International Conference on
Plastic & Cosmetic Surgery
&
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Dermatopathology & Skin Care

August 31- September 01, 2018
Toronto,Canada

Scientific Tracks & Abstracts

DAY 1

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Modified subcutaneous buried horizontal mattress suture compared with a vertical buried mattress suture

Fanjun Meng
Shandong University Hospital, China

Background: Wound tension reduction is still a challenge to surgeons. Over the years, many techniques have been proposed to avoid this issue. In this paper, we present a new suture technique.

Objectives: To investigate the tension-reduction effectiveness of the modified subcutaneous buried horizontal mattress suture compared with the vertical buried mattress suture technique.

Methods: Two suture techniques, the vertical buried mattress suture (group A) and the modified subcutaneous buried horizontal mattress suture (group B), were performed on paired samples of symmetrical skin flaps. An equal pulling force was applied to each paired sutured flap, and the dehiscences of the samples in the two groups were compared. Then, after the periodic mechanical pulling force was recorded, the dehiscences were compared again.

Results: The dehiscences of the vertical buried mattress suture samples (group A) were much wider Than their corresponding samples. Modified subcutaneous buried horizontal mattress suture samples (group B) remained well closed with no or minimal dehiscence, under various situations.

Biography

Fanjun Meng has his expertise in plastic and reconstructive surgery. The Modified Subcutaneous Buried Horizontal Mattress Suture he proposed in the paper is a new technique to close the tensioned wound. In vitro study and clinic practice, it is proved to be an efficient technique to reduce the tension of the wound and to prevent scarring postoperation of the large skin lesion excision.

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Functional outcome and complications of robot-assisted free flap oropharyngeal reconstruction

Chih-Sheng Lai, I-Chen Chen, Shih-An Liu ,Yen-Wei Chen, Chen-Te Lu and **Jung-Hsing Yen**
Taichung Veterans General Hospital, Taiwan

Purpose: The purpose of this study was to assess the outcomes of robotic-assisted oropharyngeal reconstruction comparison with conventional free flap reconstruction. The robotic surgical system provides a clear, magnified, 3-dimensional (3D) view as well as a precise and stable instrumental movement, which minimizes many technical difficulties that may be encountered in the surgical treatment of oropharyngeal tumors.

Materials and Methods: A retrospective review of consecutive patients who underwent reconstructive operations using free radial forearm fasciocutaneous flap for oropharyngeal defects over a 20-month period (May 2013 to December 2014). The primary predictor variable was method of reconstruction (conventional versus robot-assisted). Outcome measures were postoperative complication rates, revision rates, and postoperative functional outcomes.

Results: The study sample consisted of 47 subjects who underwent reconstructive operations using free radial forearm fasciocutaneous flap for oropharyngeal defects (33 conventional and 14 robot-assisted reconstructions). Complication rates between the conventional and robot-assisted groups were similar for flap failure, partial necrosis, wound infections, hematoma or seroma formation, wound dehiscence, and fistula formation. The revision requiring additional operation was comparable between the two cohorts. The functional outcomes postoperatively of robot-assisted reconstructions are better than conventional reconstructions as demonstrated by the Functional Intraoral Glasgow Scale scores.

Conclusion: There is no significant difference in complication and revision rates between conventional versus robot-assisted oropharyngeal reconstructions. The application of a robotic surgical system seems to be a safe option with better oral function postoperatively in the free flap reconstruction of oropharyngeal defects without lip or mandible splitting.

Biography

He is an attending plastic surgeon at Taichung Veterans General Hospital, Taiwan. He has more than 10 years of experience as plastic surgeon and specializes in wound treatment and reconstructive surgery. He obtained medical degree from Chung Shan Medical University. He has also authored many research publications and is an active member of many surgery societies as Taiwan Society of Plastic Surgery, Member of Taiwan Society for Surgery of the Hand, Member of Taiwan Society for Reconstructive Microsurgery.

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Microsurgical flow-through flaps for reconstruction of volar tissue defect of fingers

Chao Chen
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Background: Composite tissue defect of the volar surfaces of fingers are frequently associated with digital vessel damage. Different reconstructive methods were used for such injuries, like digital artery flap from adjacent finger, A-A typed flow-through venous flap, or vein graft combined with a regional flap. Flow-through glabrous flaps can provide esthetic tissue coverage as well as revascularization.

Methods: Between June 2010 and April 2017, we prospectively studied the use of Microsurgical flow-through glabrous flaps to achieve simultaneously digital revascularization and soft tissue coverage in 20 fingers of 17 patients who experienced volar injuries, comprising 7 great toe fibular flaps, 4 medial plantar flaps, 2 pedismedialis flap, 3 hypothenar flaps and 4 thenar flaps. The nerve passing through the great toe fibular flap or medial plantar flap was used to repair digital nerve defects.

Results: All flaps survived completely. During a mean follow-up period of 13.6 months, the majority recovered excellent appearance and function. The flaps had the characteristics of normal finger volar skin: hairless, with similar texture and color. The sensation of finger pulp which repaired with neurovascular flap gained satisfactory recovery.

Conclusions: Glabrous flow-through flaps provide excellent reconstruction for fingers with volar injuries associated with digital vessel damage. The great toe fibular flap and the medial plantar flap are reliable and useful options for complicated finger injuries associated with digital vessel and nerve injuries. Flow-through thenar flap is our first choice if the patient denied to harvest flap from foot.

