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Introduction: Face lift is the most effective rejuvenation method for aging face. Asian face is characterized as slanted eye, prominent zygoma and wide mandible divergence resulted in rectangle.¹ So, vertical vector fixation and loop suture methods come to more angry expression and to even enforced rectangle shape, or to had lesser effect on improving nasolabial fold and submalar cheek region.² Careful consideration should be given to issues of direction of skin and SMAS fixation avoiding dissatisfied results.

Methods and materials: First lifting direction was marked as perpendicular or superior-lateral line to nasolabial fold and second lifting line was draw as right angle to jowl for drooping face with sitting position. The third lifting line was marked for submandibular and neck lift. The incision lines were designed through posterior auricular line, ear lobe, anterior auricular line and crossing side burn to anterior temporal hair line. Under the general or local anesthesia with tumescent infiltration, subcutaneous plane skin flap elevation, liposuction on bulging-ptotic jowl fat and extended SMAS flap dissection were carried. SMASectomy and SMAS fixation were done along same direction of skin flap lift. SOOF suspension suture was fixed to temporal fascia with superior-lateral direction. The first skin key suture was set on the corner of side burn to anterior temporal hair line(malar to temple lifting). Second skin fixation was pointed as top of anterior auricular line met side burn. Third point was postauricular area. After careful hemostasis, skin was closed. The harvested fat from jowl was placed to nasolabial fold.

Results: From January 2013 to April 2015, 50 cases female patient was carried out the operation. Average age was 67 years old. The patient satisfied VAS was 4.5 and there were no skin necrosis, hemtoma, seroma, and permanent facial palsy. One case of facial weakness on eye closing was resolved within post-operative 1 month.

Conclusion: The lifting vector as superiorlateral direction or perpendicular line to nasolabial fold and jowl has make effective lifting and looks natural. We presents that adequate oblique lifting vector of skin and SMAS flap is important factor and that among them the first key of skin fixation is malar to temple lifting to obtain satisfying result in Asian facial rejuvenation with good results.

References:

1. Shirakabe Y, Suzuki Y, Lam SM. A new paradigm for the aging Asian face. Aesth Plast Surg. 2003;27:397-400

2. Bergeron L, Chen YR. The Asian face lift. Semin Plast Surg. 2009;23(1):40-47