LETTER TO EDITOR

The benefits of liposculpture in cervicofacial rejuvenation: A review of 312 consecutive patients

To the editor,

Facial fat aging is extremely challenging for surgeons. Fat aging leads to marionette wrinkle, perioral mound, and obscure jawline; these are challenging to manage with facial contouring surgery or aesthetic surgery.[1]

The minimally invasive aesthetic surgery, liposculpture, is an alternative for facial rejuvenation that involves skin release from the retaining ligaments and appropriate fat removal from the subcutaneous layer. The predictable skin retraction simultaneously improves the skin tone and facial contours. However, few studies have examined the role of liposculpture in cervicofacial rejuvenation. Here, we present our experiences with 312 patients who underwent cervicofacial rejuvenation Most importantly, we demonstrated the benefits of liposculpture in cervicofacial rejuvenations in terms of diminished marionette wrinkle, removed perioral mound, V-shaped facial contouring, definite jawline, reduced double chin, visual chin-protrusion, and cervicofacial-lift.

A retrospective review was conducted at a single medical clinic between July 2010 and May 2017. Of the 312 patients (261 women and 51 men), 197 were treated with cervicofacial liposculpture, 54 were treated with cervical liposculpture; and 61 were treated with lower face liposculpture. The mean age at operation was 53.3 years. All the patients signed an informed consent for study participation.

The patients with Illoz test ratio <20%, mild or moderate skin excess on the lower face are recommended to undergo lower face liposculpture, and mild or moderate skin excess in the submental area (as per the pinch test) are suggest for cervical liposculpture. (Illoz test: the distance between the menton and the earlobe was measured before and after the skin was pulled away from the menton. The ratio is defined as the difference between the two measurements).[2] Before the operation, the patient was required to grimace, whistle, and smile. The depressed area induced by dynamic facial motions was marked with a solid bar. The oblique line was in the direction of liposculpture. The solid area was recommended for the lipolysis only without fat removal.

Under intravenous general anesthesia, a 2-mm incision wound was made over the preauricular and/or submental area. About 100 mL of tumescent solution (500 mL normal saline + 20 mL of 2% xylocaine + 0.5 mL of epinephrine) was infiltrated over the liposculptured area. A 1.5-mm cannula was used for suction-assisted liposuction that was first followed with the use of a 2.0-mm cannula (3.0 cannula is only suggested for abundant subcutaneous tissue). The fat layer between the skin and the SMAS was liposuctioned. The volume of the liposculpture was between 30 mL and 100 mL. No wound closure was performed postoperatively. The compressive band was used for 5 days.

Of the 312 patients, three achieved unsatisfactory postoperative outcomes. Two patients had obvious wrinkles and one had facial contour irregularity. The three patients were salvaged with microfat grafting and achieved satisfactory outcomes after the secondary operation.

All other patients than these three achieved satisfactory postoperative outcomes. The patients who underwent cervicofacial liposculpture achieved diminished marionette wrinkle (Fig. 1A, 1B), removal of perioral mound (Fig. 2A, 2B), V-shaped facial contouring (Fig. 3A, 3B), definite jawline (Fig. 4A, 4B), reduction in double chin (Fig. 5A, 4B),

Figure 1 Improvement in marionette wrinkle. Preoperative photo (1A). Follow-up photo (1B). Improvement in the perioral mound. Preoperative photo (2A). Follow-up photo (2B). V-shaped facial contouring. Preoperative photo (3A). Follow-up photo (3B). A definite jawline. Preoperative photo (4A). Follow-up photo (4B). Reduction in the double chin. Preoperative photo (5A). Follow-up photo (5B). Visual chin-protrusion. Preoperative photo (6A). Follow-up photo (6B). Cervicofacial-lift. Preoperative photo (6C). Follow-up photo (6D).

visual chin-protrusion (Fig. 6A, 6B), and cervicofacial-lift (Fig. 6C, 6D).

In conclusion, cervicofacial liposculpture was advantageous in terms of decreased marionette lines, removed perioral mound, V-shaped facial contouring, definite jawline, reduced double chin, visual chin-protrusion, and cervicofacial-lift.

Conflict of interest

The authors declared no competing interests.

Appendix A. Supplementary data

Supplementary data to this article can be found online at https://doi.org/10.1016/j.asjsur.2019.07.012.

References

1. Farkas JP, Pessa JE, Hubbard B, Rohrich RJ. The science and theory behind facial aging. *Plast Reconstr Surg Global Open*. Apr 2013;1(1).
2. Haack J, Friedman O. Facial liposculpture. *Facial Plast Surg FPS*. May 2006;22(2):147–153.

Wen-Cheng Yang[1]
Department of Plastic and Reconstructive Surgery, China Medical University Hospital, Taichung, Taiwan
China Medical University, Taichung, Taiwan

Pin-Keng Shih[1]
Department of Plastic and Reconstructive Surgery, China Medical University Hospital, Taichung, Taiwan
China Medical University, Taichung, Taiwan
Department of Cosmetics and Health Care, Chung-Jen Junior College of Nursing, Health Sciences and Management, Taiwan

Daniel Wu-Chang Wu*
Everyouth Plastic Clinic, Taipei, Taiwan

*Corresponding author. Everyouth Plastic Clinic, 13F, No. 218-1, Section 4, Zhong Hsiang East Road, Daan District, Taipei, Taiwan.
E-mail address: wuzhangwu57@gmail.com (D.W.-C. Wu)

1 July 2019
Available online 23 July 2019

[1] Wen-Cheng Yang and Pin-Keng Shih made equal contributions to this study.