Biography

Chao Chen is an attending doctor in Department of Hand and Foot Surgery of Shandong Provincial Hospital affiliated to Shandong University. He graduated from Shandong University, School of Medicine and got a master degree of orthopedic in 2012. He got a PhD degree of Clinical Anatomy at Southern Medical University in 2015, and his major research subject during PhD's study is microsurgical anatomy, which dramatically improves his level of microsurgery. Chen has been a microsurgeon since he finished orthopedic training in 2014. His department is one of the most famous microsurgical centers in China, and he got good microsurgical training with a guide of Professor Zengtao Wang and Dr Liwen Hao. His specialties including hand surgery, limb replantation, thumb and finger esthetic reconstruction, vascularized tissue transplantation. He can successfully anastomose small vessel with caliber of 0.2 mm. He has performed over 150 super microsurgeries (including fingertip replantation and mini-flap transplantation) and has total success rate more than 90%. Of all his more than 100 vascularized tissue transplantation surgeries, only one case failed.

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Low-dose γ-irradiation may increase the adhesion strength of lyophilized skin xenograft

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Background: Human cadaveric skin grafts are considered as the "gold standard" for temporary wound coverage because they provide a more conductive environment for natural wound healing. Lyophilization, packing, and terminal sterilization with gamma-ray can facilitate the application of cadaveric split-thickness skin grafts but may alter the adhesion properties of the grafts. In a pilot study, we found that 500 grays (Gy) gamma-irradiation (γ-irradiation) seemed not to reduce the adherence between the grafts and wound beds.

Aim and Objectives: We conducted this experiment to compare the adherence of lyophilized, 500-Gy-γ-irradiated skin grafts to that of lyophilized, non-irradiated grafts.

Materials and Methods: Pairs of wounds were created over the backs of 12 Sprague Dawley rats. Pairs of "lyophilized, 500-Gy-γ-irradiated" and "lyophilized, non-irradiated" cadaveric split-thickness skin grafts were fixed to the wound beds. The adhesion strength between the grafts and the wound beds were measured and compared.

Results: On post-skin-graft day 7 and day 10, the adhesion strength of γ-irradiated grafts was greater than that of the non-irradiated grafts.

Conclusion: Because lyophilized cadaveric skin grafts can be vascularized and the collagen of its dermal component can be remodeled after grafting, the superior adhesion strength of 500-Gy-γ-irradiated grafts can be explained by the collagen changes from irradiation.

Biography

Trained by the National Defense Medical Center of Taiwan, Lin-Gwei Wei is the only plastic surgeon in a countryside, 690-bed, military, teaching hospital, while he also works part-time in another medical center with his mentor Professor Hsian-Jenn Wang. The busy schedules of surgeries do not suppress Dr Wei's curiosity about the mysteries of the human body, and he tries to work out some difficult clinical challenges with researches. Currently, he participates in the complex "bank of artificial skin" development program of Professor Wang, in a clinical trial of wound-healing enhancing gel, and in an electromyographically-controlled prosthetic limb development program. He hopes that his wide interests in burn care, acute and chronic wound care, trauma care, local- and free-flap surgeries can eventually do some good to researchers and to the people, just like what he has done in his clinical practice.

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Experience of ten year's with a conically shaped implant: Breaking the paradigm

Paulo Renato de Paula
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Introduction: Breast implants are often used for the reconstructive and cosmetic purpose, for pure augmentation or associated with mastopexy, demonstrating low morbidity and a reduced number of complications. These procedures demonstrated a significant improvement in the quality of life, like individual/social well-being, self-confidence, and favorable psychological consequences. The innumerable options of breast implants and their variants in the market allow us to offer more specific results for each of breast/thorax and patient wish, with a high degree of satisfaction. The most common implants used are the round or anatomical shape.

Objective: The present study aims to demonstrate a conical breast shape implant. A device model with different angle, shape, and projection and can be a great option.

Method: It is a descriptive and retrospective 10 years' study with the use of breast implants with a conical shape, then use it and a study with patients' satisfaction's degree with these models.

Results: A total of 1182 implants (591 patients) were used during the study period, of which 552 implants (276 patients) were the conical shape (46.7%), all with polyurethane coating, in pre-pectoral (retroglandular/retrofascial) location in 92.2%. Inframammary access was used in 84.6%. The mean volume was 250,65 and mean age was 32 years. The follow-up time ranged from 6 to 120 months, with an average of 78.5 months. Small complications occurred in 3% (small dehiscence, asymmetry, aestrias, hypertrophic scar). Only two contractures (unilateral) cases after 5 years and no extrusion happened. A questionnaire was carried out to evaluate the degree of satisfaction. 85.3% responded and of these, 96.5% declared themselves very satisfied and satisfied with the implant profile and 3.5% were not satisfied. There was no case of dissatisfaction.

Conclusion: Cone-shaped implants are an excellent option in the surgical arsenal of breast implants according to the patient's desire and correct indication, with few complications and a high degree of satisfaction.

