165 breasts). In univariate analysis, older age (age 47 years vs. 43 years, $P < 0.001$), older implant age (12.2 vs. 11 years, $P = 0.026$), ruptured implants (59.4% vs 17.7%, $P < 0.001$), subpectoral placement ($P = 0.019$), severe capsular contracture, and the use of Mentor implants (Irvine, CA; $P = 0.007$) and Poly Implant Prothèse implants (PIP; La Seyne-sur-Mer, France;

P = 0.001) correlated significantly with the presence of siliconomas. In a multivariate analysis, implant rupture (OR = 6.342), and implant manufacturer - Mentor (OR = 3.047) and PIP (OR = 3.475), were identified as independent risk factors associated with a higher incidence of siliconomas. Severe capsular contracture was associated with higher incidence of siliconomas as well (OR = 1.65).

Conclusions

Surgeons should inform candidates about the potential risk of silicone migration. Patients with ruptured implants, significant capsular contracture, Mentor and PIP implants face an increased risk for developing siliconomas. Closer monitoring for the detection of siliconomas in the axilla for these patients is advisable, potential prophylactic replacement or removal of implants may be warranted to mitigate siliconoma risk.

Anatomical Insights on the Cervical Nerve for Contemporary Face and Neck Lifting: A Cadaveric Study

Ozcan Cakmak, MD, Fuat Buyuklu, MD, Kerem Sami Kaya, MD, Seda Turkoglu Babakurban, MD, PhD, Ahmad Bogari, MD, Selçuk Tunalı, MD

Abstract

Background

The cervical branch of the facial nerve is often overlooked compared to other branches, in neck surgeries.

Objectives

To clarify the anatomical discrepancies associated with the cervical branch of the facial nerve to enhance surgical safety.

Methods

The study used twenty fresh-frozen hemi heads. A two-stage surgical procedure was employed, beginning with an initial deep-plane facelift including extensive neck dissection, followed by a superficial parotidectomy on fresh frozen cadavers. This approach allowed for a thorough exploration and mapping of the cervical nerve in relation to its surrounding anatomical structures.

Results

After exiting the parotid gland, the cervical nerve constantly traveled beneath the investing layer of the deep cervical fascia for a short distance, traversing the deep fascia to travel within the areolar connective tissue before terminating anteriorly in the platysma muscle. Single branch was observed in two cases, while two branches were noted in eighteen cases.

Conclusions

The cervical nerve's relatively deeper position below the mandible's angle facilitates a safer subplatysmal dissection via a lateral approach for the release of the cervical retaining ligaments. As a result of the absence of a protective barrier, the nerve is more susceptible to injuries from direct trauma or thermal damage caused by electrocautery, during median approaches.

Defining Ideal Double Eyelids with a Morphometric Analysis in Asians

Yarong Chi and others

Abstract

Background

Double eyelids are considered crucial aesthetic symbols. Despite numerous studies conducted on the attractiveness of double eyelids, there remains a dearth of research on quantitative and morphological evaluation of ideal double eyelids.

Objectives

Authors aimed to investigate the optimal height and morphological characteristics of ideal double eyelids.

Methods

Participants were presented with a total of 9 images, consisting of 1 single eyelid image and 8 double eyelid images, featuring 2 distinct shapes and 4 varied pretarsal shows. Respondents were instructed to assign scores ranging from 1 (least attractive) to 5 (most attractive) for each image. Subsequently, the scores for each image were analyzed based on population demographics, followed by the calculation of aesthetic metrics.

Results

The whole cohort deemed images with a 2-mm fold to be more attractive than 1 mm ($P < .001$), followed by 3 mm and 0 mm (single eyelid), and finally, 4 mm. Morphologically, significant differences were found between images with the same pretarsal shows of 3 mm ($P < .001$) and 4 mm ($P = .026$). Most subgroup analysis results were aligned with those of the cohort, with gender being the most significant factor in distinguishing double eyelid aesthetics. Additionally, aesthetic characteristics of 2-mm folds were found to be comparable to appealing double eyelids in previous studies.

Conclusions

The authors validated the optimal heights and morphology of double eyelids, thereby addressing the existing gap in aesthetic studies on double eyelids. In view of the authors, these findings hold significant implications for surgical planning, effect assessment, and other periocular procedures related to upper blepharoplasty.

