

Butterfly type excision of suspected skin lesion on upper lip and cosmetic outcome leading to a permanent augmentation of upper lip (personal technique)

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According to my previous publication, mentioning idea of “informational lines with intense sexual signals” “in these two case report I do bring the practical proves for sustaining of my personal theory, evidence of need for nice line, shape and form which contents sexual signals. The fact that, lines have their own languages and words, giving the things a meaning, sense and expression, especially in this context I am referring to the Shapes, Contours on women’s face in the term of “Psychoaesthetics”. One of the most important issues in surgery of upper lip, “removing or the excision of skin lesions/moles on upper lip”, specifically on the Cupid area, could leave a considerable modified anatomical reports, (post-op asymmetrical aspect of lips and visible unwanted scar). The usual procedure in a case of excision biopsy of any skin lesion according to the British guide lines, has to be vertically and with 2 mm surrounding secure margin for not leaving any residual tissue behind. These two case reports of mine are about a patient of 55 and other 65 years old which were concerned about post-op outcome and the asymmetrical appearance of the upper lip after excision biopsy of a long standing mole. As we know the vertical excision of lesions on upper lip will leave an asymmetrical aspect of lip and a visible scar later on. So in this technique I avoid the asymmetrical aspect of the upper lip, using my personal approach of a butterfly incision which is in accordance to the guide lines of primary excision biopsy of skin lesion in UK and cosmetic post-op outcome within an invisible scar. I have to highlight the fact that after this procedure the patient has a permanent lip augmentation which will give her a unexpected cosmetic result and psychological comfort and satisfaction.

Conclusion: If the removal of a mole or skin lesion from upper lip with vertical approach gives the patient a release of not having a malignant or suspected lesion, but it will give her a permanent and undoable asymmetrical lip and a vertical visible scar. I am highlighting that in my proposed technique the patient will have an excellent outcome and be psychologically satisfied as well as having the removal of a suspected lesion.

Advantages: Excision biopsy is done at the limit and margin as requested in guidelines. (margin of 2 mm). Avoiding the asymmetric lip. No visible scar Excellent cosmetic aspect of the lip by a permanent lip augmentation. Patient’s psychological satisfaction. Safe revision surgery if is needed. Easy lip reconstruction for further excision in case.

Disadvantages: Invisible Cupid Bow in case of mole or skin lesions over the Cupid’s Bow.

Risks: Incomplete excision of lesion, Asymmetric width of Vermilion of lip. Revision surgery to be needed

Methods and Instruments: Microsurgical Loops, Microsurgical tools as iris, needle holder, scissor. 6/0 Vicryl rapide suture.

Biography

Ardeshir Vahidi originated the term ‘psychoaesthetics’. As a cosmetic surgeon, he believes that there is a psychological reason behind needs of patients for surgery, cosmetic surgery can only be well done when creates the balance between mind and body, understanding of both the patients inner view of themselves and how they want to represent themselves outside. He works with this ethic to deliver ‘pain free’ intervention and both surgical and microsurgical techniques that leave minimal scarring or bruising. He is passionate about seeing cosmetic surgery as an art to help accentuate the natural curves and lines rather than inflate them.

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