

Plastic Aesthetic Surgery 2017



2nd International Conference on

PLASTIC & AESTHETIC SURGERY

July 27-28, 2017 Vancouver, Canada

Poster

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Technological innovation for body contouring

Alexandre Nunes

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Everyday technology becomes more and more effective treating the body contour. In this study 60 patients were treated with noninvasive technologies. The no invasive technologies used were: The vanquish treatment that has plaques emitting radiofrequency, which causes an intense heating of the fat on the subcutaneous cellular tissue, causing cellular destruction of fat by weakening fat cell walls and apoptosis by death of the cell nucleus. Patients underwent six sessions of vanquish, once per week per area, on abdomen, flank, culottes or arms. The measurement tool of the treated area was the Ibody 770 biopedance device, which measures the fat per segment. A reduction of abdominal, leg or arm circumference loss was observed. There is a significant difference in results, at a statistical significance level of 15% in all variables, which means that the device reduces the measures significantly. There is average reduction of 8.34% v.

Biography

Alexandre Nunes holds a Bachelor's degree in Medicine from Pontifícia Universidade Católica de Campinas (1995). He has specialization in Plastic Surgery from Santa Cecília University-Staffs Ewaldo Bolivar S Pinto/Osvaldo Saldanha (2000). He also has specialization in reconstructive cosmetic surgery for breast pathology from Pérola Byington Hospital (2002). He has internship at the Municipal Hospital Miguel Couto (1997) - General Surgeon and Member of the Brazilian Society of Burn, Plastic Surgeon at the Brazilian School of Surgeons, Member of the International Society for Burn Injuries, Member of the Paulista Medicine Association, Specialist Member of the Brazilian Society of Plastic Surgery Doctor Alexandre Nunes is experienced in minimally invasive procedures such as eyebrow, MIDFACE, video surgery, nose tip lifting, fat graft and a large experience in CO2 Laser - SmartXide2 to face treatments. His differential advantages are top-of-the-range equipment like VASER® LipoSelection improve the benefits of body results. The treatment of buttocks is very common between Brazilians plastic surgeons and Vaser Lipo® improves this results.

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Notes:

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Options in breast reconstruction and plastic surgery in regard to surgeon perceptions and patient acceptance in Saudi Arabia

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In this review article, various preferences in breast plastic surgery particularly after breast cancer will be discussed in view of the diverse indications for the different construction procedures. The various conditions that necessitate the need for reconstruction are appraised; the important reconstructive procedures are discussed. The most important indication procedures discussed in this review include: Prophylactic subcutaneous mastectomy, lumpectomy and radiation, modified mastectomy with axillary sampling, nipple reconstruction, and the contralateral breast. These procedures are discussed in view of plastic surgeon practice and patient's acceptability in Saudi Arabia. Data from Saudi Arabia in particular was identified through searches of the EMBASE, and MEDLINE database, using the keywords: Saudi Arabia, breast plastic surgery, breast reconstruction, autologous breast reconstruction, breast augmentation. Advances in prosthetic technologies and modifications in autologous flap techniques, and the development of novel tissue alternatives have allowed for sustained developments in breast reconstruction results. A variety of attitudes has been accessible for addressing the difficulties that endure after resection of breast cancer in Saudi Arabia. Patients should be educated to accept different process in this context

Biography

Bassam Ahmed Almutlaq is the Secretary – General and a Medical student in Saudi Arabia and Executive Board Member of KALADA Medical Student Association. He is affiliated with University of Hail, Saudi Arabia His interests include cancer research and plastic and reconstructive surgery.

