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Abstract. Many of the unsatisfactory results in cosmetic surgery are due not to the technique employed itself but to the virtual changes that our work has imposed in other areas. These changes are especially evident in face, due to the small dimensions of its organs. The surgeon should do a thorough evaluation of the area to be treated prior to the surgery and make her/him notice not only the usual existing asymmetries, but also the modifications which probably will be noticed in the neighboring parts after surgery, to avoid later problems. The surgeon will discover the many irregularities a patient may have, which have not been noticed by the patient before. These, if not detected in time, are weapons that may act as a boomerang against the surgeon later. **Keywords:** Lip irregularities-Lip asymmetries.

When performing a cosmetic correction in any part of the body, the surgeon must anticipate the changes which the repair will cause in other areas close to it. The lips are not an exception in this sense and their shape changes very much as other neighboring features are modified. Some of these changes will be accepted with pleasure by the patient, but others with dissatisfaction.

1. Hypogonia has always been related to the changes in the profile of the face, but when these patients are observed in frontal view, two ugly bags will be seen in the lower lip [2,3] (**Fig. 1**). These bags disappear as soon as the chin is advanced. This helps very much in enhancing the whole aspect of the area.
2. In correcting a hypogonia, apart from improving the profile of the face, another deformity is corrected at the same time, that is, the hanging lower lip rotates upward, giving a more beautiful shape to the mouth (**fig. and B**).
3. A shortened nose makes the upper lip look longer

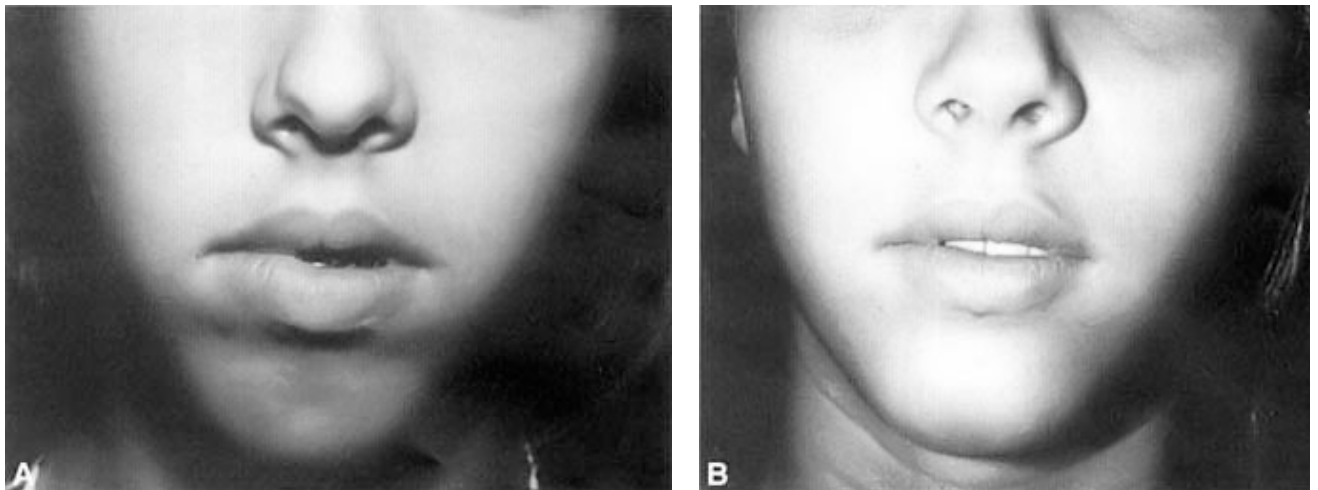


Fig. 1. A Prominent bags in the lower lip in a patient with a recessed chin. B The bags disappear as soon as chin is advanced.

3. A shortened nose makes the upper lip look longer (**Fig. 3**).
4. A closed nasolabial angle makes the upper lip look shorter (**Fig. 4A**).

