

CORRECTION OF A POUTING LOWER LIP

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SUMMARY. Six adult females between the ages of 18 and 25 are reported in whom a pouting lower lip was corrected by intraoral excision of mucosa in the transverse axis and plication of orbicularis oris. None of them had any abnormality in their intermaxillary occlusion. All patients were followed up for two years and were satisfied with their results.

From 1987, six adult females have been seen in our outpatient clinic with a complaint of an excessively pouting lower lip. They had no functional problems. Facial skeletal structures were normal. Their intermaxillary occlusion was class 1. Two were married and were housewives. Of the remaining four, two were aspiring actresses and two were college going girls. The psychiatric profile of all was within normal limits.

Operative steps

Under general anaesthesia, a horizontal strip of mucosa was marked on the buccal sulcus of a width which would effectively curl the lip inwards. The strip was excised, exposing the orbicularis oris muscle, which was plicated with a polyglycolic suture in its entire height from the sulcus to the vermillion, reducing its length by about 1 cm. and

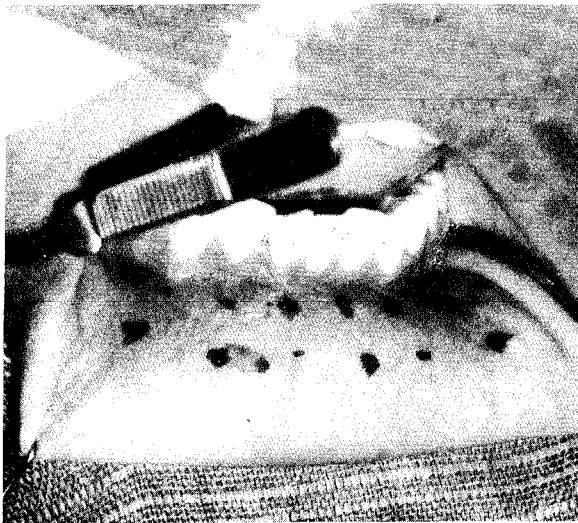


Fig.1 Elliptical excision area marked with ink on the inside of the lower lip

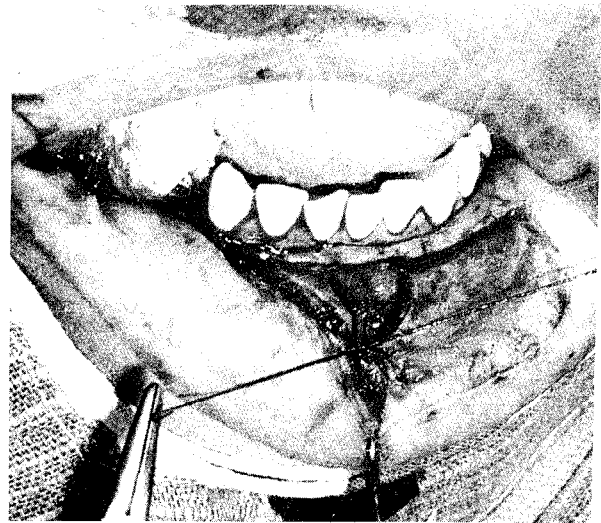


Fig.2 Orbicularis oris muscle plicated

tightened. The mucosa was sutured with catgut and the lip was supported by a tape in the post operative period for one week.

Results

All the patients expressed satisfaction following surgery at the end of two years and none of them

has asked for any additional procedure. On an objective level the procedure seems to increase the angle between the extension of nasolabial line and the white line of the lower lip (Fig. 3a, b, c, d). It can also increase the angle between the chin columella line (Fig. 4a, b, c, d). The curve of the under surface of the lip also shows a distinct change (Fig.4B).



Fig. 3 (Case 1) Pre-operative photograph

Fig. 3b (Case 1) Post-operative photograph

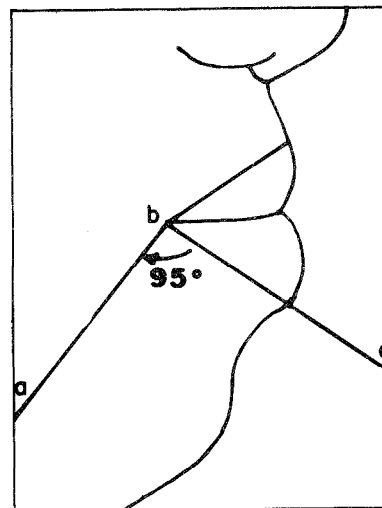
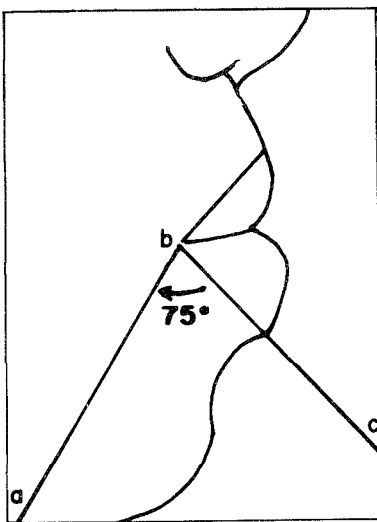