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Accepted Abstracts

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Transcutaneous and transmucosal Serdev sutures for nasal tip refinement, alar base narrowing, and other corrections

Nikolay P Serdev

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The author describes his experience with the transcutaneous Serdev suture techniques in different aesthetic disproportions of the external nose and in secondary cases. Author's needles are specifically designed for these techniques. Rhinoplasty is part of the beautification process. The cosmetic surgeon should be guided by correct nose proportions, angles, and volumes. Proportional nose is one that fits in 1/3 of the face length. Proper volumes are: thin dorsum, thin tip, narrow alar base. The tip of the nose prominence gives volume to the central face and its position should be in harmony with the beauty triangle (projected cheekbones and chin). The tip should be in the line of the cheekbone prominences. The nasal dorsum should be straight or slightly concave. The best angles are: 90° angle at the tip, 110° nasolabial angle, 30° angle of nostrils to columella, 30° dorsum to profile line. The aim of Serdev suture techniques in beautification rhinoplasty is to improve the above-mentioned aesthetic proportions, volumes, and angles of the nose, adapted to the face. Serdev sutures in rhinoplasty include: tip rotation, refinement of the tip, lower and medial thirds and alar base narrowing.

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Scar less transcutaneous suture lifts and/or tissue augmentation on face

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In temporal SMAS lift the galea, presenting the temporal SMAS will be fixed higher to the temporal fascia; in Medial SMAS lift, the SMAS and buccal fat pad will be fixed to the temporal fascia; in the lower SMAS-platysma lift, the cheek SMAS and the platysma will be fixed to the periosteum of the mastoid retro-auricular; in brow lift, the Serdev fascia of the eyebrow will be fixed higher to upper temporal line; in chin enhancement - the chin soft tissue will be fixed in a circular suture and to periosteum; in breast lift the upper breast tissue and fascia will be fixed to the clavicle; in buttock lift, we make a circular suture to obtain a "bouquet" or bunch of the trabecular system and fibrotic soft tissue that we fix to the Serdev fascia each side. In each area, we can use 2 to 4 skin punctures. The most important idea in the upper face is to lift the lateral face temporally (lateral eyebrow, lateral cantus of eyes and mouth). In art and theatre, faces called "mask of tragedy" and "mask of comedy" are well known and used to express age and status. The concept of scar-less suture lift in face is to turn the "mask of tragedy" into a "mask of comedy", i.e. to lift up "the subcutaneous facial mask" – the SMAS. Since soft tissue and skin are attached to the SMAS, the lifting of the SMAS reflects in lifting of the face and its most important elements in the same direction. Structuring and positioning different face elements could be used not only in face ptosis of elderly individuals but also aesthetically wrong face angles could enhance a sad look in young patients. Fixing the SMAS in a higher or different position aims repositioning of other structures as well. Changing the position of the SMAS could restore the aesthetic angles, shape and proportions as a basis for beautification and rejuvenation, to give a happy, youthful appearance and a smiling expression not only to the elderly. With young patients the aim of the "temporal SMAS lift" should be beautification, based on face aesthetics. Usually no dressings are necessary. Photographs before and after of face were taken and profile was created and three fourth of the patients approved the aesthetic result. Sequels are very rare. Attention has been paid not to insert hair into the subdermal tissue. Edema and bruising occur in less than 2%. Less than 1% aesthetic disappointment is due to subjective unsatisfactory effect of lifting angles.

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Different possibilities for reconstruction of the anal-vaginal region after large tumor excision

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The presentation shows different operative possibilities for the reconstruction of the anal- vaginal region after large tumor excision. Some reconstructions are done by VY-gluteus-flap and Gracilis-flaps to reconstruct the inguinal region and the anal area. The different techniques for the reconstruction are presented by pre-, intra- and post-operative pictures including the postoperative outcome. The advantages/disadvantages for each operative procedure will be discussed.

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The novel method for facial lymph drainage dynamic status visualization

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Introduction: The lymphatic system (LS) plays an important role in microcirculation and pathogenesis of inflammation. Preserving lymphatics from iatrogenic damage is important to minimize the post-operative complications rate such as edema, swelling, bad scarring etc. Coetaneous lymphatics are located superficially and vessels have a diameter of 0.2-1.0 mm, lymphatic fluid is colorless and the identification of lymphatic vessels during surgery is a difficult task.

