

Plasztikai sebészeti alapok

Plasztikai Sebészet



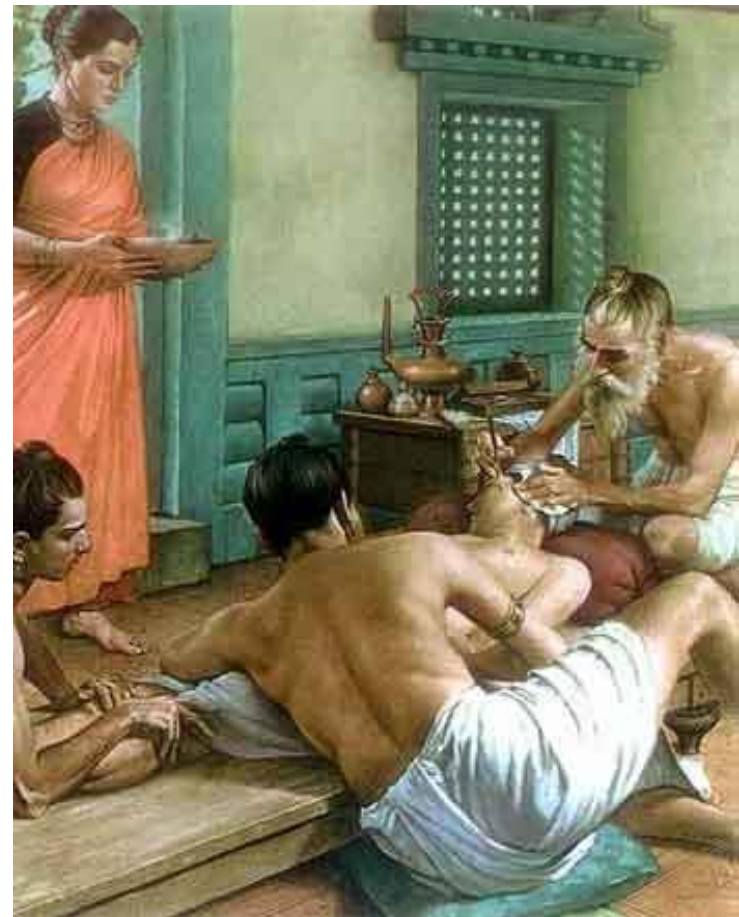
Bevezető

- **Plasztikai sebészet** minden olyan beavatkozás ami a szervezet funkcionális és esztétikai helyreállításában segít.



Történelem

- 2000 évvel ezelőtt
Indiai sebészek
Sushruta: orr és fül
reconstructio
- 1923: modern
orrplasztika
- 1931: első facelift
- 1950: első hajátültetés



