



LIP REDUCTION SURGERY IN UPPER LIP (REDUCTION CHEILOPLASTY)

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Abstract

Macrocheilia is a condition where there is increased in size of the lip. Lip size interrupts the balance of the facial features. When lips are larger than average, this can interfere with eating and speaking as well as attract unwanted attention, causing patients to be self-conscious. A 20- year old male presented in our opd with the history of broad lips. He requested for lip reduction surgery having seen such procedure on the internet. The condition was not associated with any other disease and the patient was healthy. Cheiloplasty involves removing skin tissues from the lower or upper lips or sometimes both. This is done to reshape the entire lip area. After removing the targeted tissue, the incision is closed with absorbable sutures. In our case we did Brazilian lip reduction procedure which focuses on slimming down only one of the lips. Cheiloplasty is not free from complications. Common complications are infection, scarring, severe swelling, bleeding and allergic reaction to anaesthesia.

Key Word- Macrocheilia, Cheiloplasty, Lip, Scarring, Swelling.

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Received – 12/11/2021

Revised- 15/12/2021

Accepted – 20/12/2021

INTRODUCTION

Lip enhancement is the mainstay of the minimally invasive portion of most cosmetic facial surgery practices, but not all patients seeking cosmetic lip enhancement desire bigger lips. A certain

percentage of the population seeks cosmetic consultation for lip reduction,

How to Cite this Article- Aggarwal R., Mannan A., Chaudhary D., Lip Reduction Surgery In Upper Lip (Reduction Cheiloplasty). *TUJ. Homo & Medi. Sci.* 2021;4(4):116-119.

And the cosmetic facial surgeon should be versed in this treatment option as well. Macrocheilia is a condition where there is increased in size of the lip. Lip size interrupts the balance of the facial features. When lips are larger than average, this can interfere with eating and speaking as well as attract unwanted attention, causing patients to be self-conscious. The upper lip and area around the mouth heavily influenced our perceived age.¹ Cheiloplasty can be performed to address a number of concerns, including thick lip caused by genetics, revision of a previous lip augmentation and correction of a congenital defect, excess tissue following recovery from an injury or undue exposure of the wet vermilion.²

CASE REPORT

A 20- year- old male presented in our opd with the history of broad lips. (Figure 01) He requested for lip reduction surgery having seen such procedure on the internet. The condition was not associated with any other disease and the patient was healthy.

Preoperative evaluation was done which involves discussing the procedure and anaesthesia, and completing the informed consent process and patient was also made understand regarding post operative swelling which may last from 1

to 3 weeks. Patient was given a prescription for Amoxicillin 500 mg to be taken the day before surgery and for the first 5 days post operatively.

The patient was asked to purse his or her lips for marking the patient's lip i.e., very important for making a proper incision line, and the marking was made before the application of local anaesthesia which might cause a temporary swelling and in relax position. (Figure 02) The basic principle is to make markings at posterior to the wet/dry line as this will be the anterior extent of the incision, as well as the position of the suture line and final scar, placing this too far may lead to visible scar and removal of excess of lip tissue. The lip midlines are also marked with a vertical hash mark to assist in symmetric wound closure at the end of the procedure. The incision does go into the "corner of the mouth." (Figure 03) Because the lips are so vascular, laser along with scalpel or scissors are used to dissect. (Figure 04) Both of these modalities provide simultaneous incision and hemostasis. After surgical excision of excess tissue, the wound was closed with resorbable suture. (Figure 05) 3 months follow up showed marked reduction of upper lip and the patient was satisfied with the result. (Figure 06)

DISCUSSION

There are some medical conditions that cause drooling, poor speech, labial incompetence or other challenges, like low self-esteem and social anxiety that a lip reduction can help to improve.³ According to the American Society of Plastic Surgeons, overly large lips could also result from dentofacial deformities, generalized thickening of all tissues, lymphomatous infiltration, inflammatory infiltration, glandular hypertrophy, hemangiomas, infection and trauma.⁴ In many cases, a lip reduction procedure can help to normalize or restore proper oral function.⁵ The best candidates for a cheiloplasty are those who are in general good health, have realistic expectations of their outcome and wish to decrease their lip size, similarly like our case. Different procedures have been advocated for cheiloplasty which could be surgical and non-surgical. Cheiloplasty involves removing skin tissues from the lower or upper lips or sometimes both. This is done to reshape the entire lip area.⁶ After removing the targeted tissue, the incision is closed with absorbable sutures. In our case we did Brazilian lip reduction procedure which focuses on slimming down only one of the lips.⁷ Cheiloplasty is not free from complications. Common complications are infection, scarring,

severe swelling, bleeding and allergic reaction to anaesthesia.⁶ postoperatively, application of cold packs may occur.

CONCLUSION

Cheiloplasty helps to enhance the overall facial appearance by bringing balance to the upper and lower lips. A strong understanding of the anatomical and aesthetic shades of the lips will allow for enhancement of conventional reconstructive or cosmetic procedures to optimize functional and aesthetic outcomes.



Figure 01



Figure 02



Figure 03



Figure 04



Figure 05

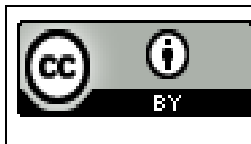


Figure 06

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Conflict of Interest: None**Source of Support: Nil**

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