Materials & Methods: To visualize the LS, we used the method of near infrared fluorescence imaging (NIR) with indocyanine green (ICG). In the proposed sites of major lymphatic ducts ICG was injected intra-dermally prior to 72 hours before surgery (dosage: 0.05 mg/0.2 ml per injection site). After the injection ICG binds to albumin and is absorbed by the lymphatic system and can be displayed from the tissue depth of 10-12 mm. Lymphatic duct visualization was possible after 20 min from injection. We performed the same injection technique intra-operative after the 3 following facelift surgeries: 1) SMAS-ectomy, with subcutaneous undermining; 2) SMAS plication, with subcutaneous undermining and 3) SMAS-ectomy with the very limited subcutaneous dissection.

Results: The first 2 types of facelift techniques showed no absorption of ICG by the lymphatic vessels, while during the third one we were able to visualize the existence of lymphatic flow in the medial part of midface (from infraorbital rim to submandibular lymph nodes). In this particular case we can assume that subcutaneous undermining can be the major cause of lymph drainage cessation.

Conclusion: This small pilot study cannot sufficiently indicate how different types of facelifts affect lymphatic drainage and for those reason further researches is needed. In addition, our research challenges the theory that the superficial mobilization of the skin flap during facelift is less harmful for the lymphatic system compared with the deeper (sub-SMAS) dissections.

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Flap reconstruction of rectovaginal and rectourethral fistulas: A 20-years experience

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Background: Rectovaginal and rectourethral fistulas can occur secondary to obstetric complications, cancer and radiation, inflammatory bowel disease, and previous surgery. They are highly distressing to the patient and are often refractory to treatment. Flap reconstruction places vascularized tissue between the apertures, creating separation and aiding in healing. This is particularly useful for complex cases refractory to standard techniques.

Aim: The purpose of this study was to investigate the outcomes of flap reconstruction of rectovaginal and rectourethral fistulas in the setting of complicating comorbidities.

Methods: All patients at all Mayo Clinic hospitals who underwent flap reconstruction of a rectovaginal or rectourethral fistula between January 1995 and December 2014 were identified. Patient demographics, surgical indications, and comorbidities were collected. Operative and postoperative data were also collected, including flap type, length of hospital stay, 30-day complications, recurrences, and follow-up time. Operative success was defined as definitive treatment of the fistula without recurrence within 6 months.

Results: There were 59 patients who underwent 66 reconstructions. The 30-day postoperative complication rate was 59.1% across all patients, primarily consisting of infection (13) and dehiscence (11), with only 1 partial flap loss and no mortality. The 6-month success rate was 51.5% across all patients. Patients with fistula secondary to obstetric complications had significantly lower success rates (11.1%, $p=0.031$). There were no other statistically significant differences in outcomes by etiology, history of radiation, flap type, gender, or history of prior repair attempt.

Conclusions: Flap reconstruction remains a valuable treatment option for complex or refractory rectovaginal, rectourethral, and other GI-to-genitourinary or complex genitourinary-perineal fistulas. Many different flaps, including low-morbidity options such as gracilis and Martius-type flaps, can successfully be used as first-line reconstructive options. Despite an initial success rate of 50%, nearly all cases were able to be repaired after a single additional reconstructive procedure. Patients with GI-to-vaginal fistulas due to obstetric complications had significantly lower success rates.