One-Stage Implant-Based Breast Reconstruction with Polyurethane-Coated Device: Standardized Assessment of Outcomes

Giuseppe Catanuto and others

Abstract

Background

Nipple-sparing mastectomies (NSMs) and implant-based breast reconstructions have evolved from 2-stage reconstructions with tissue expansion and implant exchange to direct-to-implant procedures. In this study, the authors tested the safety and efficacy of polyurethane-based implants according to standard assessment tools.

Objectives

The study aimed to test safety and feasibility of polyurethane-coated implants with standardized assessment employing international evaluation criteria.

Methods

Cases of NSMs followed by breast reconstruction in 1 stage with immediate prepectoral polyurethane-coated implant placement were retrospectively reviewed. Preoperative characteristics of the population have been collected. Adherence to quality assurance criteria of the Association of Breast Surgery–British Association of Plastic Reconstructive and Aesthetic Surgeons was verified. Complications were assessed with the Clavien Dindo classification, modified for the breast. Rippling, implant rotation, and malposition were also evaluated.

Results

Sixty-three consecutive patients underwent 74 NSMs and immediate breast reconstruction with micro polyurethane foam-coated anatomic implants. In 5 cases we had unplanned readmissions with return to the operating room under general anesthesia (6.7%) and implant loss within 3 months from breast reconstruction (5 implants, 6.7%). Postoperative complications according to Clavien Dindo were grade 1 in 6 cases (8.1%), grade 2 in 3 cases (4%), and 3b in 5 cases (6.7%).

Conclusions

Polyurethane-coated implants may prevent rotation and malposition and capsular contracture in the short term. Unplanned readmission rates and implant loss rates in the short term may be slightly higher.

Implant-Based Breast Reconstruction After Nipple-Sparing and Skin-Sparing Mastectomy in Breast-Augmented Patients: Prepectoral or Submuscular Direct-to-Implant Reconstruction?

Marzia Salgarello and others

Abstract

Background

Patients with breast augmentation facing a breast cancer diagnosis pose unique challenges for both breast and plastic surgeons in terms of treatment and reconstruction. Traditional submuscular direct-to-implant (DTI) breast reconstruction is often considered the standard approach, regardless of the previous implant pocket. However, recent trends in prepectoral reconstruction provide an innovative solution for patients with previous subglandular and submuscular implants.

Objectives

The authors share their experience with DTI breast reconstruction in patients with a history of breast augmentation, with a specific focus on the viability of prepectoral reconstruction.

Methods

A retrospective review was conducted on 38 patients with previous breast augmentation who underwent either skin-sparing mastectomy or nipple-sparing mastectomy for breast cancer followed by DTI reconstruction between January 2015 and July 2023. Our analysis considered various factors, including previous implant positioning, capsular and implant status, and mastectomy flap thickness (MFT), offering insights into the rationale behind choosing the new implant positioning.

Results

Patients with a history of subglandular breast augmentation and an MFT greater than 1 cm were candidates for prepectoral reconstruction. When the MFT was less than 1 cm but flap vascularity was sufficient, a prepectoral reconstruction was performed; otherwise, retropectoral reconstruction was preferred. Patients with submuscular breast augmentation were evaluated similarly, with submuscular reconstruction chosen when the MFT was less than 1 cm and prepectoral reconstruction preferred when the MFT exceeded 1 cm.

Conclusions

DTI reconstruction represents a feasible option for specific patients with a history of breast augmentation. Decisions regarding the reconstructive approach are influenced by variables such as mastectomy flap thickness, implant status, and capsular conditions.

Topographic and Structural Anatomy of the Suspensory Ligament of the Penis: Implications for Phalloplasty

Ursula Meredith Mariani and others

Abstract

Background

Suspensory ligaments of the penis support the penis during erection and play a key role during coitus. These ligaments, which are prone to injury during coitus, are clinically important in penile reconstruction procedures.

Objectives

The current study investigated the macro- and microanatomy of the suspensory ligamentous system of the penis to determine the origin, course, insertion, dimensions, and tissue composition of these ligaments, knowledge of which is vital for successful penile reconstruction procedures.

Methods

49 cadavers were used for the study. Gross anatomy dissection, MRI, and histological staining were performed to elucidate the topography, dimensions, and tissue composition of the suspensory ligaments of the penis.