Biography

Paulo Renato de Paula has completed his Plastic Surgery training in 1995 from Prof. Pitanguy's plastic Surgery Program; his M.Sc. at the age of 35 years from Federal University of Rio de Janeiro and his PhD at the age of 51 years from Federal University of Goias. He is an Adjunct Professor and Head Chief of Plastic Surgery Unit at School of Medicine–Federal University of Goias. He is a Supervisor of Residency Program and Internship in Plastic Surgery of the University. He has 12 book's Chapter (including International book as author and co-author), 12 papers as an author and co-author and 32 studies in meetings as author and co-author (presented or e-poster).

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8 years' experience of Mohs micrographic surgery in an Ecuador Center

Anahi Ponton de Katz
Hospital Metropolitano, Ecuador

Introduction: The non-melanoma skin cancer accounts for 95% of all skin cancer. Although various treatment modalities are available, the most frequently used option is surgical excision. Here, we evaluate the efficacy of Mohs micrographic surgery for the treatment of non-melanoma skin cancer.

Material and methods: A retrospective review of all cases of non-melanoma carcinoma treated with Mohs micrographic surgery between July 2010 and May 2018 was performed using patient records from Hospital Metropolitano of Quito, the unique Mohs micrographic surgery Center of Ecuador.

Results: A total of 169 non melanoma skin cancer cases treated with Mohs micrographic surgery were identified; 50.5% were in women and 49.5% in men. The mean age of the patients was 70.7 years (range 35 –100 years). The histologic type of the tumor was basocelular carcinoma in 80.7% of cases and in 97% of cases the tumor was located on the head or neck. Ten percent of the tumors were recurrent following previous treatment. A mean of 1.57 Mohs stages were used, with a mean of 2.05 sections. The mean size of the initial defect was 0.75cm^2 and the mean final defect was 2.05cm^2. The ratio of initial tumor size to final defect was estimated at 1.02cm^2. Over a mean follow-up of 39 months, there were 2 cases of tumor recurrence (1.1%).

Conclusion: In our experience, Mohs micrographic surgery is effective for the treatment of high-risk non-melanoma skin carcinoma.

Biography

Anahi Ponton de Katz is a Dermatologist who completed a fellowship in Mohs Micrographic Surgery at Hospital Italiano de Buenos Aires in 2010. She was professor of Dermatolgy at the Medicine School of Pontificia Universidad Católica del Ecuador till 2013. She has published 5 papers in reputed journals and has been the autor of a chapter of the book Dermatología en Medicina Interna in 2009.

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Cherubism: A case report and review of literature

Ahmed Fathi Alomar
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Cherubism is a rare hereditary fibro-osseous lesion characterized by painless expansion of jaws in childhood and is known to regress without treatment after puberty. Cherubism is a familial disease and presents an autosomal dominant trait with 100% penetrance in males and 50–70% penetrance in females. Cherubism is not a common disease. Recent genetic studies revealed that Cherubism is a genetically mediated disorder. Usually, Cherubism appears between two to five years. We present a case report of familial cherubism in a 20-year-old female patient.

Biography

Ahmed Alomar was born in 1984 completed his medical degree from Egypt in 2007. He completed master in oral maxillofacial surgery from Cairo University (2011) and German board in implantology. He completed PhD in 2014. At present he is an assistant consultant in King Khaled University hospital in Riyadh.

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Laura Bamford, Surgery Curr Res 2018, Volume 8
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Reconstruction of a periorbital defect with radial forearm free flap following necrotising fasciitis

Laura Bamford
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Introduction: A 43-year-old male presented with a 2-day history of increased pain and swelling around his right periorbital region following a small abrasion to his eyebrow. On presentation, necrotizing fasciitis was clinically diagnosed. Two-stage debridement involved the extensive sacrifice of extensive soft tissues including orbicularis oculi and levator muscles and eyelids, the globe was spared.

Reconstruction: The reconstructive challenge included separate coverage of the eyelid and minimizing bulk to the surrounding periorbital region. This case was jointly managed with the Oculoplastic Surgeons. Previously documented reconstruction with myofascial free flaps has led to unwieldy flaps with aesthetically poor results. To maximize the aesthetic result skin grafts from the upper arm were grafted to the eyelids and were then completely covered with a 10x7cm soft tissue radial forearm free flap (RFFF) utilizing cephalic venous drainage. This was anastomosed to the facial vessels. Secondary surgery was performed 8 weeks later involving division of the flap, uncovering the skin graft and debulking to provide contour.

Conclusion: In this unusual case, composite reconstructive approaches were combined to overcome a unique challenge. This is the first described case of using RFFF for reconstruction of the periorbital region following such extensive tissue loss, whilst maintaining the function of the eye following necrotizing fasciitis. The RFFF provided excellent short and long-term reconstruction. It protected the eyelid skin grafts and matched the facial contours well. Division of the flap following the establishment of the collateral blood supply was straightforward and well tolerated. We would recommend its consideration for facial defect consideration once the acute infection is cleared.

Biography

I graduated from the University of Leeds, UK, with BChD in Dental Surgery. I am currently enjoying my second year as a Senior House Officer (or Core Trainee 2) in the Oral and Maxillofacial Surgery unit at York Teaching Hospital NHS FT. I am deputy editor of the Patient Safety Matters Staff Bulletin for the hospital. Prior to this I worked briefly as a Work Psychologist as I hold both a BSc and MSc in Psychology. It is my intention to compete a third SHO year before returning to university to study medicine, to embark on a career as a Maxillofacial surgeon.

