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Dermofat Graft for Profileplasty

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Abstract. The use of the dermofat graft is recommended to correct the microgenia in the treatment of profileplasty with or without rhinoplasty. The technique is described and the advantages over inclusions of bone and cartilage grafts are enumerated. Attention is called to the tolerance and long-lasting results. Some cases are presented.

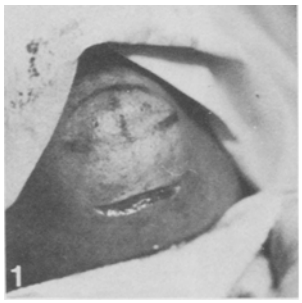
Key words: Dermofat graft — Microgenia — Profileplasty — Rhinoplasty

The objective of this article is to propose the method of dermofat grafts to correct some microgenias, alone or accompanied by a rhinoplasty.

This procedure arose through comments by Dr. Jose Viñas of Argentina in 1972 and from the personal experience of the author in handling dermofat grafts as published in the Bulletin of the Argentine Society of Surgeons in 1948.

Surgical Technique

The approach may be made either through the skin or the mucosa. The first possibility is preferable, making the incision in the lower chin region (Fig. 1). The oral route through the gingivolabial crease (Fig. 2) may result in contamination and reabsorption or drainage of the graft. Using the skin approach, the soft tissues are dissected above the periosteum of the chin area, disclosing at times a fibrous medial band which must be sectioned. The lower edge of the incision is further dissected after freeing a few centimetes of the neighboring neck skin and removing, if necessary, the subcutaneous tissue in this area (Fig. 3). This last procedure can be performed by liposuction. The skin of the neck is advanced and fixed with catgut sutures to avoid the downward displacement of the dermofat graft (Fig. 4).



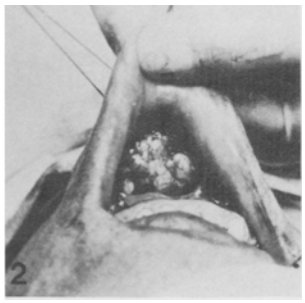


Fig. 1. Incision in lower chin. **Fig. 2.** Oral route.

The graft is taken from the lower abdominal region or mons, handling the tissues very carefully to preclude compression of the adipose tissue (Fig. 5). The graft is fixed with a pair of temporary sutures attaching it to the chin pocket (Fig. 6).

Comments

The dermis facilitates handling of the adipose graft, which, if poorly managed, becomes infected or easily reabsorbed. Comparing the dermofat grafts with the rigid inclusions (acrylic, silastic) and with bone or cartilage grafts one can safely say that the dermofat grafts in microgenias have the following advantages:

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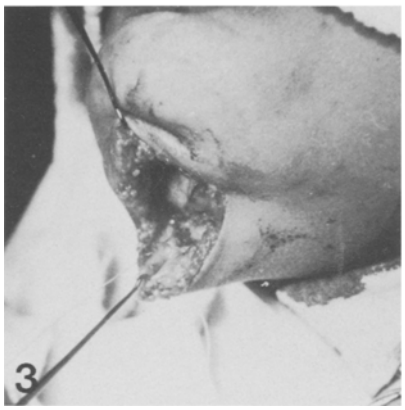
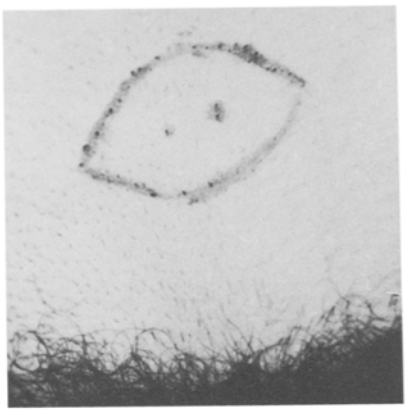
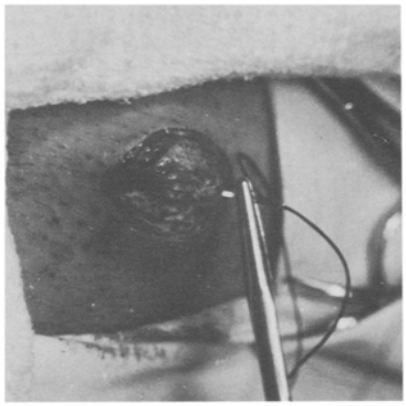


Fig. 3. Removal of subcutaneous tissue. **Fig. 4.** Catgut sutures to avoid displacement of dermofat graft





