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Tear trough deformity: Clinical considerations, personal experience, tips and tricks for good results

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The release of the tear trough ligaments could reduce the tired aspect of the face facilitating the reunion of the adjacent fat compartments. We suggested a new approach for the correction of the tear trough with an intraoral approach to reach directly the tear trough ligament sparing the orbicularis muscle, reducing the risk of hematomas. 37 patients (74 lower eyelids) underwent correction of the tear trough deformity with an intraoral access, while 42 (84 eyes) underwent correction of the tear trough with percutaneous access between January 2015 and December 2016 as private clinic outpatients. Mean age was 29 years and 46 patients (58%) were females. In 53 patients (67%) hyaluronic acid was used as filler, in 19 patients (24%) calcium hydroxyapatite was used and in 7 patients (9%) tear trough was corrected with fat grafting. All cases were treated with the use of a blunt cannula. The infraorbitary nerve block with local anesthesia was performed. Through the intraoral access, the cannula reaches directly the supra-periosteal plane, avoiding the orbicularis muscle and releases the ligament and fillers are injected. No major complications were recorded. Patients underwent percutaneous procedure experienced higher pain compared to intraoral access. Hematomas were significantly higher in the percutaneous group (31% vs 4 %). Patients were significantly more satisfied with the intraoral access. Main advantages of this techniques are the decreased risks for hematomas, an even distribution of the filler, less pain and the chance to disrupt the tear trough ligament without the need for a surgical access.

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