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Expanded bi-pedicled "sleeve" flap for reconstruction of the upper extremity after large circumferential nevus excision in children

Yair Shachar
Hadassah University Medical Center, Israel

Background: Large congenital melanocytic nevi entail significant medical and cosmetic ramifications for patients and families. Reconstruction is a challenging endeavor, especially when the lesion is present on the limbs. The literature describes various methods by which a plastic surgeon can address reconstruction; yet, to date, there has been no series describing a method that provides consistent results with low complication rates.In this study, we describe our surgical technique for reconstruction of the upper extremity after excision of large circumferential CNM with a pre-expanded bi-pedicled flap, namely the "sleeve" flap.

Methods: A systematic review of our database of pediatric patients treated for large and giant nevi was performed. Patients with large and giant circumferential upper extremity nevi were retrieved, and their charts reviewed for demographics, number of procedures performed, duration of follow-up, and complications.

Results: Over a course of 12 years, eight patients with large or giant circumferential nevi of the upper extremity were treated at our institution with "sleeve" flap reconstruction. Mean follow-up time was 36 months. A single complication was seen. All reconstructions achieved satisfactory results, both functionally and cosmetically.

Discussion: We describe our surgical approach for treating upper extremity large and giant circumferential nevi with pre-expanded bi-pedicled "sleeve" flaps. When properly planned and executed, this technique enables successful treatment of large and giant nevi of the arm and the forearm. Although arduous and complex, the process yields excellent aesthetic results with low complication rates. This technique is promising as the reconstructive option of choice for these difficult lesions.

Biography

Shachar is the chief resident at Hadassah Medical center plastic and reconstructive surgery. Working under the supervision of Prof Alexander Margulis, the department has become a reference center in Israel for pediatric plastic surgery. Our chief expertise is pediatric tissue expansion for congenital and acquired deformities. As such, we perform more than a hundred cases of reconstructions for congenital melanocytic nevi annually.

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Classification and morphological variation of the frontalis muscle and implications on the clinical practice

Sherine S Raveendran, L Ion and **DJ Anthony**
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Forehead aesthetics is an imperative element in the rejuvenation process of the face. Restoration of the upper facial aesthetics facilitates to counteract the changes related to the aging process. The interaction between the frontalis and its antagonist's muscles contribute to the overall aesthetic balance of the forehead. In this study, we evaluated the gross anatomy of the frontalis and classified the muscle according to the morphological appearance. Twenty-six cadavers of Caucasian and South East Asian origin were dissected. The frontalis muscle was dissected without mobilization and the gross anatomy and variations were analyzed on the backdrop of gender and ethnicity. Our dissection studies revealed three main variations of the muscle based on the extent of interdigitation between the two bellies in the midline. The average length of the muscle is 10.9 cm in males and 9.1cm in females. The width of the muscle in females was 6.5 cm at the base and 4 cm at the insertion and 5.8cm at the base and 4.4cm at the insertion in males. In six specimens, the muscle attached only up to the medial two-thirds of the eyebrows. This was predominantly observed in the Caucasians cadavers and may contribute the constitutional downward slanting eyebrows in some individuals. This study provides a comprehensive analysis and classification of the frontalis muscle. Understanding the morphological variation of the muscle helps to amend the clinical application accordingly. Clinical evaluation of the patterns of decussation of the frontalis muscle may assist with non-surgical interventions using botulinum toxin.

Biography

Raveendran is a Plastic, Reconstructive and Aesthetic surgeon with a special interest in burns and clefts. She was board certified as a specialist in Sri Lanka, continued her training in Plastic & Reconstructive surgery in the United Kingdom, and was successful in the Fellowship examination by the Royal College of Surgeons of Edinburgh and the European Board of Plastic surgical examination. She worked in many of the prestigious hospitals in the United Kingdom. She received her Master's degree in Aesthetic Surgery from Queen Mary University, London and was trained in cosmetic surgery in the UK. She had an excellent academic record and won awards and medals during her training. She has published many scientific articles and authored book chapters in the field of Plastic and Aesthetic surgery. She has presented at several international meetings and is an invited reviewer for scientific journals. After practicing in the surgical field for more than a decade, She established Toronto Medical Aesthetics, an institute that provides advanced medical aesthetic procedures in the province of Ontario.

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Update in an alar base reduction in rhinoplasty

Leila Freire Rego Lima
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Purpose of review: The purpose of this article is to further e xplore the techniques available for alar base reduction by a recent review in this topic, focusing on the current advances in the field, in a clear and readable format.

Recent findings: Among the numerous techniques available, the management of cases with wide nasal base and alar flaring remains limited to three options: cinching sutures to pull in the alae together; or to use alar base excisions that remove tissue from the alar lobule to decrease flare and from inside the nostril to decrease width; and flap advancement.

Summary: Surgical modification of the nasal base is not a routine part of rhinoplasty and should be performed in a conservative manner to prevent complications like nasal stenosis. Moreover, this maneuver should always be the last one in rhinoplasty, as alar base modifications cannot be properly assessed until all other steps have been carried out.

Biography

Leila Freire Rego Lima, ENT doctor, Facial Plastic Surgeon, Chief preceptor of the Jurado Institute of Post-graduation in Facial Plastic Surgery-Sao Paulo, Brazil.

