



A Novel Method of Mentoplasty with Intraoral Vertical Incision (Labial Frenum)

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Abstract

Mental nerve damage can result in variable quality of life impairment in patients undergoing surgical mentoplasty, especially in orthognathic surgery patients. This complication is related to the mucosal and transmuscular surgical access generated by the horizontal incision in the chin. To minimize this type of disturbance, a vertical incision is used in the inferior labial frenum in a total flap up to the periosteum.

Keywords

Chin, Mentoplasty, Genioplasty, Orthognathic surgery

Text

Mentoplasty/Chin repositioning is a refinement in orthognathic surgery and enhances the aesthetic balance of the face. The traditional surgical approach is the horizontal incision in the lower labial groove and variations involving muscles and periosteal flap elevation [1,2]. This surgical procedure may cause neuro-sensory disturbance in the mentonian [3] and the endings of the n milohyoid [4]. The use of a vertical access directly over the inferior labial frenum is reported (Figure 1) and detachment of the mucoperiosteal flap up to the mental foramen (Figure 2). After exposing the surgical field, the other steps of the genioplasty are those conventionally described and can be found in text books [5]. The repair is uneventfull (Figure 3 and Figure 4). This type of access greatly reduces the risk of injury to the nerve. It is also used in autogenous chin graft harvesting and for the extraction of an impacted mandibular canine.

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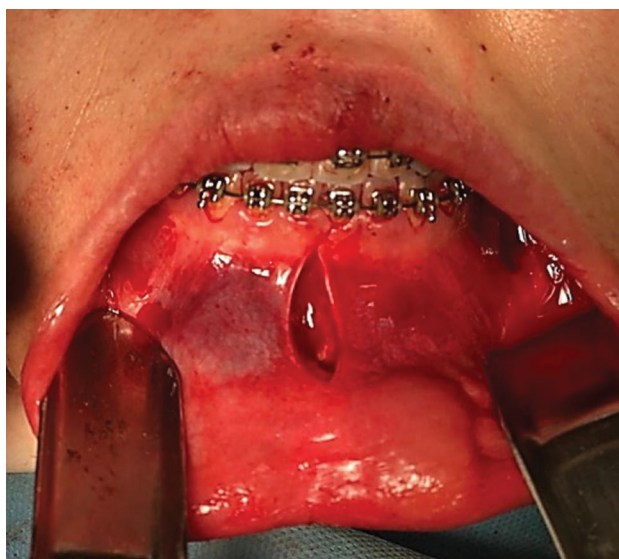


Figure 1: Vertical surgical access in labial frenum.

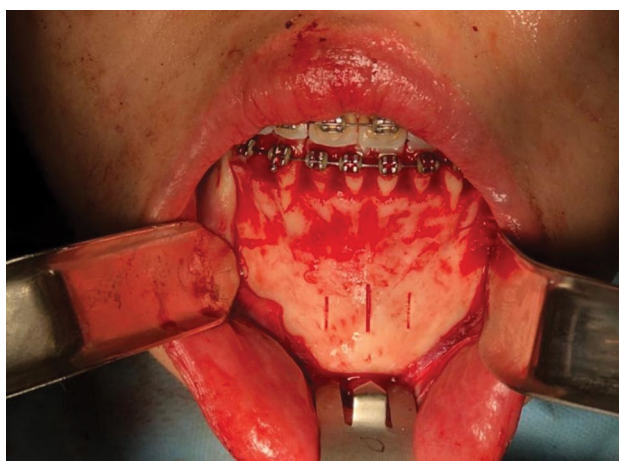


Figure 2: Detached mental mucosa until the foramen.



Figure 3: 2 months post surgery.



Figure 4: Lateral radiographic view.