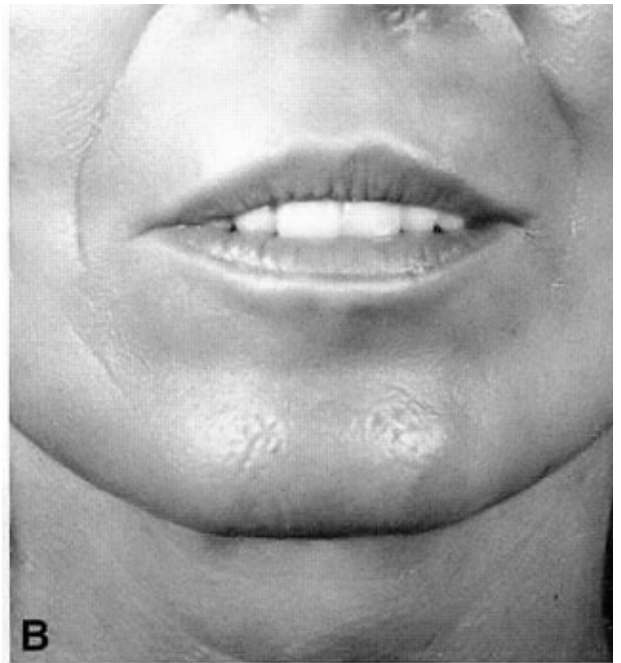




Fig. 2. 8 A) Hanging lower lip in a patient with hypogonia. (B) The same patient after advancing the chin
 Fig. 3. A too shortened nose makes the lip look longer.



Fig. 4. (A) A hanging nose makes the lip look shorter. (B) The same patient after cosmetic rhinoplasty; the upper lip looks longer.
 Fig. 5. (A) A patient before reduction rhinoplasty showing the gums when smiling. (B) The same patient at rhinoplasty.



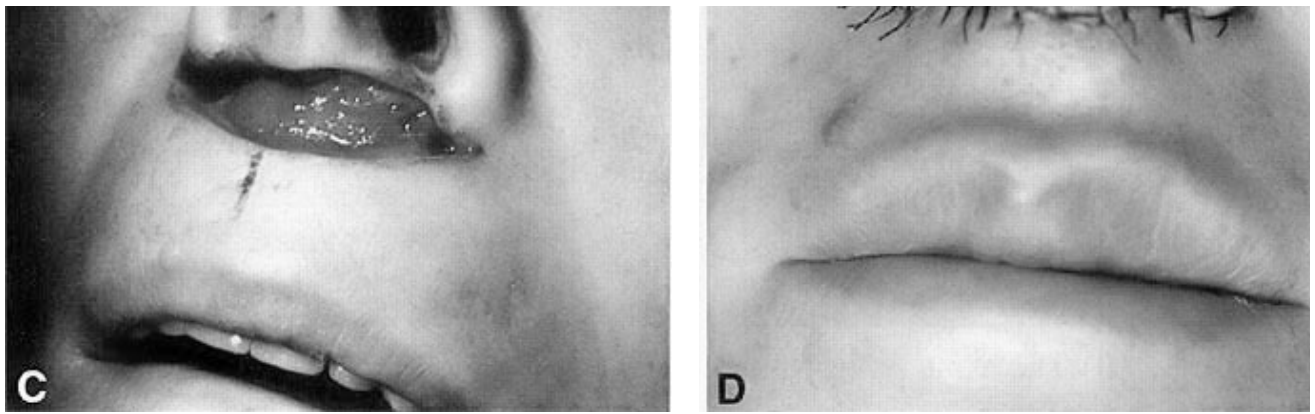


Fig. 6. A A patient with a too-long lip. B the same patient after shortening the lip. C Excision. D The suture remains hidden in the base of the nose.