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Recognizing sensitivity before it occurs

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There are a recent influx and increase in sensitivity being seen amongst clients when they come to have a lash procedure done. This recent increase denotes an underlying sensitivity existing prior to the lash process rather than from the lash process itself. The research performed was to recognize sensitivity before it occurs around the eye area including all parameters around the orbital area along with studying the change in the skin tissue. As of 2004 licensed professionals in the Lash, industry have been attaching PBT fibers (aka lash extensions) on Celia's hairs in the margins of the eyelid with tweezers in a bonding method using cyanoacrylate adhesive. Since 2004, licensed professionals have been witnessing and reporting increases in clients having major reactions to the PBT fibers and adhesive, so we looked into the matter further. What was found was a heightened number of clients already with or contracting pre-existing sensitivities due to environmental factors, cosmetic procedures, topical prescriptions, OTC products, skin treatments as well as cosmetics. It was believed at first that the reactions were strictly a response to the PBT fibers and/adhesives, however, based on our observations and reports, it appears to be a deeper issue is going on. Rather it appears that this is just a secondary reaction or an increased susceptibility to the reaction, but the real issue is the underlying increase in sensitives. Based on the findings of our observations we have established two main goals: The first goal is to educate the lash and cosmetology industry to provide those professions with the tools to be able to identify by examining the skin tissue with the naked eye if someone has a pre-existing sensitivity or someone in a reactive stage before the immune system goes into high alert causing an allergic reaction. The second goal is to achieve unity between the Lash Artists and Physicians, so that Lash Artists, who are seeing clients daily, and typically on a bi-weekly routine, will be able to recognize(not diagnose) conditions, stop any further damage by not performing lash services on a client that is already reactive or had a reaction, or worse, but rather to properly refer to a physician immediately so the condition can be properly addressed and not worsened preventing any lash process in the future.

Biography

Ellie Malmin a true entrepreneur, celebrating her 40th year in the beauty industry. Ellie Malmin is a licensed Cosmetologist and an Electrologist. Ellie was active as a Makeup Judge during the 80's and 90's. Currently, she enjoys being an International Judge in the Lash Industry. She is actively teaching and mentoring students in her Lash Brow Makeup Academy. She is a co-founder of Anushka Spa, Salon & Cosmedical Center in West Palm Beach Fl. Malmin is on several Advisory Boards throughout the industry. She is the author of several training manuals and has developed training programs for numerous beauty manufactures and lash companies. Ellie is also an ongoing contributing editor for Dermascope Magazine and Senior Journalist for Lash Inc., a National Public Speaker and Educator. Her newest co-venture with a leading Board-Certified Optometrist is an online CE continuing course Eye and Lash Health Institute at eyeandlashhealthinstitute.com. Malmin is currently educating on recognizing sensitivity before it occurs. Malmin has recently released her Award Winning Lashologist Choice™ Barrier Cream which is the most innovative product to hit the lash industry dealing with limiting exposure to eyelash adhesive molecules that settle on the skin causing irritation.

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Strategies for a successful rhinoplasty

Guillermina Ramirez Orozco
Sociedad Mexicana de Rinologia y Cirugia Plastica Facial A C, Mexico

Rhinoplasty is one of the most common procedures in facial surgery, and due to the delicate and complicated structure of the nose, it is also among the most difficult to carry out successfully. It involves a precise balance between shaping cartilage, bone, and soft tissue. However, those are not the only factors that affect the final result and even the convalescence of a patient. The surgical team organization, anesthesia and the methods used to handle all the tissues involved during the procedure are critical to the outcome. Post-surgery, the healing and tissue contracture may persist for up to a year (some authors would even say two years). Since the nose is the most prominent feature of the face, the skills and experience of the surgeon are extremely important in achieving success. Both the novice surgeon as well as the more experienced one must take care of key aspects of the surgery to successfully achieve both the functional and aesthetic objectives for the patient. Each case has its own challenges and requires a careful evaluation of the deformity preoperatively, and a clear understanding of the techniques available and most appropriate for correction. Every surgical operation is prone to complications. The only way to avoid the risk of such complications would be to not operate in the first place. A successful surgery requires a sequenced plan of action, together with a meticulous, uncompromising execution of the whole surgical event that gives protection to the surgical event.

Biography

Guillermina Ramirez Orozco has her expertise and experience in complete evaluation of the nose; and bases her medical practice taking a holistic view of the patient. She sees the nose not only as a part of the respiratory tract but also as the center of the facial beauty; her surgical techniques ensure the patient adequate respiratory function in addition to seek a permanent aesthetic harmony. Never sacrifices the function by the beauty. Guillermina has been a professor of Otolaryngology and Rhinology in Benemerita Universidad Autonoma de Puebla and in the Universidad Popular Autonoma de Puebla for several years. She worked for public and private institutions for over 15 years, and has collaborated with the "Manual para el Examen Nacional de Residencias Medicas" a book edited by Benemerita Universidad Autonoma de Puebla. Her interests include teaching, Neuro-linguistic Programming, emotional intelligence, as well as accelerated learning techniques for all ages.

