

Temporalis Grafts Help Reduce Glabellar Furrows

BY ROBERT FINN
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SAN DIEGO — Temporalis grafts, performed at the same time as endoscopic brow lifts, can reduce residual glabellar furrows, Allan E. Wulc, M.D., said at the annual meeting of the American Academy of Cosmetic Surgery.

Of the 78 patients who received such grafts and who were followed for 6 months to 3 years, 100% were judged by an independent observer to be "improved," and in 80% the results were "good."

A total of 20% of the patients still had some residual furrowing, and 22.5% returned for Botox (botulinum toxin type A) treatments, said Dr. Wulc, an ophthalmologist and plastic surgeon in private practice in Abington, Pa.

In contrast, Dr. Wulc estimated that 48% of his patients who underwent technically successful endoscopic brow lifting without additional temporalis grafts required further Botox treatments for glabellar furrows.

The procedure involves first harvesting temporalis fascia at the temporal incision site for the endoscopic brow lift. After incisions in two

Almost half of the patients who had endoscopic brow lifting without additional temporalis grafts needed further Botox treatments for glabellar furrows.

locations with a No. 11 blade, Dr. Wulc explained that he subcises the glabellar furrow with an 18-gauge needle.

Early in his development of this procedure, Dr. Wulc discovered that simply entering with the 18-

gauge needle and subcising without the prior incisions can result in a depressed scar.

After the subcision, Dr. Wulc inserts the graft with a 0.3-mm or 0.5-mm Castroviejo forceps. Then he said he puts in a single 6-0 Prolene suture to control scarring. He then removes the suture 1-2 days later.

A dermis graft works as well as a temporalis graft, he said, especially when the procedure is done separately from an endoscopic brow lift.

Dr. Wulc cautioned that it is important to harvest dermis from a non-hair-bearing area of the patient's body or the patients will start growing hair under their skin.

Another possibility is that the surgeon can use filler material instead of the temporalis graft. "I think that the way [subcision] works is by denuding the underlying dermis from its attachment," thereby preventing muscular readhesion, Dr. Wulc said.

"The temporalis functions as a useful spacer, and the dermal-subdermal pocket is filled. It's possible that you could use a filler . . . and maybe get the same effect

without going to the trouble of getting a temporalis graft. On the other hand, I'm there [at the temporalis for the endoscopic brow lift], so it's an easy thing to do at the same time."

Among the 78 patients, 7 reportedly complained of palpable lumps, and 1 patient had an infection that required antibiotics. ■



Bilateral brow ptosis is shown at baseline and 6 months after endoscopic brow lifting with subcision of glabellar furrows and insertion of temporalis grafts.
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