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ABSTRACT

SUBMANDIBULAR NECKLIFTING:

Introduction:

A complete Face Lift, especially for men, is an over treatment when an isolated correction of a double chin or a neck lift is demanded.

Material and Methods:

In local tumescense anesthesia under sedation the approach is performed inside the intern sulcus of both mandibles up the dorsal part of the bony chin in a length of approximate 6 to 8 cm.
The skin is flapped down like a tongue, allowing a clear overview of the frontal subcutaneous neck anatomy and the platysma, which needs to be attended.
A wide frontal quad of the platysma muscle is removed between the thyroid cartilage to the bony insertion of the mandibule. Lateral and frontal parts of the skin are sacrificed, so that the skin can be tightened without tension at the intern edge of the mandiblar bone.
This method does not leave any scars periauriculary, but in the shadow of the intern mandible.

Results:

We perform submandibular neck lifting since 2006 in 83 cases, 74 in men, 9 in women.The treatment is easy, and without danger of injuring nerves or main vessels.
Except a granuloma of a hair follicle and a seroma needing reintervention with quilting stihes, we did not have other surgical trouble after treatment. The skin surface feels underneath hard and bumpy the first weeks, what always disappears. The scar is not seen from the front.
Specially men accept this procedure, because classical periauricular face lift scaring –well accepted in women- is mostly denied.

Conclusion:

The direct approach with platysma resection might complement the possibilities of neck rejuvenation, when a specific treatment of the neck is demanded refusing the sequels of a complete Face Lift