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International eye lash techniques and durability of eyelash extension

Renata Rosamilia
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Eyelash extensions are utilized to improve the length, curliness, and thickness of common eyelashes. The extensions can be made using different materials including mink, synthetic, or horse hair. The principle technique for applying the augmentations on is by utilizing a sticky paste to independently adhering them to the eyelashes one-by-one. This is to keep the eyelashes from staying together. False eyelashes and eyelash extensions are not the same. Eyelash extensions must be long lasting as people find it difficult to change these frequently. Also lashshampoo are expensive and the clients have a fear to loose the eyelashes they do not tend to wash them often. It is important to know the right conditions to store the adhesive for efficient results.

Biography

Renata Rosamilia is a lash stylist in Stuttgart, Germany. At present she is CEO of Lashomilia, Germany. She is also a trainer, and international Speaker.

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The importance of safe practice in eyelash extensions

Jessika Aude Gautier
Star Lashes World, Canada
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The importance of safe practice in eyelash extensions: When you think about eyelash extensions, you automatically think of beauty & appearances. But just like any other care, there are certain safety rules that come with it. As a lash artist, making sure the area you're working on is safe & healthy is the number one priority. In fact, it should be the number one priority for any care. Every lash artist should be familiar with the anatomy of the eye and with all the different diseases that could affect the eyes. There are many ways to notice and to prevent potential problems. You should educate your clients on proper aftercare. It is also of the utmost importance to be well educated about adhesives.

Biography

Jessika Aude Gautier is a Lash Master and an International Lash trainer, speaker, and judge from Montreal. Not only is she a Senior Editor at Lash inc., but she's the Founder and CEO of World Beauty University, the first online beauty University. She's also the Founder and CEO of Star Lashes World, which ships lash & microblading supplies worldwide. Jessika Aude Gautier owns Star Lashes Training Center in Montreal, Star Lashes Hollywood & Star Lashes Palm Beach. She's an amazing trainer who has trained over 500 technicians. Well known for her fanning techniques and color mapping technique, Ms Gautier is extremely committed to safe practices in lash artistry.

Her work has been published in Lash-Ed, Voyage Miami Magazine, Lash Inc., & many more.

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Young Research Forum

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Introducing the pectoral perforator flap based on the pectoral branch of thoracoacromial axis: Cadaveric dissection and clinical application for head and neck reconstruction

Badamutlang Dympep, TM Balakrishnan, and **J Jaganmohan**
Madras Medical College and Rajiv Gandhi Government General Hospital, India

Background: Despite the popularity of microvascular surgery, the pedicled Pectoralis Major Myocutaneous flap continues to be the workhorse for head and neck reconstruction. This is a large, bulky flap recruiting unnecessary tissues. Thinning of the flap is difficult. With the advent of perforator propeller flap, the pectoral axis of the thoracoacromial stem is explored so that a super thin flap can be used for head and neck reconstruction. In this study, we are demonstrating that it is possible to harvest such a thin flap based on the pectoral axis of thoracoacromial stem for the more aesthetic reconstruction of head and neck defects.

Aim: Cadaveric injection and dissection study to establish the feasibility of harvesting the pectoral perforator flap with clinical application in head and neck reconstruction. The aim of the clinical study was to assess the outcome of pectoralis perforator flap for head and neck reconstruction.

Materials and methods: 60 specimens in 30 preserved cadavers were examined after dye injection. Diluted red lead oxide injected into the axillary artery and methylene blue injected into veins. After 24 hours overnight refrigeration, dissection was done the next day. A small paddle of skin was marked on the inferior-medial aspect of the chest. The perforator was identified from the pectoral branch of pectoralis major. Peri-perforator dissection was carried out by splitting the muscle fibers vertically into the source vessel on the sub-epimysial plane of pectoralis major until a long pedicle is obtained. The author had performed 10 cases of head and neck reconstruction using the pectoral perforator flap.

Observation and results: We have shown the feasibility of perforator dissection and how to harvest a pectoral perforator flap for interpolation into the head and neck defects.

Conclusion: The pedicled pectoral perforator flap is an added tool in the armamentarium of plastic surgeons dealing with head and neck reconstruction.

Biography

Badamutlang Dympep is a Ist year Resident at the Department of Plastic Surgery. She hails from the remote North-Eastern part of India where there is limited medical accessibility. Under the training of Professor J Jaganmohan and the faculty of MMC, Chennai, she hopes to bring world-class health care to the people in the remote areas, especially in Plastic and reconstructive surgery. Newer and improved methods of reconstructive surgery are conceived out of the vast experience in Plastic Surgery by the faculty in MMC. Through this conference, she will share their research work.

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Managing infected seromas: An evaluation of efficacy and cost

Alyss V Robinson, Howard Peach, Faisal Ali and **Donald J Dewar**
University of Leeds, United Kingdom

Statement of the Problem: Seromas are a common and unavoidable complication following surgery on a lymph node basin, abdominoplasty and other aesthetic procedures and can pose a threat to successful wound healing. Patients usually present after subsequent infection, requiring prompt intervention and often re-admission. However, there is no consensus as to how to best manage an infected seroma.

Methodology and Theoretical Orientation: This retrospective study identified patients with infected seroma following lymphadenectomy for melanoma at a single institution for over 12 years. Details on subsequent readmission were examined, including management, length of inpatient stay, time to discharge from intervention, subsequent complications and follow-up.

