

approach to facial rejuvenation in elderly patients who are not appropriate surgical candidates when botulinum toxin and dermal fillers would be ineffective.

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DISCLOSURE

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REFERENCES

1. Golden T. Non-irritating, multipurpose surgical adhesive tape. *Am J Surg.* 1960;100:789–796.
2. Rothnie NG, Taylor GW. Sutureless skin closure: A clinical trial. *BMJ* 1963;26:1027–1030.
3. Skoog T. Porous tape in wound closure, skin grafting and wound dressing. *Acta Chir Scand.* 1963;126:383–387.
4. Gibson EW, Poate WJ. The use of adhesive surgical tape in plastic surgery. *Br J Plast Surg.* 1964;17:265–270.
5. Reiffel RS. Prevention of hypertrophic scars by long-term paper tape application. *Plast Reconstr Surg.* 1995;96:1715–1718.

Reorienting the Vector in Facial Reanimation Using an Estlander Flap

Sir:

When performing static and dynamic procedures for reanimation of the paralyzed lower face, establishing the correct vector of modiolus suspension is critical for achieving a functional and aesthetic outcome.¹ Recreating the vertical vectors of the levator labii superioris and zygomaticus muscles can be particularly challenging. In static sling procedures, postoperative contraction of the sling tissue frequently distorts the direction of the planned suspension.² In dynamic reconstructions with the temporalis or masseter muscles, attainment of a vertical vector is limited by the fixed origins of these muscles. In dynamic microvascular reconstructions such as neurotized gracilis muscle, the proximity of the orbit and the paucity of soft tissue in this area with which to conceal the reconstruction restrict access to the ideal vertical vectors.

The Estlander flap, a local flap used in reconstruction of defects of the oral commissure, can be a valuable tool when performing secondary revision of the suspension vector. By transposing the oral commissure, the relative insertion of the sling can be effectively relocated to a more medial position and a predominantly horizontal vector can be changed to a more vertically oriented one.

To illustrate this concept, we present a 74-year-old man who presented for unilateral facial reanimation after total parotidectomy for adenocarcinoma and in whom the facial nerve could not be preserved (Fig. 1). Despite initial cross-facial nerve grafting and a dynamic temporalis reconstruction, the patient still



Fig. 1. A 74-year-old man presented with hemifacial paralysis after total parotidectomy (left). Initial reconstruction was performed with dynamic temporalis transfer (right). Note the posteriorly directed vector caused by the fixed insertion of the temporalis on the coronoid process of the mandible.



Fig. 2. An Estlander flap was designed to reposition the oral commissure and reorient the suspension vector (left). Appearance at 6-month follow-up (right).

complained of dysarthria, oral incompetence, and incomplete animation of his oral commissure. To reorient the reconstruction, an Estlander flap was designed to move 1.5 cm of excess upper lip tissue to the lower lip (Fig. 2). This simultaneously shortened the elongated upper lip, medialized the oral commissure, and allowed the relocation of the sling insertion. The excess tissue of the lateral lower lip was deepithelialized, advanced laterally, and secured to the new commissure. At 6-month follow-up, the patient demonstrated improvement in oral continence, labial articulation, and in his appearance in repose and in animation.

This new application of a workhorse lip flap helps to address the difficult problem of reconstructing the vertical vector of oral commissure suspension in facial reanimation. This approach has multiple advantages that warrant consideration. As the ipsilateral orbicularis oris is already paralyzed, no additional oral sphincter function is compromised by tissue rearrangement. No supplemental regional tissue is required, and by switching excess ptotic upper lip tissue to the lower lip, the lateral distortion of the oral commissure is eliminated. As the direction and magnitude of the previously placed sling vector has already been established, the lip may be more reliably positioned to fine tune the reconstruction and achieve the desired functional and aesthetic results.

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REFERENCES

1. Yoleri L. Modification of tension on muscle insertion improves smile in free-muscle transplantation. *Ann Plast Surg.* 2006;57:295–299.
2. Rose EH. Autogenous fascia lata grafts: Clinical applications in reanimation of the totally or partially paralyzed face. *Plast Reconstr Surg.* 2005;116:20–35.

The Future of Rhinoplasty and the Dallas Rhinoplasty Symposium

Sir:

The Dallas Rhinoplasty Symposium is recognized as a teaching model. For plastic surgeons and otolaryngologists, it represents the premier source of innovative changes and technical advances in rhinoplasty. It is considered the most successful “hands-on” educational symposium in the world. The symposium was the brainchild of Jack P. Gunter and grew out of his observation that plastic surgery residents lacked experi-