Results

Three ligaments were observed to form the suspensory ligamentous system of the penis. The most superficial is the fundiform ligament, which consists of superficial bundles and deep median bundles, with the former arising from the Scarpa's fascia and the latter arising from the linea alba of the anterior abdominal wall; both inserted into the superficial fascia of the penis. The suspensory ligament of the penis arose from the pubic symphysis and inserted into the deep fascia (Buck's fascia) of the penis. The arcuate ligament arose from the body of the pubis and pubic symphysis and inserted into the Buck's fascia. The ligaments were determined to consist of adipose tissue, collagen fibers, elastic fibers and reticular fibers, in varying proportions.

Conclusions

The suspensory ligaments of the penis exhibit a fan-like structure on the penis that allows the forward movement of the penis because of engorgement of the erectile bodies while simultaneously offering support.

Treatment of Chin Retrusion with Botulinum Toxin Plus Hyaluronic Acid Filler in Comparison with Hyaluronic Acid Filler Alone: A Randomized, Evaluator-Blinded, Controlled Study

Yanping Guo and others

Abstract

Background

Hyaluronic acid (HA) has been extensively used for chin augmentation. Patients with chin retrusion frequently present with increased chin hypertonia. Monotherapy with HA falls short in addressing the multifaceted cosmetic concerns associated with chin retrusion.

Objectives

The aim of the study was to check the clinical efficacy and safety of the combination therapy involving botulinum toxin (BTX) and HA in the treatment of chin retrusion.

Methods

The authors enrolled patients with moderate to severe chin retrusion for 9 months of follow-up after they received either combined treatment with BTX plus HA or monotreatment with HA. We also calculated the surface-volume coefficient with 3-dimensional digital scanning technique, and evaluated outcomes based on the Allergan Chin Retrusion Scale (ACRS), the Global Aesthetic Improvement Scale (GAIS), and treatment-related adverse events (TRAEs).

Results

Total of 50 patients were recruited and randomized to the treatment group (BTX plus HA) or control group (HA alone) in a 1:1 ratio. Patients in the treatment group exhibited significantly higher surface-volume coefficients during the first 6 months ($P < .05$). ACRS scores and responder rates in the 2 groups remained similar throughout the follow-up ($P > .05$). Within the initial 3 months, the GAIS responder rate in the treatment group was significantly higher than

that in the control group ($P < .05$). Mild TRAEs were observed in both groups and subsided within 7 days. There were no adverse effects.

Conclusions

The combined treatment not only improved the surface-volume coefficient of hyaluronic acid but also achieved similar ACRS scores with less HA volume. Results were highly satisfactory according to the authors.

Botulinum Toxin Treatment for Calf Contouring Based on the Study of Combined Injection of Gastrocnemius and Soleus

Zhijin Li and others

Abstract

Background

Botulinum toxin is administered to paralyze the gastrocnemius muscle and reduce its size, thereby improving the calf contour and reducing the leg circumference of the calf.

Objectives

The authors used a new injection protocol that targeted both the gastrocnemius and soleus. An algorithm of botulinum toxin injection for calf contouring was proposed based on the results of the study and ultrasonographic data.

Methods

A prospective, self-controlled, double-blind study was conducted. The gastrocnemius muscle (GM) group ($n = 17$) included the patients whose gastrocnemius muscles were treated, and the GM + soleus muscle (SM) group ($n = 17$) included the patients who had both the gastrocnemius and soleus treated. Parameters including the maximum leg circumference and the

subcutaneous fat, gastrocnemius muscle, and soleus muscle thicknesses were collected before and after injection.

Results

Both GM and GM + SM injection helped improve calf contour. Although the thickness of the gastrocnemius muscle was reduced, reducing the leg circumference, the subcutaneous fat and soleus muscle had compensatory thickening after injection, especially over the long term, which may affect the efficacy. Compared with the GM group, the GM + SM group effectively reduced the tendency of the soleus muscle to thicken. Calf muscle thickness could be roughly estimated by constructing a fitting equation and measuring height, weight, and leg circumference.

Conclusions

Double injection methods achieved the effect of improving calf contour and reducing the leg circumference with equivalent patient satisfaction. The GM + SM injection group did not show any obvious extra clinical benefit when compared with the GM injection group.