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Surgical correction of unicoronal synostosis: A new technique

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Although referrals for non-syndromic frontal plagiocephaly have been increased during the past several years, successful surgical repair of unicoronal synostosis (UCS) remains a challenge for craniofacial surgeons. Most surgical techniques followed to correct supraorbital rim elevation and temporal constrictions are being noticed less and often require a secondary revision. But this new technique consists of surgical correction the affected ipsilateral frontal, temporal and superior orbital rim areas in the first operation. From 1995 to 2014 a total of 154 cases of UCS were operated. 91 patients were operated with standard technique while the new technique was applied on 63. All patients were evaluated by Whitaker scoring system after surgery. Data analysis indicates a significant difference between the results of two surgical techniques ($p=0.007$). None of the patients from the new technique group required revision surgery. We believe that our new technique have less invasive osteotomy on the frontal bone and no manipulation of the orbital bone, so provide sufficient bone graft and is applicable even for younger patients (<6 months).

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Volumetric analysis of pharyngeal airway of 141 individuals who underwent orthognathic surgery

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Introduction: Facial deformities (FD) may be defined as defects in the growth and development of the maxilla and mandible. It may affect the function or development of related systems. Orthognathic surgery is the procedure of choice for the treatment of FD and it may affect the pharyngeal airway.

Objective: The aim of this study was to retrospectively evaluate, the changes in the dimensions of the pharyngeal airway space after orthognathic surgery, using a volumetric analysis.

Materials & Methods: Pre and post-operative volumetric and area measurements were done by the use of cone beam computed tomography (CBCT) and Dolphin Imaging 11.7 of 141 individuals who underwent orthognathic surgery. The subjects were divided into 5 groups according to the type of surgery: Group 1: isolated bilateral sagittal split ramus osteotomy (31 individuals); Group 2: isolated intraoral vertical ramus osteotomy (6 individuals), Group 3: Le Fort I osteotomy associated with bilateral sagittal split ramus osteotomy (12 individuals); Group 4: isolated Le Fort I osteotomy (80 individuals); Group 5: Le Fort I osteotomy associated with intraoral vertical ramus osteotomy (12 individuals). The data were analyzed by the ANOVA Test.

Results: In mandibular advancement (Group 1), maxillo/mandibular advancement (Group 3) and maxillary advancement (Group 4), the area and volume of the pharyngeal airway showed statistically significant increase. Group 2 (mandibular setback by IVRO osteotomy) showed no statistically significant decrease in the area and volume of the pharyngeal airway and Group 5 showed no statistically significant increase in all parameters studied, except the nasopharynx which showed decrease not statistically significant.

Conclusion: The pharyngeal airway space after orthognathic surgery will change according to the direction of the movements performed in the jaws.

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Restoration of ulnar nerve palsy hand

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Nasal deformities are synonymous to leprosy and give the cosmetic deformity and breathing problems. The surgeons have tried various bone grafts, fat grafts, full thickness skin grafts, silicon grafts with variable results. We have tried 2nd meta tarsal bone as a graft in moderately depressed nose and local facial flaps to cover the nasal fistula. 107 cases of depressed nose and 81 fistulas were operated during last 30 years. The long-term results of these cases evaluated and the nose shape is found very close to normal. The other cosmetic and functional problems were also satisfactory to the patients. This paper will discuss the long-term results in comparison to other procedures.

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Aptos thread lifting – Methods of twenty-year history: Past, present and future

