Use of BioGlue Surgical Adhesive for Brow Fixation in Endoscopic Browplasty

Reattachment of the perios- teum to the underlying calvarium is essential to maintaining the elevated brow position after an endoscopic forehead-lift. Until the perios- teum reattaches, it is critical to provide fixation of the brow in the lifted position. Different fixation options have been described in the literature, each with specific advantages and disadvantages. Douglas M. Sidle, MD, and associates report a retrospective review of 80 patients who underwent endoscopic browplasty with BioGlue Surgical Adhesive as the primary means of perios- teal fixation. Objective improvements of brow elevation were maintained throughout 1-year follow-up. Complications and revision rates were low. This study shows promise in the use of BioGlue for perios- teal fixation after endoscopic browlift.

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Distraction Osteogenesis for Cleft Palate Closure in a Canine Model

Distraction osteogenesis (DO) is a surgical technique for reconstruction of skeletal deformities. It involves gradual, controlled displacement of surgically created fractures that results in expansion of soft tissue and bone volume. This technique has been applied to the craniofacial skeleton, including the cranium, orbits, maxilla, and mandible. Robert J. Tibesar, MD, and associates describe their innovative study in which DO was used to close surgically created cleft palates in 5 of 8 dogs. New bone formation was demonstrated histologically, and fluorochrome labels were used to analyze growth patterns. They postulate that the use of DO to close bony palate defects would reduce the forces that often result in decreased midfacial growth. This study shows that DO-induced closure of hard palate clefts is feasible in the canine model and that further study is needed before attempting such techniques in neonates born with cleft palates.

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Nasal Tip Overprojection

The overly projected nasal tip can disrupt normal nasal and facial harmony. Surgical correction of this aesthetic problem represents a unique challenge to the rhinoplasty surgeon. Peyman Soliemanzadeh, MD, and Russell W. H. Kridel, MD, retrospectively review the senior author’s long-term experience with deprojection techniques. They present a thoughtful algorithm of preferred methods used to correct nasal tip overprojection while maintaining or altering tip rotation. Deprojection procedures included complete transfixion incision, lateral crural overlay, medial crural overlay, dome truncation, and combinations of these. An overview of each technique is presented, with emphasis given to the medial crural overlay technique.

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Postoperative Management of Nasal Vestibular Stenosis

stenosis of the nasal vestibule can result in both aesthetic and functional concerns. Surgical techniques to correct this difficult problem commonly employ a cartilage and/or composite graft to expand the contracted vestibule. Restenosis after surgical correction is a well-known complication, and many authors have shown it necessary to stent open the vestibule during the contractile stage of healing. Dirk-Jan Menger, MD, and colleagues present a custom-made vestibular device based on a mold of the patient’s anatomy used as a postoperative stent. Most patients had functional (98%) and aesthetic (94%) improvements. Only 1 patient required revision surgery during a mean follow-up period of 50.5 weeks.

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This issue’s Highlights were written by Brian Ambro, MD.
The Michigan Manual of Plastic Surgery


The Michigan Manual of Plastic Surgery provides a concise overview of the entire field of plastic surgery. This book is written for medical students, residents, plastic surgery nurses, and physician assistants, as well as physicians other than plastic surgeons who are caring for patients who have had plastic surgery. The residents in the University of Michigan plastic surgery program wrote this text, designing it as a pocket reference guide to prepare for the operating room and for use in the clinic. The authors condense the field of plastic surgery into 54 chapters divided into 10 sections. Topics include head and neck surgery; facial reconstruction; craniofacial surgery; aesthetic surgery; breast, hand, and upper and lower extremity surgery; and burn treatment. Each chapter is clearly organized, and information is provided in an outline format. Practical information, including anatomy, indications for procedures, surgical approaches, operative techniques, and complications, is discussed. Highlights ("Pearls") emphasizing practical information are often provided at the end of the chapters.

The sections of the chapters reviewing anatomy are complete, often with good illustrations; however, the sections dealing with surgical procedures could benefit from additional diagrams to illustrate the surgical narrative. Notable exceptions to this deficiency of surgical illustrations include Chapter 4, which discusses flaps, and Chapters 18 and 19, which discuss nasal and lip reconstruction, respectively. These chapters use illustrations effectively to demonstrate the most common surgical procedures. Chapter 4 covers the entire reconstructive ladder, including local, regional, and free flaps. It discusses the principals of flaps and surgical techniques. Chapter 18 reviews all options of repair, from healing by secondary intention to the use of free flaps. Illustrations of commonly employed local flaps supplement the text well. In Chapter 19, the Karapandzic, Abbe, and Estlander flaps are reviewed and illustrated effectively.

The Michigan Manual of Plastic Surgery is an excellent review of the essentials of plastic surgery. It will be particularly helpful to medical students, residents, and fellows during their introduction to the specialty and in their preparation for the in-service and board examinations. Because of the concise nature of the textbook, it is limited to the very basics of patient treatment and surgical decision making and is therefore more useful as a study guide than a clinical reference.

Jill L. Hessler, MD

Correction

Error in Byline. In the Highlights in the November/December issue (2005;7:369), the first name of the author of the issue’s Highlights was misspelled. The correct spelling of his name is Bryan Ambro.