Plasztikai sebészet

Reconstructios sebészet

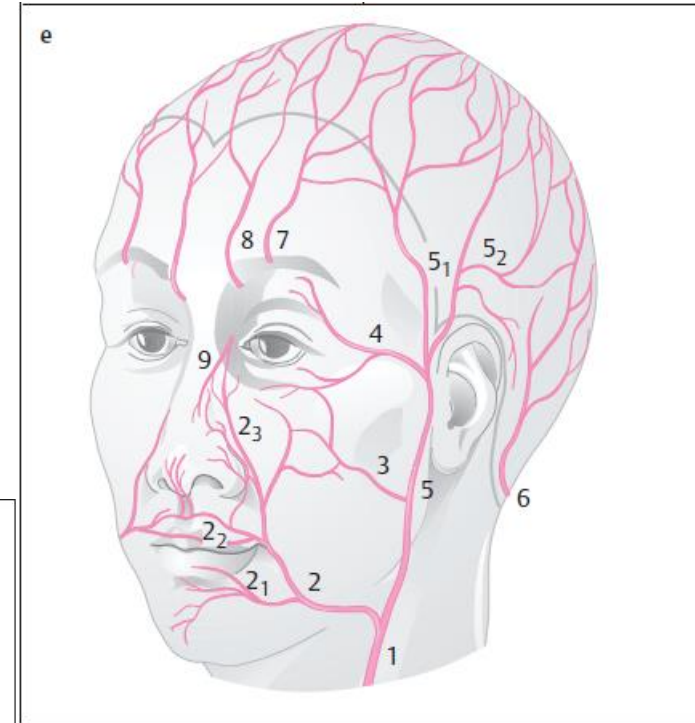
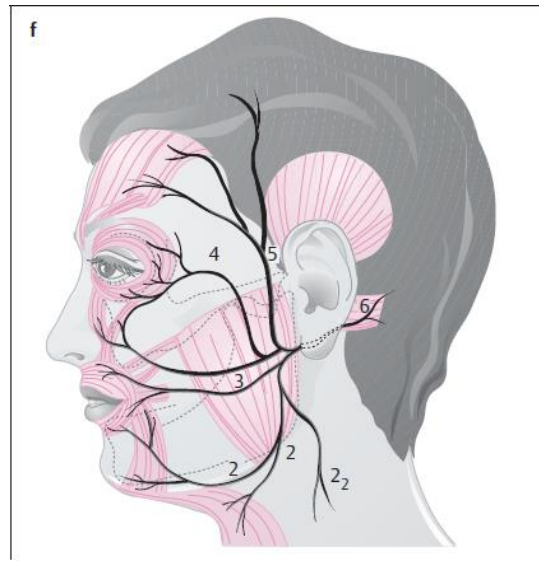
- Lebenyek
- Expander
- Bone modelling
(dysgnathy)
- Implantátumok (
- Heggyógyulás
(cut,irradiation,inj.)