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Thread lifting methods are described in surgical practice since the fifties. Doctors tried to apply different suture surgical material during surgical lifting for facilitating their work and improving aesthetic results. Unfortunately, no known techniques have taken roots in surgeon's practice till nineties. In 1996, Georgian plastic surgeon and scientist Marlen A Sulamanidze patented and offered application of threads with barbs for lifting and soft tissues shifting for face and body. Sulamanidze offered to name threads with barbs Antiptosis, in abbreviated form Aptos. Long since, in 2001, there were appeared first Aptos threads manufactured in Italy (in common with Assut Europe company), in USA (in common with KMI Inc.), in Russia (by Aptos Ltd.) and in Singapore (Aptos Singapore). Threads received CE-mark, registration certificate in Russia, different certificates in Asian countries and FDA approval for product named Aptos Feather Lift in 2004 in USA. First boom for thread lifting happened in the middle of 2000s in Europe. In spite of different patents having by Dr. Sulamanidze there has been multiple analogues for Aptos threads presented in the market. At that point in time, thread lifting method was too new; doctors did not receive enough information about thread application technique which resulted in large number of complications and consequently negative attitude towards idea itself. Nevertheless, Aptos methods and products have been developed and presented absolutely new, unique, proven by year's products during the second positive wave in the market in 2012. Now, Aptos is presenting 30 different names of the products manufactured from polylactic and caprolac acids and more than 50 different methods for aesthetic problems, solution of soft tissue ptosis of face and body. In spite of multiplicity of methods and products present in the market today, Aptos is leader in thread lifting as it has 20-years of experience in this area. Aptos offers not only the threads, but also methods, approaches to solve different aesthetic problems, training and professional development for specialists, free program in complication cases and the only one of its kind program of free asymmetry correction in patients with facial nerve paresis by thread lifting. Aptos is unique also by the fact that method inventors, owners and the directors of the company are practicing doctors (Plastic Surgeons and Dermatologists) from one family, Sulamanidze family. For them Aptos is considered not as method of earning the money, but as a real child creation born and growing up in their hands. There is no aim of this presentation to promote Aptos methods. The work is directed to present history of thread lifting, description of this direction introduction in aesthetic medicine and what expectations are expected in the future.

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Percutaneous x transcutaneous electrolipolysis: A comparative study in physically active women

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Introduction: Electrolipolysis is a micro-current that acts directly on reducing localized fat, generating a lipolytic action at the level of adipocytes and accumulated lipids. The micro-current application can happen through percutaneous or transcutaneous way. Previous studies showed that the isolated electrolipolise is effective to trigger lipolysis, but the results are more effective if applied to physically active people.

Objective: To compare effects between the two methods of electrolipolysis application in abdominal region in two patients physically active.

Methods: Comparative study of the case involved two women volunteers physically active. The women underwent an abdominal measurement evaluation and photo documentation before and after the intervention, one using percutaneous method and one using transcutaneous method. The intervention lasted five weeks, totaling 10 sessions 2 times weekly, lasting 50 minutes.

Results: Abdominal measurements values found in each participant were recorded in simple tables. The photographic records were used for comparison of before and after. Reduction of abdominal measures was observed in both participants, but the reduction was more significant on the patient that used the percutaneous electrolipolysis.

Conclusion: In this study it was observed that electrolipolysis is effective in reducing localized abdominal fat, but the transcutaneous method showed greater reduction on abdominal measures.

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Primary tendon grafting of flexor tendons injuries in zone II

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Background: Obtaining good functional outcomes after flexor tendon repair in zone II has always become a challenge due to being crowded by the FDP and the two slips of the FDS within a tight fibroosseous tunnel, thus increasing the possibility of postoperative adhesions. Methods of primary flexor tendon repair are continuously being modified still today. For achieving better results, primary flexor tendon grafting was suggested as new approach for flexor tendon repair in zone II.

Methods: This study was conducted on 24 patients (30 digits) with primary tendon grafting which was done using palmaris tendon. Tendon graft interposition was done for FDP and FPL tendons distally, in zone I and proximally, in zone III and zone V for (respectively) bypassing zone II. FDS cut ends was done in situ in zone II. Modified Kleinert technique was chosen for rehabilitation and adjusted Strickland system for evaluation of TAM. Follow up of the ROM was extended up to six months postoperatively.

Results: Results described recovery of motion in 93.3% of cases. Excellent to good results account for 66.6% at 12 weeks postoperatively and 70% at 6 months postoperatively. Complications incidence was 19.2 % in the form of tendon rupture (6.7%) and superficial wound infection (12.5 %).

Conclusions: Results of this study revealed that primary flexor tendon grafting could be a competitive approach for flexor tendon injuries in zone II.

