higher. Surveying eyebrow and eye parameters showed reduced figures for eyebrow-pupil, eyebrow-crease, SOR, and IOR, and an increase for LOR, eye fissure, and upper lid-limbus. Although a statistical difference was reported, the standard deviations and means were within the values for Caucasians. However, clinically, eyes seemed to be more prominent (Table 1).

In contrast, there was minimal scleral show, yet the overall beautiful appearance of the study group was not detrimentally affected (yet it is possible that otherwise they would appear prettier). The sum of these factors led to more prominent eyes in the study group. A review of nasal parameters showed statistical differences, but again, mean values and SD were within those of Caucasians.

Generally, lips were somewhat shorter but more prominent in the study group (vermilion parameters and lip length, sn-st, st-sl). Overall, chin height was a bit shorter, clinically justifiable and regarding sn-st and st-gn values (statistically significant). Facial convexity was greater in the study group (vermilion parameters and lip length, sn-st, st-gn values) (statistically significant).

In summary, the overall facies of the study group were as follows: small lower third of the face and chin, prominent eyes, prominent lips, and a more convex facial profile, all denoting a “baby face” appearance. It is obvious that for a reasonable deduction, we are still short of data, but according to the presented information, it seems that although some figures of Caucasians were still applicable to the Persian population, many of them might be changed for Persians if optimal operative results are to be achieved (Table 1).

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PATIENT CONSENT
The patient provided written consent for the use of her image.

REFERENCES

Direct Excision of Glabellar Furrows: An Alternative Treatment for Severe Glabellar Rhytides

Sir:

Treatment options for severe glabellar rhytides include brow lifts with open resection of the corrugator muscle, botulinum toxin type A (Botox; Allergan, Inc., Irvine, Calif.) injections, intradermal fillers, topical creams, and endoscopic resection of the corrugator muscle.1,2 For a select group of motivated patients with glabellar rhytides that are more severe than the potential postoperative scarring, we believe that the direct excision of severe glabellar furrows is an effective surgical alternative to traditional approaches. It offers the advantage of reduced downtime postoperatively, decreased price, and potential permanency.

This prospective study, conducted over a 4-year period, included 10 patients who met criteria for open or endoscopic treatment of severe glabellar rhytides. Each patient underwent direct excision of glabellar rhytides, with the incision length, method of handling skin and soft tissue, and time of surgery kept as similar as possible between patients. Patients underwent evaluation, along with photodocumentation, at 3 days, 1 week, 3 weeks, and 6 weeks postoperatively. Complications and revision rates were noted. Outcome measures included brow ptosis, incisional erythema, suture marks, suture extrusion, wound infections, hematoma, seroma, unacceptable scarring (hypertrophic scarring and scar unevenness), dehiscence, and numbness. Patient satisfaction was assessed during the 6-month postoperative visit.

In 10 patients, there were no cases of brow ptosis, infections, hematomas, seromas, or wound dehiscences observed. Two patients had suture extrusion, and one had mild hypertrophic scarring, requiring scar resurfacing. There were no cases of brow ptosis. All patients complained of numbness lasting for several weeks to months, and none reported numbness at the 6-month follow-up visit. At the 6-month follow-up visit, all patients reported being very satisfied with their results.

There are significant data to suggest that the endoscopic brow lift with corrugator resection is very effective.3,4 However, our experience has been that many surgeons remain cautious during endoscopic and open brow lifts because of the potential risk for damage to the supratrochlear neurovascular bundle. As a result, we have seen patients...
require multiple treatments (nonsurgical and surgical) for persistent glabellar frown lines (Fig. 1).

Direct excision is an excellent alternative to other traditional procedures. The surgical effect is usually permanent after the initial treatment, and patients notice the results instantly (Figs. 1 and 2). Direct excision is not performed as frequently as other operations for glabellar furrowing, and for this reason, few data are currently available. Disadvantages of this procedure include minor scarring that is typically unnoticeable in most cases. Numbness can affect initial patient satisfaction in our study; however, all cases of numbness in this series of patients resolved within 6 months after surgery.

Decreased postoperative downtime, decreased price, and potential permanency all are important reasons to consider direct excision as a useful and effective option for the treatment of glabellar furrows. We do not purport that direct excision should be a universal treatment but suggest that direct excision should be considered as a viable option for suitable patients. In our experience, the results are as effective as other approaches, and scarring is typically minimal, creating favorable results for patients with severe glabellar furrows.

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The authors have no commercial or financial interests to disclose.

REFERENCES


A Simplified Lateral Canthopexy Technique

Sir:

Lateral canthopexy has become a routine part of cosmetic lower blepharoplasty to prevent lower lid malposition, especially in those patients with laxity of the lower lid and negative vector anatomy. All canthopexy techniques involve securing the lateral retinaculum to the peristeme of the superolateral orbital rim with a suture. However, the surgical approach to identify the lateral retinaculum varies, with some techniques requiring more surgical expertise than others. Perhaps the most challenging technique is that of Jelks et al., who dissect the lateral retinaculum from above through an upper blepharoplasty incision. Dissection of the lateral retinaculum through the lateral extension of a lower blepharoplasty incision is advocated by others. In this article, we describe...