Findings: Currently, 65 cases of infected seroma have been identified and reviewed. Infected seroma followed SLNB in 26 (40%) cases, CLND in 28 (43%) cases and TLND in 8 (12.3%) cases. Ten (15.4%) cases were managed with intravenous (IV) antibiotics alone, 15 (23%) with ultrasound-guided (US) aspiration and IV antibiotics, 29 (44.6%) with immediate formal incision and drainage with IV antibiotics, and 11 (16.9%) cases underwent a delayed incision and drainage. Immediate formal incision and drainage were associated with a shorter hospital stay compared to IV antibiotics or US-guided aspiration (3 days versus 6 and 5 days respectively), however, this was not statistically significant (p=0.390). Surgical incision and drainage led to a faster discharge (2 days from procedure versus 5 days, p=0.021). Following discharge, patients also required fewer follow-up appointments (mean 2.2 versus 2.9 and 3.1 respectively, p=0.035). However, initial cost analysis indicates a surgical approach is more expensive than a conservative approach (£2,731 versus £1,992), which needs to be assessed further.

Conclusion and Significance: More evidence is required, however, there may be meaningful differences in the approaches to managing an infected seroma in terms of efficacy and cost. Once complete, these findings may be applicable to seromas following a number of different reconstructive and aesthetic procedures.

Biography

Alyss Vaughan Robinson is a fourth-year undergraduate medical student at The University of Leeds, United Kingdom. She has spent the last three years furthering an interest in Plastic Surgery through a Masters project on biomarkers in malignant melanoma, and with this current cohort study evaluating the management of infected seroma. Robinson has previously presented work both nationally, at the British Association of Plastic Reconstructive and Aesthetic Surgery and Melanoma FOCUS Meetings, and internationally at the International Pigment Cell Conference in Denver, USA and at the 16th Congress of the European Association of Dermato Oncology in Athens, Greece. She aims to continue academic work in both Plastic Surgery and other interests such as Oncology alongside a future career in medicine.

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Redefining landsmeer ligament: The anatomical and histological study in a High Volume Hand Center, India

Badamutlang Dympep, TM Balakrishnan and **J Jaganmohan**
Madras Medical College and Rajiv Gandhi Government General Hospital, India

Background: The Oblique Retinacular and Transverse Retinacular ligaments defined by Landsmeer play a significant role in synchronizing the movements of the two distal phalanges of the fingers. However, the anatomy, function, presence and clinical applications of these two ligaments remain obscured till date.

Methodology: Anatomical dissection was conducted on 100 cadaveric fingers in 42 cadavers (28 fresh specimens and remaining preserved specimen) under loupe magnification. The whole dorsal digital expansion with attached fibrous flexor sheath was dissected and the specimen was examined. The dimension, course, attachment, and configuration were noted in each specimen. The statistical mean was obtained for thickness, using a caliper at the level of Mid Proximal phalanx, Volar to Proximal Inter-Phalangeal (PIP) joint and Dorsal to Distal Inter-Phalangeal (DIP) joint.

Results: The Oblique Retinacular ligament is deep to the Transverse Retinacular ligament. It has got a check rein effect at PIP joint, such a way that extension of PIP joint causes extension of DIP joint. It criss-crosses volar to the A3 pulley of fibrous flexor sheath and forms a good hammock for the PIP joint. This criss-crossing is in contrast to the classical finding of Landsmeer. This article also describes the variation in configuration of Landsmeer ligament among various fingers. It is never absent as reported by several studies.

Conclusion: Our study wipes out the controversy that "ORL is absent in 20% of cases in little finger". It is present in all little fingers dissected. Contrary to the classical description of Landsmeer, which say "No criss-crossing", we found out that there is criss-cross in all fingers volar to A3 pulley and deep to Transverse Retinacular Ligament. And finally, Transverse Retinacular ligament is also present in all fingers.

Biography

Badamutlang Dympep is a Ist year Resident at the Department of Plastic Surgery. She hails from the remote North-Eastern part of India where there is limited medical accessibility. Under the training of Professor J Jaganmohan and the faculty of MMC, Chennai, she hopes to bring world-class health care to the people in the remote areas, especially in Plastic and reconstructive surgery. Newer and improved methods of reconstructive surgery are conceived out of the vast experience in Plastic Surgery by the faculty in MMC. Through this conference, she will share their research work.

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B-Raf analysis on a spectrum of melanocytic neoplasms: An epidemiological study across differing ultra-violet regions

Ibrahim Khalifeh
American University of Beirut Medical Center, Lebanon

Background: B-Raf mutation has been linked to the development of melanocytic tumors inhomogeneous Caucasian cohorts. The role of solar UV radiation (UVR) in B-Raf mutation status is poorly understood. We studied the epidemiology of B-Raf mutation across a spectrum of melanocytic neoplasms in populations with differing UVR rates.

Design: Extended testing for 9 mutation types was attempted in 600 melanocytic neoplasms including banal nevi (n=225), dysplastic nevi (n=113), primary (n=172) and metastatic melanomas (n=90). Specimens were collected from 4 countries with increasing UVR rates (kJ/m2/yr): Syria (N=45; UVR=93.5), Lebanon (N=225; UVR=110), Pakistan (N=122; UVR=128) and Saudi Arabia (N=208; UVR=139). UVR was estimated as 21-year averages from The National Center for Atmospheric Research database.