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Follicular unit transplant (FUT) versus follicular unit extraction (FUE)- A comparative study from patient's and surgeon's perspective

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Background: Hair transplantation has evolved from Punch Hair Transplant by Dr. Orentreich in 1950s to Follicular Unit Hair Transplant (FUT) of 1990s and the very recent Follicular Unit Extraction (FUE) technique. For today FUT and FUE both are the modern methods of hair transplantation with amazing results and minimal complications. Both techniques are described and compared in this literature based on patient's and surgeon's experience.

Method: In this case report, we performed 38 hair transplants both with FUT and FUE 19 each in last 14 months. We gathered data based on a face-to-face questionnaire with 38 patients and 4 surgeons as per their opinion and experience about the procedure. In this literature, we will also discuss both techniques, limitations, indications and contraindications.

Results: The ease and comfort experienced by the patient who underwent FUE was better than with FUT; however the surgeons preferred FUT over FUE.

Conclusion: There is no standard technique which could be considered gold standard, it rather depends on case selection and skills and experience of surgeons, for mild to moderate hair loss. FUE is the future for extensive hair loss. FUT or FUT with FUE is preferred.

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Bedsore revitalization by- laser therapy (low level laser: LED -Ga-Al-As, 660 nm)

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Background: In 1967 a few years after the first working laser was invented, Endre Mester in Semmelweis University Budapest, Hungary wanted to find out if laser might cause cancer. He took some mice, shaved the hair off their backs, divided them into two groups and gave a laser treatment with a low powered ruby laser to one group. They did not get cancer and to his surprise the hair on the treated group grew back more quickly than the untreated group. That was how "laser bio-stimulation" effects were discovered.

Purpose of the Work: The effects of pulsed monochromatic light, with fixed pulsations and wavelengths, on the healing of pressure ulcers were evaluated in this prospective, randomized and controlled study.

Method: A placebo-controlled, double-blind study using low level laser therapy (LLLT) was performed in 10 patients with bedsore on the back. Treatment was given three times a week for 10 weeks, using monochromatic (red) optical sources; diode 660 nm (Ga-Al-660). The patients who were randomized to placebo treatment received sham therapy from an identical-appearing light source from the same delivery system.

Results: Ten patients with bedsore were randomized to receive LLLT or placebo therapy. After the study, the percentage of the initial ulcer area remaining unhealed in the LLLT and placebo groups was 24.4% and 84.7%, respectively ($P=0.0008$). The decrease in ulcer area (compared to baseline) observed in the LLLT and placebo groups was 193.0 mm² and 14.7 mm², respectively ($P=0.0002$). One patient dropped out of the study, complaining of lack of treatment efficacy; he was found to be randomized to the placebo group. There were no adverse effects.

Conclusions: In this placebo-controlled, double-blind study LLLT was an effective modality for the treatment of bedsore which were resistant to conventional medical management. The results are encouraging as pulsed monochromatic light increased healing rate and shortened healing time. This will positively affect the quality of life in elderly patients with pressure ulcers.

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Craniopagus parasiticus: Parasitic head protuberant from temporal area of cranium- A case report**Getachew Desta, Wassihun Nega, Meku Damtie, Yonas Girma and Mengistu Hailemariam**
Bahir Dar University, Ethiopia

Background: Craniopagus parasiticus is a rare medical case and the case here is a unique one unlike other cases reported from different literature. The head of parasitic twins is protruding from the temporal area of cranium. Parasitic head had two deformed lower limbs; one is too rudimentary attached to the mass; long bones of bilateral lower limbs and some pelvic bones. After dissection of the mass, the intestine was seen but no chest organs and other abdominal organs: There is also rudimentary labium but no vaginal opening.