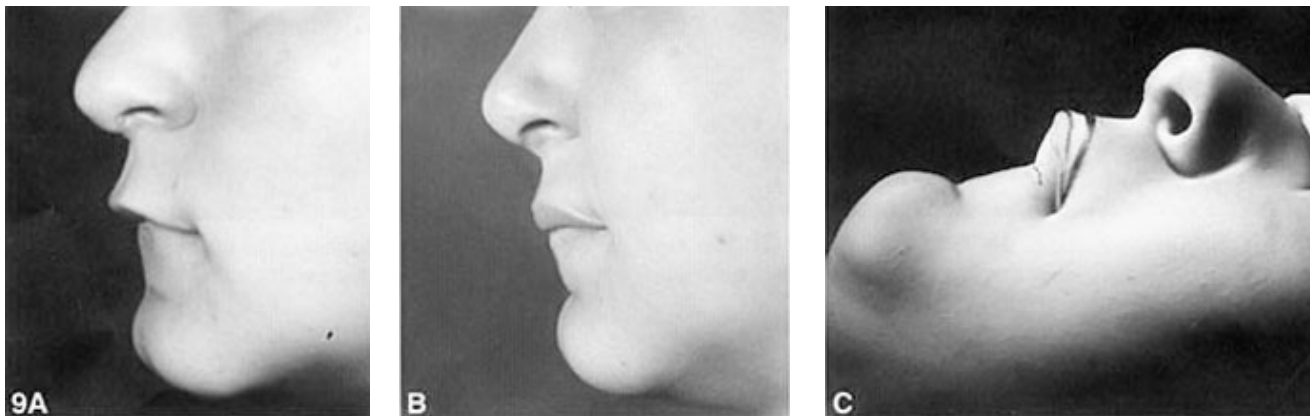
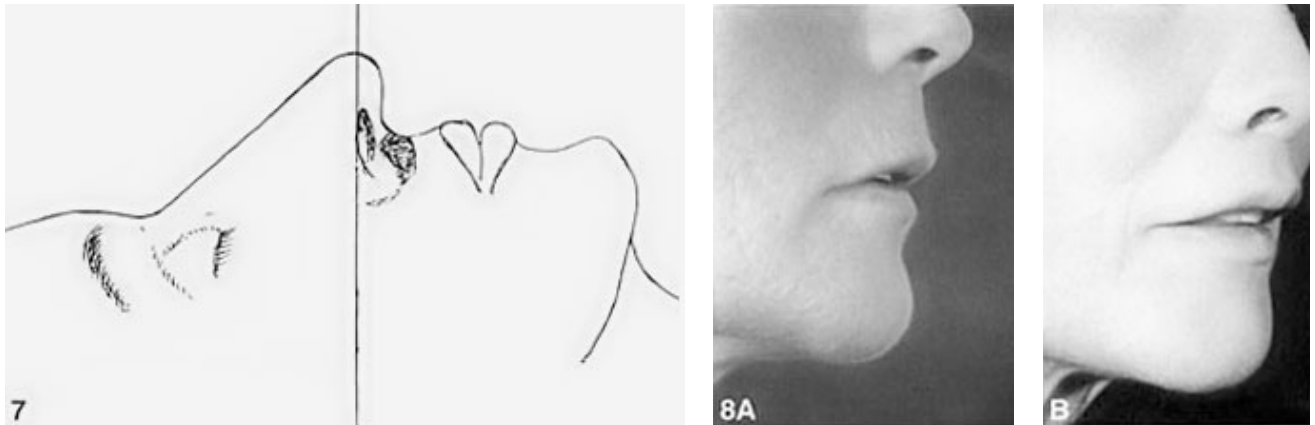


Fig. 7. To keep the scar hidden, the extent of the resection should not overpass upward the vertical line corresponding to the level of the nostril.

Fig. 8. (A, B) a patient before and after shortening the upper lip.

Fig. 9. (A) Congenital deformity of the upper lip. (B) Result of the resection of the lip at the free border. (C) Design of the resection

5. The reduction of a big nasal hump or a protruding nasal spine always involves lowering of the upper lip (**4B**). This is an added improvement to those patients whose gums show when they smile (**Fig. 5^a and B**).

6. However, in patients who already have a long lip before surgery, afterward the lip will cover the teeth when they are talking

(Figs. 6A and 8A and B). The patient, satisfied with the result of the rhinoplasty, feels, however, that something in her expression is strange. These are the patients who complain of having suffered a "change their personality" due to surgery. This is discouraging to the patient, and they should be advised beforehand. A great improvement can be obtained in these cases by excising a big piece of upper lip at the level of the nasolabial angle (**Figs. 6B and 8^a and B**). These extremes of the resection should not go farther than the vertical line corresponding to the rim of the nostril (**Fig. 7**). In this way the scar will be hidden in the crease of the ala nasi. The upper incision is waved so as to enter deep into the nostrils (**Figs. 6C and D**). This conceals the scar and equalizes the length of the two incisions. The resection should be wide and deep. Excisions of the skin only are prone to rotate the lip. The resulting scar has always been accepted by the

patients; with no complaints. We have never done this procedure together with rhinoplasty. It seems advisable to perform it when the nose has been settled and the deformity established. Excisions of the lip the level of the vermilion may meet the patient's dissatisfaction, because of the difficulty of imitating the redundant line of union of the skin and the vermilion, a beautiful and characteristic feature of the lips.