Results: Overall BRAF mutation rate was 49% (268/545) and differed significantly by geographic location [34 % Pakistan, 49% Lebanon, 67% Syria and 54% Saudi Arabia (=0.001)], neoplasm type (<0.001) and anatomic location (<0.001) but not with age (=0.07) and gender (=1.0). V600E was the predominant type in 96.3% of the cases. The incidence of melanoma was significantly greater in B-Raf negative (77.6%) vs. B-Raf positive (27.6%) groups. For B-Raf positive, less severe lesions were systematically more frequent (P<0.001). Multivariate analysis indicated that B-Raf mutation is predicted by neoplasm type, anatomic and geographic locations.

Conclusion: In our Near East cohort, B-Raf mutation rates varied by geographic location but not based on UVR. B-Raf positive status was associated with less severe lesions

Biography

After earning his MD from Damascus Medical School in 1999, Ibrahim Khalifeh completed a surgery internship (2000-2001) and pathology residency (2001-2002) at the American University of Beirut Medical Center. In 2002, he left for the USA where he did four years of training in Pathology and Laboratory Medicine at Wayne State University in Detroit (2002-2006), Oncologic Pathology and Cytopathology fellowships at MD Anderson Cancer Center (2006-2008), then he joined the University of Alabama where he completed one year of fellowship in Dermatopathology (2008-2009). Khalifeh is a diplomat of the American Board of Anatomic and Clinical Pathology, Cytopathology and Dermatopathology. He joined the Department of Pathology and Laboratory medicine at AUBMC in 2009 as an assistant professor. He has been involved in multiple projects related to cutaneous leishmania, melanoma, dysplastic nevi and BRA.

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Notes:

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Nuisance of complexion lightening ads

Asma Tariq
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A case series of 12 patients is documented; 4 males and 8 females with mean age of 23 years (range 13 to 38 years). These presented to the Out-Patient Department of Dermatology, DHQ Hospital, Faisalabad during the month of November 2013. The main complaint was a spontaneous development of erythema, telangiectasias, acne-form eruption, burning, photosensitivity, pigmentary changes and thinning of the skin. The face was predominately involved followed by hands, neck, and even feet. On detailed scrutiny, it was disclosed that they were in habit of using different whitening/skin lightening creams available in the market. They were using these alone and/or after mixing these with moderate to potent steroids. These preparations were either self-prescribed on seeing commercials on print and electronic media or were advised by some friends, family member, beauticians, local quacks or even by their physicians. These individuals were motivated/thrilled for fair complexion by every-day advertisements/commercials endorsing that fair is lovely and white skin tone is the key towards personal and professional successes. Teenagers were particularly much overwhelmed by this discriminating message conveyed by excellently filmed television commercials and it was very difficult to stop their craving for skin lightening creams. It is high time and need of the day that these sorts of commercials and advertisements may be banned as has been done with tobacco smoking so to save our youngsters from inferiority complex and to pacify their urge for fair complexion.

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High intensity targeted fractional CO^2 laser ablation of acne scars

Kalsoom Jawaid
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Introduction: Treatment of acne scars in the pigmented skin has always been challenging, for which many of the procedures have been tried, among them, the most advanced technique now is the fractional CO2 laser. Its results have been varied with different technical expertise and are complicated by post-inflammatory hyperpigmentation. We have tried high fluence targeted ablation of individual acne scars of all types.

Objective: To obtain maximum possible effacement of all types of acne scars in the pigmented skin with 2 step approach i.e high intensity fractional CO^2 laser ablation specifically targeted to the individual acne scars followed by low intensity resurfacing of the whole of the involved area for blending purposes.

Materials and Methods: 20 patients with inactive acne and mixed types of scars underwent 3 sessions of fractional CO^2 phothermolysis at 6 weeks intervals. The severity of the scarring was graded from 0 to 10 by an independent dermatologist on the visual analog scale. A Korean high power 30W fractional CO^2 laser was used. After topical anesthesia with EMLA under occlusion for 30 minutes, fractional CO^2 laser therapy (150-200 mg/cm^2, 20-30% coverage, 3-5 passes) precisely targeted to the individual acne scars to get clinical end-point of about 90% scar effacement followed by low intensity (30-50 MJ/cm^2, 25% coverage, single pass) resurfacing of the whole of the involved area to blend the scars' edges with the surrounding skin. Post-operative antiviral prophylaxis was given and polyfax skin ointment was advised until the crusting clears. Daily bedtime application of Hydroquinone 2% plus Glycolic acid 1% combination was started on the 10th day after the procedure for prevention of post-inflammatory hyperpigmentation.

Results: Objective mean improvement of 55% (range 40 to 70%) was seen on visual analog in all patients 3 months after the last session. Serosanguinous exudation, crusting, and erythema followed by transient hyperpigmentation were the most common but predictable side effects noted.

Conclusion: High energy, multiple passes, deep ablation of individual deep acne scars to get immediate maximum scar effacement combined with superficial, low intensity, resurfacing of the whole of the anatomical zone is good option to balance the efficacy and safety of fractional CO^2 laser resurfacing in pigmented skin. It leads to significant improvement even in ice pick and boxcar scars but associated with frequent, but transient, postprocedural hyperpigmentation, which can be managed to much extent with topical depigmenting agents.

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