Case Presentation: A 38-years-old multigravida (Gravida V para IV) women from Amhara ethnicity referred from rural health center to Referral Hospital due to prolonged second state of labor at 42+1 weeks. Upon arrival she had contraction, term sized gravid uterus, and fetal heart beat was 112. On digital pelvic examination the cervix was fully dilated, station of the head was high and the pulsating umbilical cord coming in front of the presenting part with ruptured membrane but in the vaginal canal. The team decided to perform emergency cesarean section and then a live female infant weighing 4200 g was delivered. The placenta was single and normal. The APGAR scores were 7 and 9 at 1 and 5 min, respectively. The infant appeared to be grossly normal except the parasitic co-twin attached at the cranium. The neonate was investigated with the available investigations (CBC, X-Ray, Doppler Ultrasound) and Pediatric side consultation was made. After a week of counselling and investigations, successful separation operation was done. During post-operative time the neonate comfortably suckling on breasts and no neurological deficit. The details of the Surgery, Post-operative condition and subsequent follow up will be discussed during the conference.

Conclusion: The possible etiologies of craniopagus parasiticus were still unknown due to a rarity of cases. Doctors, Genetic-Scientists, Epidemiologists and Researchers continue to investigate this case as the reasons that could give clue to birth defect and to provide answer for better prognosis of cases and improved the life chances of the twins. This case will have some input in the effort to know the etiology and pathogenesis of this new born.

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Optimizing the results in breast augmentation**Mohamed Albadawy**
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The mammary gland forms one of the most attractive areas of the female anatomy. Proper positioning of the nipple areola complex (NAC) during breast augmentation is very important particularly if mammary atrophy is associated with ptosis. For patients with grade (3) and most of the patients with grade (2) breast ptosis, Mastopexy is required in addition to augmentation. Patients with mammary atrophy alone or with grade (1) and grade (2) (NAC within 3 cm from infra mammary fold) ptosis can be managed with breast augmentation and five patients were managed by breast augmentation Mastopexy alone. Twenty patients were managed with breast augmentation alone. The results were good with only 2 cases with hematomas and one case with bad scarring. The overall patient satisfaction rate was 95%.

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Thread lifting methods: Practical advices and techniques

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Introduction: In recent years, thread lifting methods are more frequently applied in practice of specialists in dermatology and aesthetic surgery. As of today, dozen and even hundreds of different threads and methods are there for face and body rejuvenation. Frequently, the companies not even trouble themselves to teach the doctors offering them to purchase the products- threads not even thinking about any possible consequences.

Materials & Methods: Advices offered by author are based on thread lifting method application by group of the doctors for 20 years. There were researched results of different methods and procedures performed on more than 300 patients for evaluation of given techniques effectiveness. During many years the technique of thread placing subcutaneously has been modified for more safe and effective methods application.

Results: As a result of longstanding work, we succeeded to gather all the features and details of threads application for face and body rejuvenation, to differentiate and to structure thread lifting process and to offer our colleague's practical advices and techniques in order to achieve the best results with application of majority of threads presented in the market.

Discussion & Conclusion: Aim of presented work is to increase safety level of thread lifting application, to lighten doctor's work and to increase quality of derivable results as well.

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Restoration of the facial deformities (depressed nose and nasal fistulae) in leprosy

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The claw hand is an outcome of ulnar nerve injury. This result both functional and cosmetic problems to the affected person. We have tried to reconstruct this hand by giving additional motor support to metacarpophalangeal joint by transferring the FDS muscle. We also used the palmaris longus. Extensor carpi radialis longus muscles in various patients to reconstruct the claw hand deformities. I will discuss the merits and demerits of various motor units related to the functions and the cosmetic appearance.

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Does patient's positioning during measurements makes differences in subsequent oncoplastic breast surgery?

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Background: The confidently growing outcomes following Oncoplastic Surgery has revealed several advantages to breast reconstructive approach, comprising precise preoperative assessment.

Objective: The objective of the present study was to assess the influence of patient's positioning (standing or sitting) on breast measurements.

Methodology: A total of 250 women who were undergoing breast screening or breast cosmetic amendment were included. Breast measurements were performed in two positions (standing and sitting).

