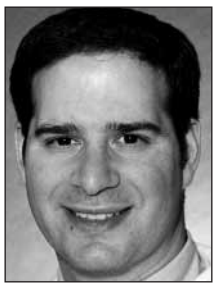
Chin-Jowl Implants Better Than Chin Only

Combined implants are anchored laterally and are better retained over time than chin implants alone.

BY ROBERT FINN
San Francisco Bureau

SPOKANE, WASH. — Combined chin-jowl implants give a better, longer-lasting cosmetic result than central chin implants alone, Greg S. Morganroth, M.D., said at the annual Pacific Northwest Dermatological Conference.



Central chin implants provide only frontal projection and can shift over time. The chin-jowl implants, on the other hand, are anchored laterally and are better retained. They can improve the appearance of the anterior mandibular groove (also called the prejowl sulcus) and can be sculpted to help restore facial symmetry in patients with hemifacial atrophy.

"This procedure can be performed solo, or it can be integrated into your neck lipo," said Dr. Morganroth, a dermatologic surgeon in private practice in Mountain View, Calif. "It can be integrated into your facelifts. It makes a huge difference because part of that great facial result is having that nice, sharp jawline."

When combined with a "facial lipolift" (which includes neck and jowl liposuction, a laser peel, and a short-scar facelift), implants can rival the results of a traditional surgical facelift. Unlike a traditional facelift, however, the full implant procedure can be performed in 2-3 hours under local anesthesia and allows patients to return to work in a week.

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DR. MORGANROTH

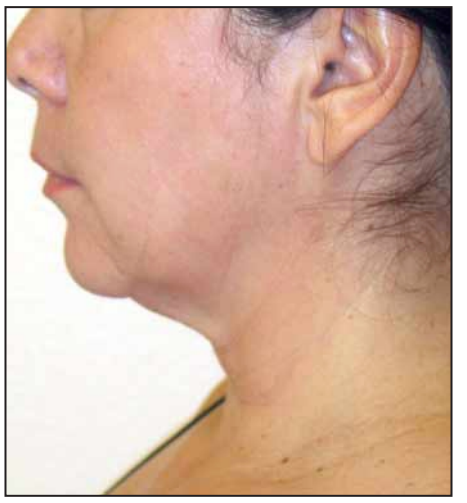
Any patient whose recessed chin is less than 2 cm behind his or her forehead is a candidate for a chin-jowl implant. Patients whose chins are more than 2 cm behind the forehead will more likely require maxillofacial surgery to bring the jaw forward.

The procedure is relatively simple, Dr. Morganroth said at the conference, sponsored by the Washington State Dermatology Association. It requires the same instrument pack a dermatologist would use for the excision of a basal cell carcinoma, with the addition of a Freer elevator. For anesthesia, he performs a mental nerve block followed by five or six injections of 1% lidocaine with 1:100,000 epinephrine into the periosteum along the chin.

The surgery starts with a 1.5- to 2-cm submental incision down to the periosteum that is elevated to allow the creation of pockets on the right and left sides of the mandible. These pockets must extend at least 5.3 cm laterally and must be slightly larger than the implant.

The surgeon then positions the implant along the mandible, checking for symmetrical placement. One or two sutures anchor the central part of the implant to the underlying periosteum so the implant won't shift upward. All that remains then is to suture the periosteal, muscular, subcutaneous, and skin layers.

Dr. Morganroth said that in his hands the procedure is very safe, although all patients experience temporary bruising and swelling. Other potential complications include bone resorption under the implant, slurred speech from swelling in the mentalis muscle, infection, hematoma, and injury to the mental nerve or the marginal mandibular nerve. Asymmetry is also a possibility, as are migration of the implant, hypertrophic scarring, and an overcorrected appearance. ■



Central chin implants provide only frontal projection, making this patient a good candidate for combined implants.

The patient is shown after neck and jowl liposuction combined with a chin-jowl subperiosteal implant.

PHOTOS COURTESY DR. GREG S. MORGANROTH

New Treatment Algorithm Improves Thermage Results

BY KATE JOHNSON
Montreal Bureau

MONT-TREMBLANT, QUE. — A new treatment algorithm for the ThermaCool radiofrequency energy device is producing improved cosmetic results with a reduction in pain and adverse events, Michael Kaminer, M.D., said at a symposium on cutaneous laser surgery sponsored by SkinCare Physicians of Chestnut Hill.

"A year ago we were doing most treatments with one single pass over the face and trying to use as high an energy setting on the machine as our patients could tolerate. The concept was, since we're only going to go over the face once, we should give it as much heat as we could. But it hurt the patients a lot, and it wasn't working that well, so out of necessity we had to rethink this strategy."

Dr. Kaminer, a dermatologist with SkinCare Physicians of Chestnut Hill, Mass., said that he and some of his colleagues discovered the value of performing multiple passes with lower fluences when using ThermaCool (Thermage Inc.). He explained that in the past, roughly 70% of patients had marginal and variable results or did not respond to treatment at all, but the numbers have reversed with the new treatment algorithm; 70% now show good results.

"I call it the Thermage treatment triad—which includes controlling the pain, increasing the number of passes, and lowering the setting on the machine," he said.

With adequate pain control, including a topical anesthetic (LMX 5% lidocaine cream), oral lorazepam (Ativan) 1 mg about an hour beforehand, and then an injection of meperidine (Demerol) about 15 minutes prior to the procedure, Dr. Kaminer said patients can tolerate multiple passes over the face, at a lower setting.

"So we have rapidly moved from one high-energy pass to as many as six and seven passes at very low settings. With the company's new big fast tip, which is a 1.5-cm tip, where we used to use settings ranging from 64 to 65, we now use settings ranging from 62 to 64. And with the older 1-cm tip, where we used to use settings of 75 and 76, we now use settings between 72 and 74," he said.

The added advantage of this approach is that physicians can monitor the effects of the treatment during the procedure.

Dr. Kaminer disclosed that he serves on the board for Thermage. ■