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ORIGINAL ARTICLE

Hyo neck lift: Preliminary report



Le hyo lift cervical

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KEYWORDS

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MOTS CLÉS

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Ligament hyo platysmal

Summary

Background. – The aim of neck lift is to recreate an acute cervicomandibular angle. Surgical neck rejuvenation typically is associated with posterosuperior traction on the platysma (PLA) with an anterior vertical PLA corset or a digastric corset. Medium-term instability can exist with these procedures.

Objectives. – A novel platysmaplasty technique called the hyo neck lift is described and its surgical efficacy is compared with those of previously described techniques.

Methods. – Ten patients underwent hyo neck lift and were evaluated in a preliminary prospective study. Hyo neck lift involved horizontal suturing of the PLA towards the hyoid and then to the skin to recreate a youthful cervicomandibular angle and to place tension on the submental area.

Results. – Six months postoperatively, all patients showed improvement in the definition and flattening of the submental area and in ptosis of the submandibular gland. Hyo neck lift is less invasive, without any specific dissection, like in the digastric corset.

Conclusions. – The simplest way to achieve an acute cervicomandibular angle is to reattach the PLA and skin to the hyoid. Hyo neck lift is logical and efficient and produced satisfactory aesthetic and functional outcomes in this preliminary study.

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Résumé

But. – Le but du lifting du cou est de recréer un angle cervico-mentonnier aigu. Le rajeunissement chirurgical du cou associe classiquement une traction postéro-supérieure du platysma (PLA) avec une plicature antérieure verticale de ce muscle, voire un corset digastrique. Malgré ces procédures sophistiquées, une instabilité de la correction peut exister à moyen terme.

Objectif. – Une nouvelle technique appelée le hyo lift cervical est décrite et son efficacité est comparée aux autres techniques.

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Méthodes. – Cette technique a été réalisée chez 10 patients, qui ont permis cette étude préliminaire. Le hyo lift cervical comprend une suture horizontale du PLA sur la face antérieure de l'os hyoïde, puis de la peau sur le PLA pour recréer un angle cervico-mandibulaire aigu, jeune et applique une tension horizontale et postérieure sur la région sous-mentale.

Résultats. – À six mois postopératoire, tous les patients montrent une amélioration de la définition et de l'aplatissement de la région sous-mentale. Le hyo lift du cou est moins invasif, sans aucune dissection spécifique, comme il est réalisé dans le corset digastric.

Conclusion. – Le moyen le plus simple de créer un angle cervico-mandibulaire aigu est d'attacher le PLA et la peau sur l'os hyoïde. Le hyo lift cervical est logique, efficace et produit des résultats esthétiques et fonctionnels dans cette étude préliminaire.

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Although numerous techniques have been described, surgical rejuvenation of the neck usually involves lateral platysma suspension [1], which may be associated with a vertical platysma (PLA) corset through a submental incision [2]. In this approach, the 2 medial edges of the PLA are joined with a continuous suture. Alternatively, a vertical digastric corset may be performed after subplatysmal fat resection [3,4].

Patients presenting with concerns of skin excess around the neck and PLA bands generally are assessed with a vertical pinch test to remove the anterior vertical excess and mimic posterosuperior tightening. These assessments and surgical approaches are based on the anatomy of the lower face at rest. We recently characterized the functional anatomy of the lower face and identified a previously unknown mimetic muscle, the depressor labii lateralis (DLL) [5]. The results of our study suggest that the PLA functions to elevate the neck skin and not to provide downward jugal force or lower lip traction as previously thought. Moreover, the DLL acts as an antagonist of the PLA [5].

The depressors of the mouth descend skin from the mouth to the jawline, whereas the PLA elevates skin from the lower neck toward the jawline. These antagonistic muscles meet at the mandibular line, explaining why the aging process is so noticeable in this area [5]. Consequently, rejuvenation of the neck must elevate the skin and muscle above the jawline and descend the muscle below the jawline. Rejuvenation of the neck must elongate the PLA posteriorly, instead of shortening it anteriorly with a PLA corset. Moreover, the skin tension induced by the PLA corset goes anteriorly, in the wrong direction. Neck skin has then to be freed from the PLA to go posteriorly.

We suggest that an incomplete understanding of the function of the facial muscles may be responsible for the shortcomings of existing neck lift techniques, including medium-term instability. Our functional anatomic model [5] enabled us to develop a surgical procedure, called hyo (i.e., hyoid) neck lift, that better addresses rejuvenation of the lower face. With hyo neck lift, the PLA is extended toward the anterior cervicomandibular angle and affixed to the hyoid. This surgical procedure produces a youthful lower face and neck and restores the function of the hyoplatysmal ligament (Fig. 1) [6]. We have performed hyo neck lift in our practice for 1 year and have not modified this technique from its original version during that time.

Methods

Patients and study design

Ten consecutive patients (7 women, 3 men) who underwent hyo neck lift from October 2014 to December 2014 were evaluated in a preliminary prospective study. Because of its preliminary nature, this study was not approved by an ethics committee or institutional review board. Patients were selected for this study who presented for neck lift. No additional inclusion or exclusion criteria were applied. Patients provided written, informed consent for this preliminary study. The study was conducted in accordance with guiding principles as defined by the Declaration of Helsinki.

Surgical procedures

In young patients with a heavy neck, a submental incision alone was made according to the platysmaplasty technique described by Knize [8].

For patients who presented with a stable medial hyoplatysmal ligament and lateral PLA bands, preauricular and retroauricular incisions were made. For patients presenting with distension of the hyoplatysmal ligament and paramedial PLA bands, submental, preauricular, and retroauricular incisions were made. Preoperative markings designed on the skin the projection of the hyoid. Patient were in recumbent position

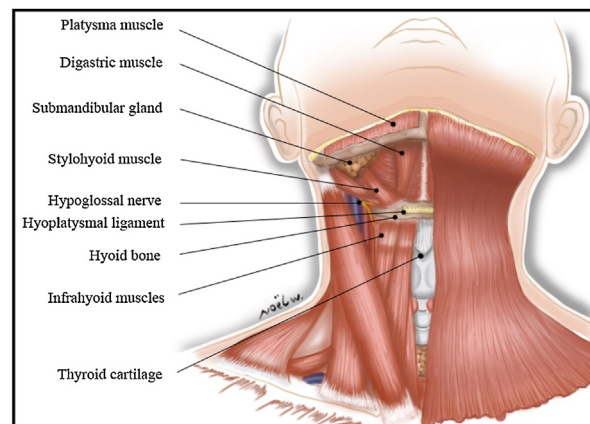


Figure 1 Schematic anatomy of the neck. The hyoplatysmal ligament is depicted on the body of the hyoid bone.

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