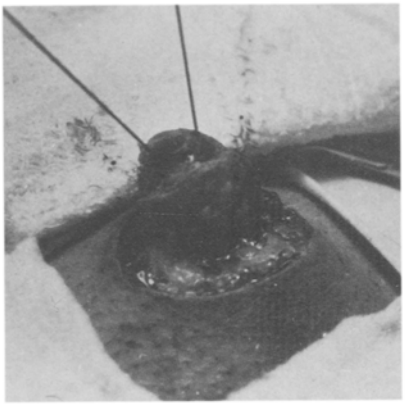
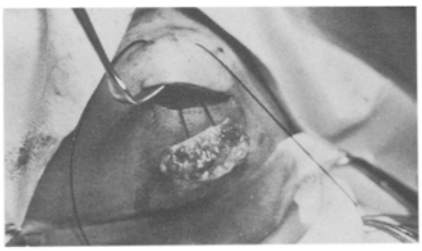
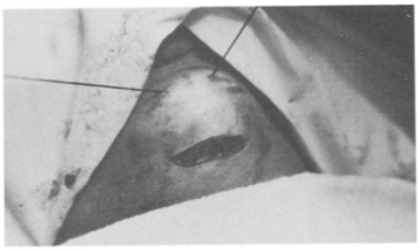


Fig. 5. Graft is taken from lower abdominal area and handled very carefully





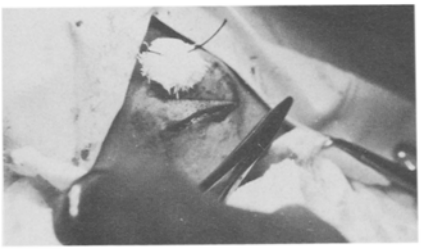


Fig. 6. The graft is fixed with temporary sutures

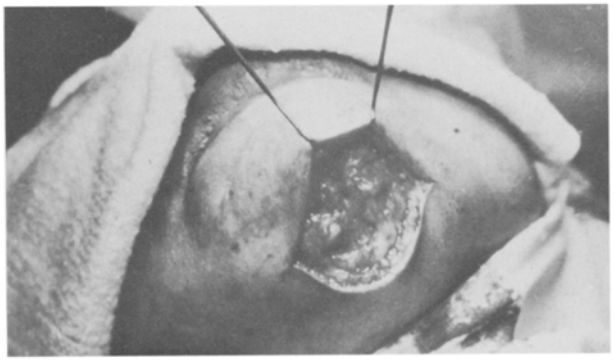


Fig. 7. Appearance of the adipose tissue one year after grafting. The graft was bulky and needed partial removal