Results: All variables were significantly correlated and only left sternal notch Inframammary Fold (IMF), showed lower significant than others.

Conclusion: A proper measurement can give the patients excellent cosmetic surgery. Accurate measurement can be achieved by calculating the mean of both positioning (standing and sitting).

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Septum-based superomedial pedicle reduction mammoplasty

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Introduction: Elizabeth Wuringer et al., in 1998 described the horizontal breast septum which attaches the nipple areola complex (NAC) to the 5th rib and conveys the neurovascular supply to the nipple. We report a technique of superomedial pedicle reduction mammoplasty based on the Wuringer's septum.

Aim of the Work: To evaluate the safety and efficacy of septum-based technique in superomedial pedicle reduction mammoplasty

Patients & Methods: This study included 20 patents with breast hypertrophy requesting reduction mammoplasty in Tanta University Hospitals. Dissection of the pedicle was done with preservation of the breast septum and its medial ligament and the base of lateral ligament, so preserving blood supply and nerve supply to nipple-areola complex.

Results: None of our patients developed postoperative nipple-areola necrosis or decrease in nipple sensation. Good breast size and shape and patient satisfaction was achieved.

Conclusion: This technique is safe and improves the blood supply and nerve supply to the NAC and provides the surgeon with freedom on resection and shaping of the breast with minimal complications.

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Evaluation of facial scar improvement by autologous fat graft injection

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Background: Autologous fat injection widely used in plastic surgery not just for filling the defect, but also for the improvement of scars, this effect of autologous fat may originate from variable contents of adult stem cells and varieties of growth factors in the lipo-aspirate.

Objective: The objective of the study is to show the effect of autologous fat graft injection on improvement of facial scar.

Method: Twenty patients with 32 facial scars, submitted to be treated by autologous fat injection, between April of 2015 and March of 2016 in Plastic Department of Burn Center Hospital in Sulaimaniyah were included in the study. Preoperative and postoperative follow up included use of Patient and Observer Scar Assessment Scale (POSAS) and Photo documentation in first, third and sixth months.

Results: During six months of follow up, refinement of scar was achieved in all cases, with satisfaction of both patients, observers and all scores of POSAS was significantly improved, for instance; pliability and stiffness, itching and so on.

Conclusion: Autologous fat graft is not a foreign material. It is easily achievable and the procedure is minimally invasive. It is a very good way to remove scars on face, mainly burn scar. Bigger sample and more follow up time are necessary to delineate the exact effective of autologous fat graft injection on scar.

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Upper eyelid lifting-correcting ptosis of the Infra-Brow skin

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The author presents hers and Dr. Pimentel's experience with their personal technique named "Ascending Upper Blepharoplasty" – used in the initial cases, to correct ptosis of the orbital rim skin (sub-eyebrow skin) over the upper eyelid, a frequent occurrence after an upper blepharoplasty performed without a concomitant facial lifting. The technique can be used to correct "fatty eye", a consequence of a lateral retro-orbicularis oculi fat (Roof) excess in the upper eyelids, and four more conditions can be treated with good results. The author makes a brief historical report about the blepharoplasty, describes the technique and presents some results. The access way for this procedure is a sub-eyebrow zigzag incision that can be used for frontal procedures, for corrugator supercilii muscles resection and for primary blepharoplasties. The described surgery starts a zigzag or W sub-eyebrow incision followed by a subcutaneous undermining and orbicularis muscle incisions to treat the fat pads and roof excesses, to ascend the eyelid's lateral corner and to resect skin excess making a true upper eyelid lifting. The technique has been published in the Brazilian Plastic Surgery Society's magazine in 2006 and has been presented in the following congresses/meetings: Vegas Cosmetic Surgery, Las Vegas, USA, 2016; ISAPS – International Society of Plastic Surgery, California, USA, 2010; American-Brazilian Meeting, Park City, Utah, USA, 2009 and Plastic surgery congress, QMP, Chicago, Illinois, USA, 2007.

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