Face Lift and Lipofilling: Clinical Considerations

Sir:

We have read with great interest the article entitled "Midface Rejuvenation: A Critical Evaluation of a 7-Year Experience" by Dr. Pascali et al.[1] In the article, the authors retrospectively analyzed a series of 350 patients undergoing midface lift.

The authors reported the use of two different techniques of midface lift: in the first procedure, the flap was anchored to the deep temporal aponeurosis using a superolateral vector. In the second procedure, the flap was anchored to the lower orbital rim with a use of a superomedial vector.

The results were evaluated by subjective and objective methods using a questionnaire completed by the patients and an evaluation of preoperative and postoperative photographs by a three-member jury including a plastic surgeon, a maxillofacial surgeon, and a makeup artist.

The authors indicated high satisfaction from the perceptions of both the jury and the patients, reporting that temporal anchoring was more efficient for the treatment of malar eminence, whereas midface lift with transosseous periorbital anchoring was more efficient for the treatment of nasojugal groove.

In our surgical experience, we have used both techniques described in the article, according to the patient's particular needs and the specific defects, and have obtained an effective improvement of nasojugal groove and jowls. However, we think that in the midface lift procedure, it is useful not only to suspend the ptotic tissue using a superolateral or superomedial vector, but also to improve the posteroanterior vector to restore the facial volume in a three-dimensional fashion.[1–3]

According to the concept of the "lift-and-fill" face lift in facial rejuvenation, it is important to consider the two aspects described previously.[4] Furthermore, we prefer to realize, first, a tissue manipulation, performing a lift in differential vectors, according to facial characteristics and shape, and then to complete the procedure, filling selective compartments such as the malar area and the nasolabial fold, using autologous fat grafting, to precisely define the facial contouring.

The aging process of the face is complex, and several aspects should be taken into consideration, such as the ptosis of the soft tissues, the loss of elasticity of the skin, and the atrophy of adipose and bone tissue, especially in the malar and infraorbital area. Actually, we always combine a midface lift with fat injection to achieve complete restoration of volume and to attain complete face rejuvenation. In selected cases, characterized by severe atrophy of bone, we prefer to use silicone implants instead of fat injection because, in these patients, the advantage of bony skeletal restoration could improve the suspension of soft tissue. In conclusion, taking into account that one of the key problems in facial aging consists of volume deflation, we think that the use of fat grafting represents an important tool and should be taken into consideration in any facial rejuvenation operation.

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DISCLOSURE

The authors have no financial interest to declare in relation to the content of this communication.

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Reply: Midface Rejuvenation: A Critical Evaluation of a 7-Year Experience

Sir:

We would like to thank Dr. Idone et al. for their comments regarding our recently published article "Midface Rejuvenation: A Critical Evaluation of a 7-Year Experience." The commentary raised important questions that we will clarify in greater detail.

Regarding their interesting observation that the midface lift is used "not only to suspend the ptotic tissue using a superolateral or superomedial vector, but also to improve the posteroanterior vector to restore the facial volume in a three-dimensional fashion," we would like to emphasize an important concept. Repositioning of the whole midface flap carried out by the subperiosteal approach gives an imbricating effect with subsequent production of an anteroposterior projection of the cheek and elevation of the corner of the mouth.[1] Furthermore, the entire cheek is elevated with volumetric