Fig. 3c (Case 1) Showing the pre-operative angle between extension of nasolabial line a, b and a continuation of the whiteline of the lower lip b, c (On a tracing of the pre-operative photograph)

Fig. 3d (Case 1) The same angle a, b, c post-operatively increased (on a tracing of the post-operative photograph)



Fig 4a (Case 2) Pre-operative photograph showing Labiale inferiore

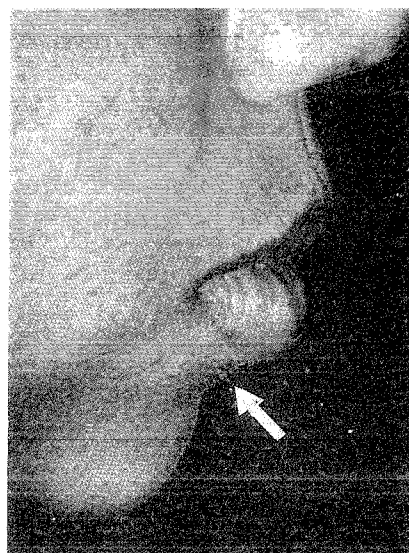


Fig 4b (Case 2) Post-operative photograph showing a change in appearance with straightening of the curve under the lip.

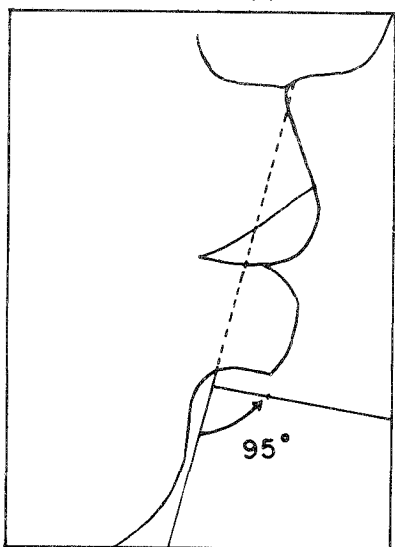


Fig 4c (Case 2) Showing the pre-operative angle between chin collumella line and the labiale inferiore (on a tracing of the pre-operative photograph). The lines have been drawn slightly away and parallel from the actuals for better perception.

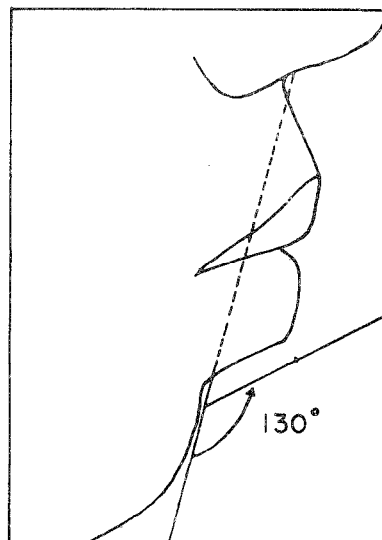


Fig 4d (Case 2) The same angle post-operatively increased (on a tracing of the post-operative photograph)

Discussion

Our literature survey did not reveal a procedure to reduce the pout in the lower lip in normal individuals though Pensler and Mulliken¹ have recently published a method to improve the lower lip pout in patients with cleft lip and palate. A report has appeared in which a flat lower lip can be corrected by a reverse V Y Plasty². The present report has an opposite effect by a different procedure.

We feel a major cause of pout of the lower lip is a laxity of orbicularis oris muscle with redundancy of mucosa. Plicating sutures of orbicularis oris muscle cause an effective battening of the lower lip against the alveolus. None of our cases required an excision and suturing of the muscle. Excess of mucosa was excised to effectively curl the lip inwards.

References

1. Pensler J M, Mulliken J B. The cleft lip lower lip deformity. *Plast Reconstr Surg* 1988; 82: 602.
2. Aiache E.E. Augmentation cheiloplasty. *Plast Reconstr Surg* 1991; 88:222.

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