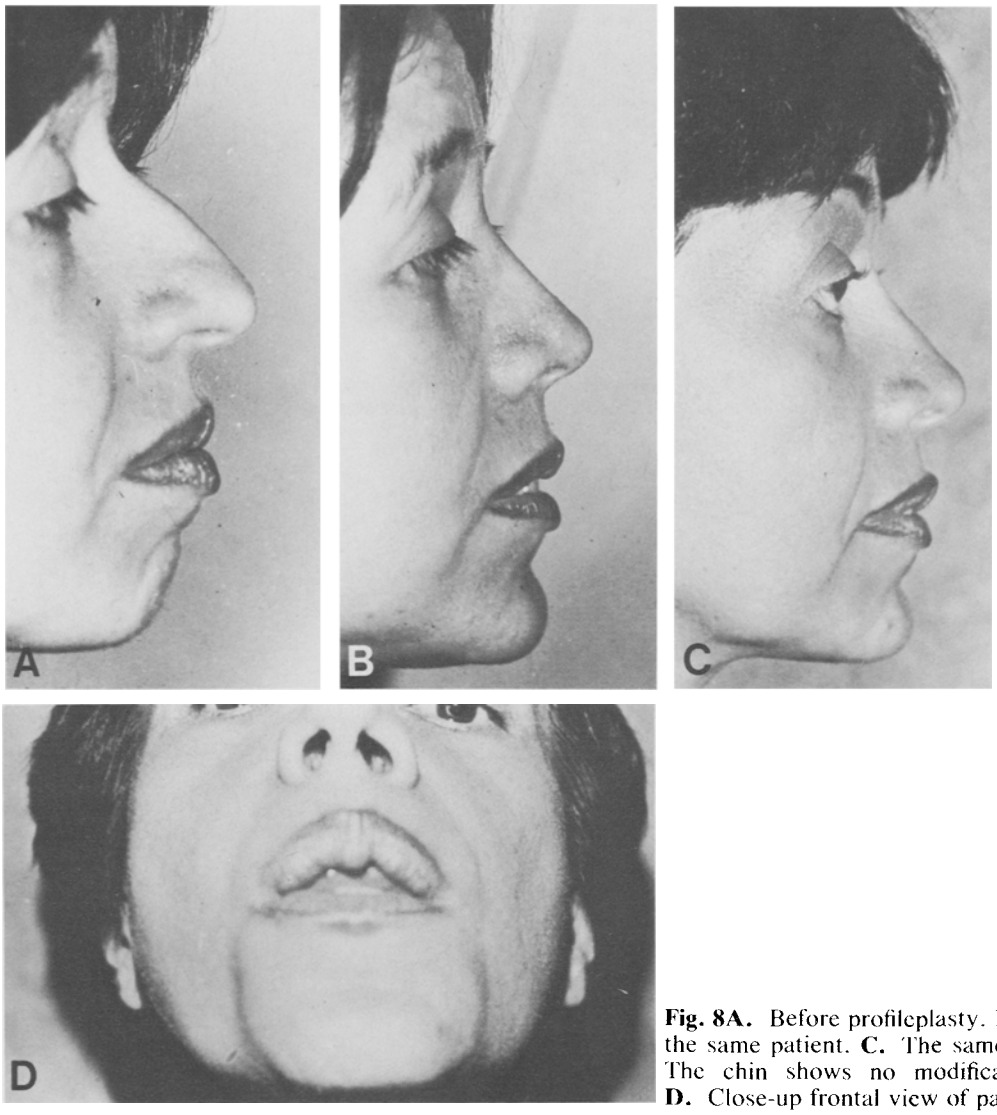


Fig. 8A. Before profileplasty. **B.** Postoperative view of the same patient. **C.** The same patient five years later. The chin shows no modification in shape or size. **D.** Close-up frontal view of patient in C

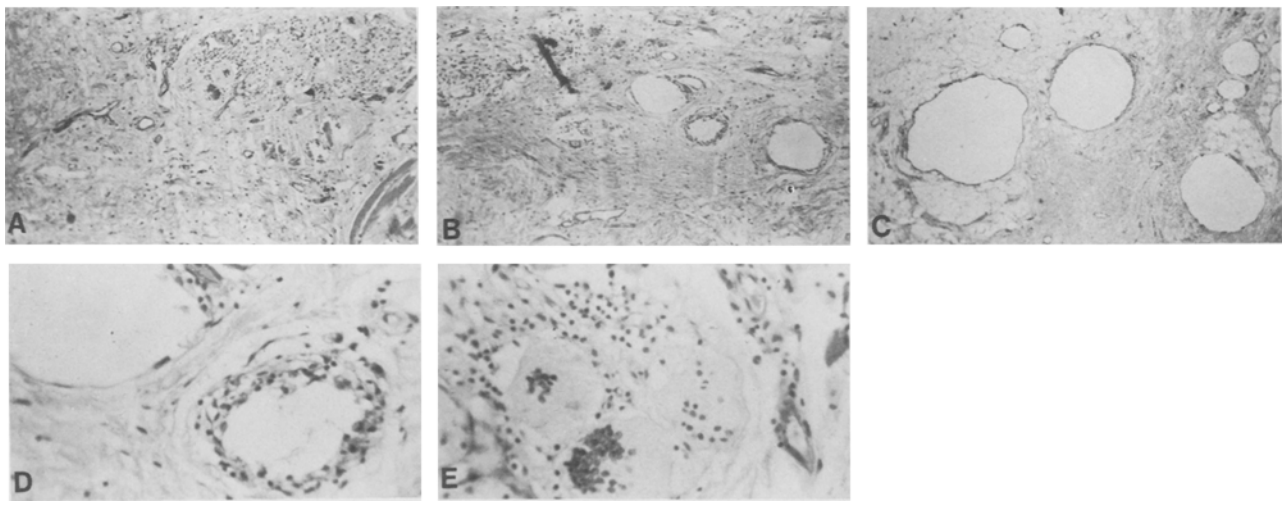


Fig. 9A. Inflammatory reaction between the fibrous changes (×2.5). **B.** Detail of spaces corresponding to necrotic fat dissolved by reactives (×2.5). **C.** Detail of cystosteatonecrosis in the middle of the fibrous tissue response (×10). **D.** Detail of giant cell response to foreign body type surrounding the lesion (×40). **E.** Inflammatory reaction: Mononuclear cells infiltrate, lymphocytes, and multinucleated cells (×40)

1. They reproduce the adipose cushion, which in some degree is normally found between the skin and the chin (Fig. 7).
2. They are well tolerated and almost never reabsorbed. Figure 8 illustrates a dermofat graft that has not changed in shape or size after 5 years.
3. They undergo a partial fatty necrosis and replacement by fibrous tissue (Fig. 9), but they maintain the semi-soft consistency of the tissue that is normally found in front of the chin bone.
4. They do not have the inconveniences of the capsule that is formed around the rigid prosthesis.