

2nd European Otolaryngology ENT Surgery Conference & International Conference on Craniofacial Surgery

Linghuan Zeng et al., J Otol Rhinol, 6:6
DOI: 10.4172/2324-8785-C1-005



October 16-18, 2017 Rome, Italy

Epicanthoplasty with epicanthal dermatic tension releasing incision based on skin projection of inner canthal ligament

Linghuan Zeng, Ying Cen, Junjie Chen and Lei Lei
Sichuan University, China

Background: Epicanthoplasty is involved in the destruction of the deformity of epicanthal fold and the reconstruction of structure for beautiful inner canthus. The epicanthal tension release is one of the core techniques of epicanthoplasty. However, it has rarely been reported which one of epicanthal dermatic tension releasing incision has better effect for epicanthal tension release. We designed dermatic tension releasing incision based on the skin projection of inner canthal ligament and compared it with the incision paralleled to lower inner canthal mucocutaneous junction (white line).

Methods: From December 2014 to March 2016, we performed a Z-epicanthoplasty or V-W epicanthoplasty simultaneously with double-eyelid operation in 30 cases (all females). The ages of the patients ranged from 18 to 32 years (average age 24.3 years). Thirty patients were randomly divided into two groups according to different epicanthal dermatic tension releasing incision in epicanthoplasty. Each group has 15 patients and 30 eyes. Group a, incision line a: tension releasing incision paralleled to lower inner canthal mucocutaneous junction, 3~4 mm away from the mucocutaneous junction. Group b, incision line b: tension releasing incision pointed to the lacrimal lake, along the skin projection of medial canthal ligament. The defect angles of two groups were taken photos during operation after muscular and dermatic tension release, and were analyzed postoperatively.

Results: The degrees of defect angles of group b ($86.59^{\circ} \pm 3.72^{\circ}$, range $78.9^{\circ} \sim 92.4^{\circ}$) were significant larger than group a ($55.24^{\circ} \pm 2.98^{\circ}$, range $48.6^{\circ} \sim 61^{\circ}$) ($P < 0.0001$, Wilcoxon signed-rank test). It demonstrates that epicanthal dermatic tension releasing incision based on skin projection of inner canthal ligament has better effect to release epicanthal tension. All patients gained beautiful inner canthus without hypertrophic scar or injury of the lacrimal apparatus during the 3-24 month follow-up period.

Conclusion: Epicanthal dermatic tension releasing incision based on skin projection of inner canthal ligament is more effective and safer than incision paralleled to lower inner canthal mucocutaneous junction. Furthermore, a beautiful epicanthal appearing, inconspicuous scar and no injury of the lacrimal apparatus were obtained.

Biography

Linghuan Zeng obtained his PhD degree in Burn and Plastic Surgery, West China Hospital, Sichuan University, P R China. He was promoted to the rank of Assistant Professor in 2010. He is now collaborating with different research centers, mainly Burn and Plastic Surgery Department, Sichuan Integrative Medicine Hospital and West China Hospital of Sichuan University, Sichuan, P R China. He has published more than 30 research papers in peer reviewed journals. His research interests are Dermatologic Surgery, Plastic Aesthetic Surgery, and Craniomaxillofacial Surgery.

ageorgea@163.com

Notes: