



# Management of the Submandibular Gland in Neck Lifts

## Indications, Techniques, Pearls, and Pitfalls

André Auersvald, MD, Luiz A. Auersvald, MD\*

### KEYWORDS

- Submandibular gland • Neck • Neck lift • Face lift • Neck rejuvenation • Subplatysma
- Mandibular nerve • Bleeding

### KEY POINTS

- Patients who present for facial rejuvenation often choose to undergo treatment of cervical contour after the initial consultation.
- Physical examination and photographic analysis, including an upward view of the flexed neck, are important surgical planning steps in neck rejuvenation.
- Knowledge of subplatysmal anatomy is crucial for favorable results of neck rejuvenation. The authors introduce novel techniques for management of the submandibular salivary glands.
- The authors describe safety maneuvers to avoid and manage bleeding while treating structures in the subplatysmal region.
- If carefully planned and conducted, partial removal of the submandibular salivary glands is a helpful and safe technique in neck rejuvenation.

 Video content accompanies this article at <http://www.plasticsurgery.theclinics.com/>.

### INTRODUCTION

Deformities of the cervical region can exacerbate the appearance of facial aging.<sup>1</sup> However, patients who seek facial rejuvenation typically do not specify the neck as the primary concern. We have found that a thorough interview and examination of the patient—involving photographic analysis in various views—often has the effect of shifting the patient's chief concern to the neck. Adequate diagnosis and treatment of this area are paramount to achieve patient satisfaction.

The cervical region generally is regarded as a stratified structure comprising layers of skin, subcutaneous tissue, and platysma, much like the

middle third of the face. However, findings of anatomic and surgical studies have indicated that subplatysmal structures, such as the digastric muscles, mylohyoid muscle, hyoid, subplatysmal fat, and bilateral submandibular salivary glands (SMSGs), affect the 3-dimensional shape of the neck (**Fig. 1**).<sup>2</sup> These structures may interfere with the criteria for a youthful cervical appearance, as described by Ellenbogen and Karlin<sup>3</sup>: a distinct inferior mandibular border, an identifiable subhyoid depression, a visible thyroid cartilage bulge, a discernible anterior border of the sternocleidomastoid muscle, and a cervicomental angle between 105° and 120° (**Fig. 2**). Furthermore, the neck is an articular region, which distinguishes it

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Clínica Auersvald de Cirurgia Plástica, Alameda Presidente Tanunay, 1756, Curitiba, Paraná 80430-000, Brazil

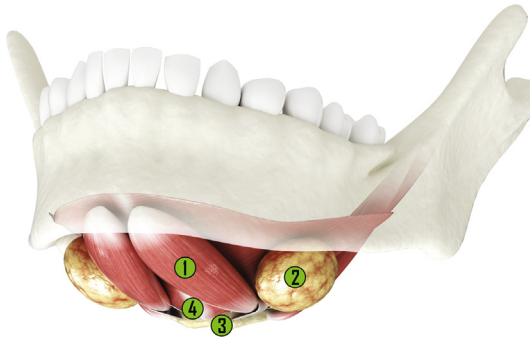
\* Corresponding author.

E-mail address: [luizauersvald@uol.com.br](mailto:luizauersvald@uol.com.br)

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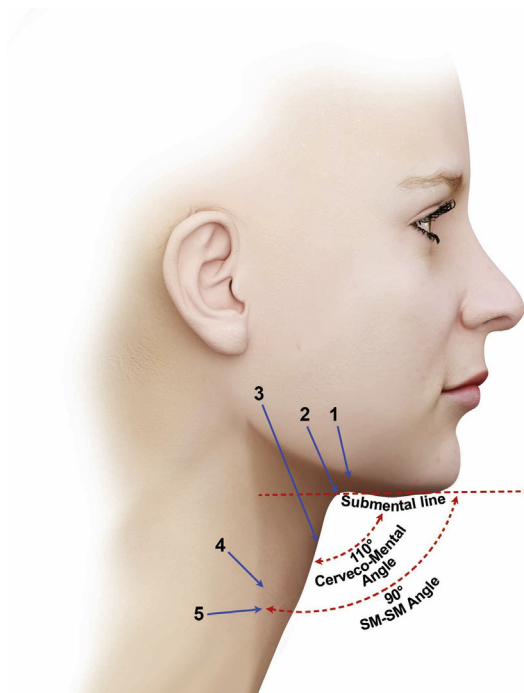
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**Fig. 1.** Subplatysmal structures that affect neck contour. (1) Anterior belly of the digastric muscle, (2) submandibular salivary gland, (3) hyoid, and (4) mylohyoid muscle. Subplatysmal fat (not depicted) is distributed around these structures and also may contribute to contour deformities.

from the front and middle third of the face. Neck flexion may yield increased skin flaccidity and intensify the appearance of aging.

Herein, we describe a safe and effective subplatysmal technique of neck rejuvenation in which



**Fig. 2.** Criteria for a youthful neck appearance, as described by Ellenbogen and Karlin<sup>3</sup>: (1) a distinct inferior mandibular border, (2) a subhyoid depression, (3) a visible thyroid cartilage bulge, (4) a visible anterior sternocleidomastoid border, and (5) a 90° sternocleidomastoid–submental angle and a cervico-mental angle between 105° and 120°.

special attention is given to the SMSGs. We explain how to diagnose hypertrophy and ptosis of the SMSGs and how to determine whether partial resection is indicated.

**CONSULTATION**

Patients who present for facial rejuvenation often indicate the eyelids and brows as the primary concerns. However, after surgical consultation with photographic analysis, the patient’s primary concern frequently becomes the neck (our unpublished findings; **Table 1**).

Before consultation in our practice from April 2016 to September 2016, 98 patients were asked to specify whether the eyelids and brows, cheeks and nasolabial folds, or neck caused them to seek facial rejuvenation. Most (49.0%) chose the eyelids and brows as their chief concern, followed by cheeks and nasolabial folds (36.8%) and neck (14.2%; see **Table 1**). Patients then were photographed in 4 views: front, profile with neck in neutral position, profile with flexed neck, and upward view with flexed neck. When asked again, 53.0% of patients indicated the neck as the chief concern. We have found that a patient usually evaluates his or her face in frontal view, rather than in profile, which may explain these findings. We now routinely include photographic evaluation during the first consultation to ensure that patients’ presenting concerns are addressed effectively.

**PHYSICAL EXAMINATION**

Palpation of subplatysmal structures is valuable for predicting intraoperative findings. Several maneuvers may help with determining the size and position of these structures (**Fig. 3**).

**Table 1**  
Chief concern of patients before and after receiving consultation with photographic analysis

Chief Concern	Before Consultation, n (%)	After Consultation, n (%)
Eyelids and brows	48 (49.0)	28 (28.6)
Cheeks and nasolabial folds	36 (36.8)	18 (18.4)
Neck	14 (14.2)	52 (53.0)

Data represent a series of 98 patients who were evaluated from April 2016 to September 2016.

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