Kozmetikai beavatkozások

- Botox
- Hyaluronsav
- stb
- Zsír injectio

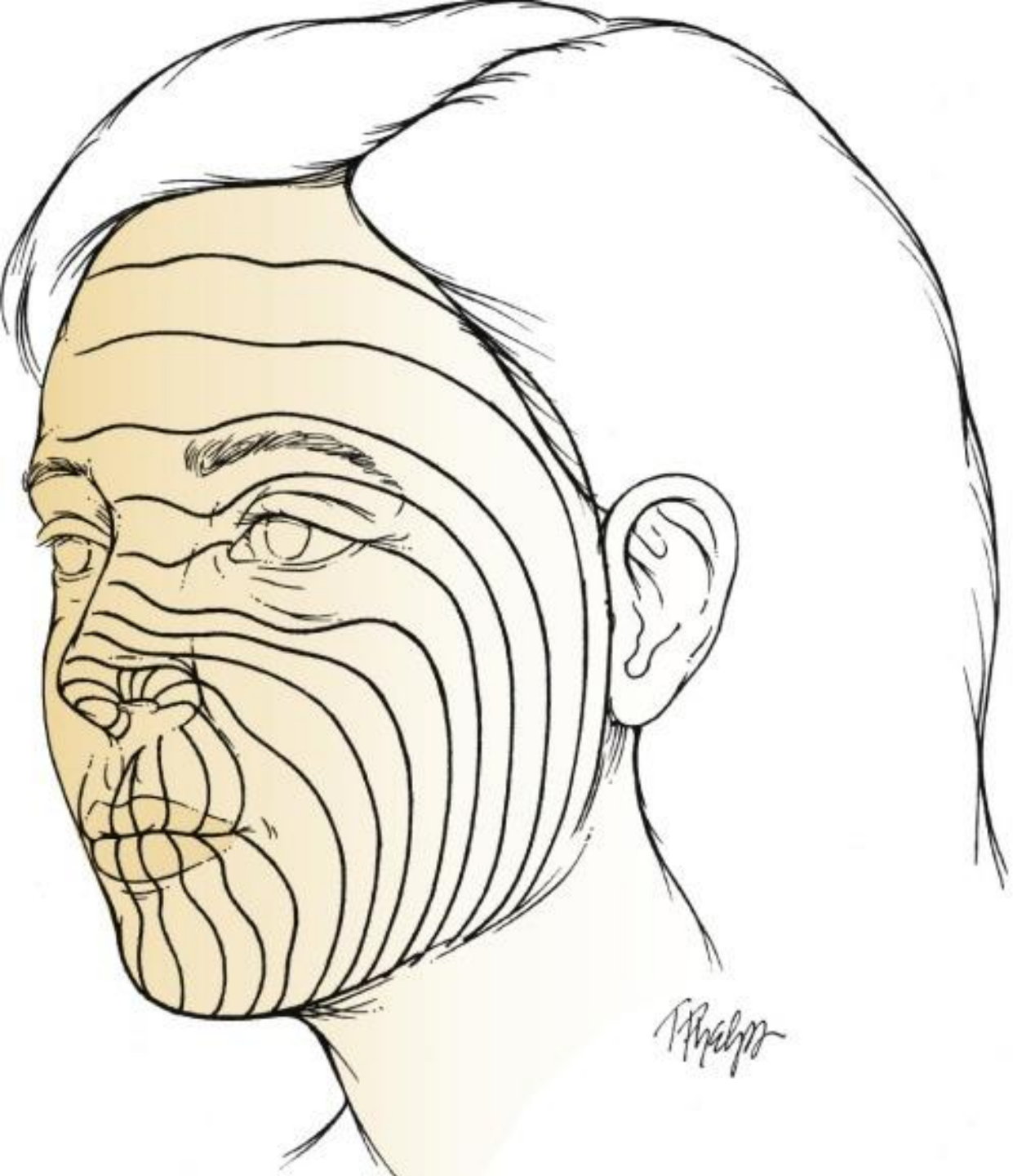
Neurovaszkuláris háló

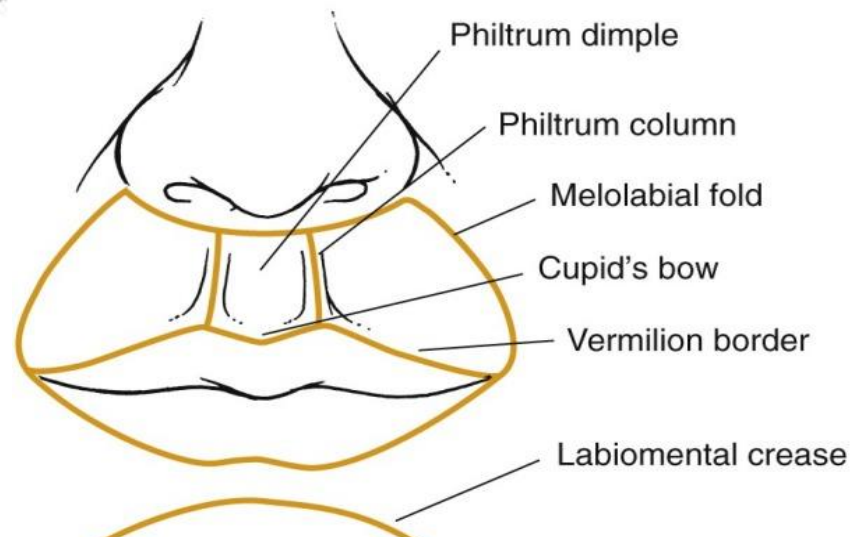
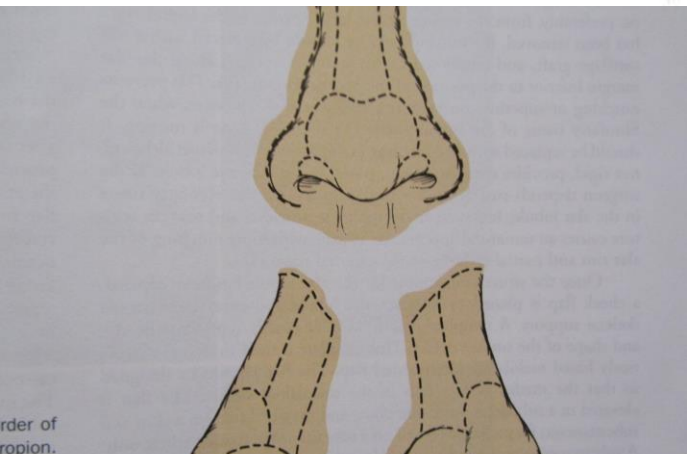
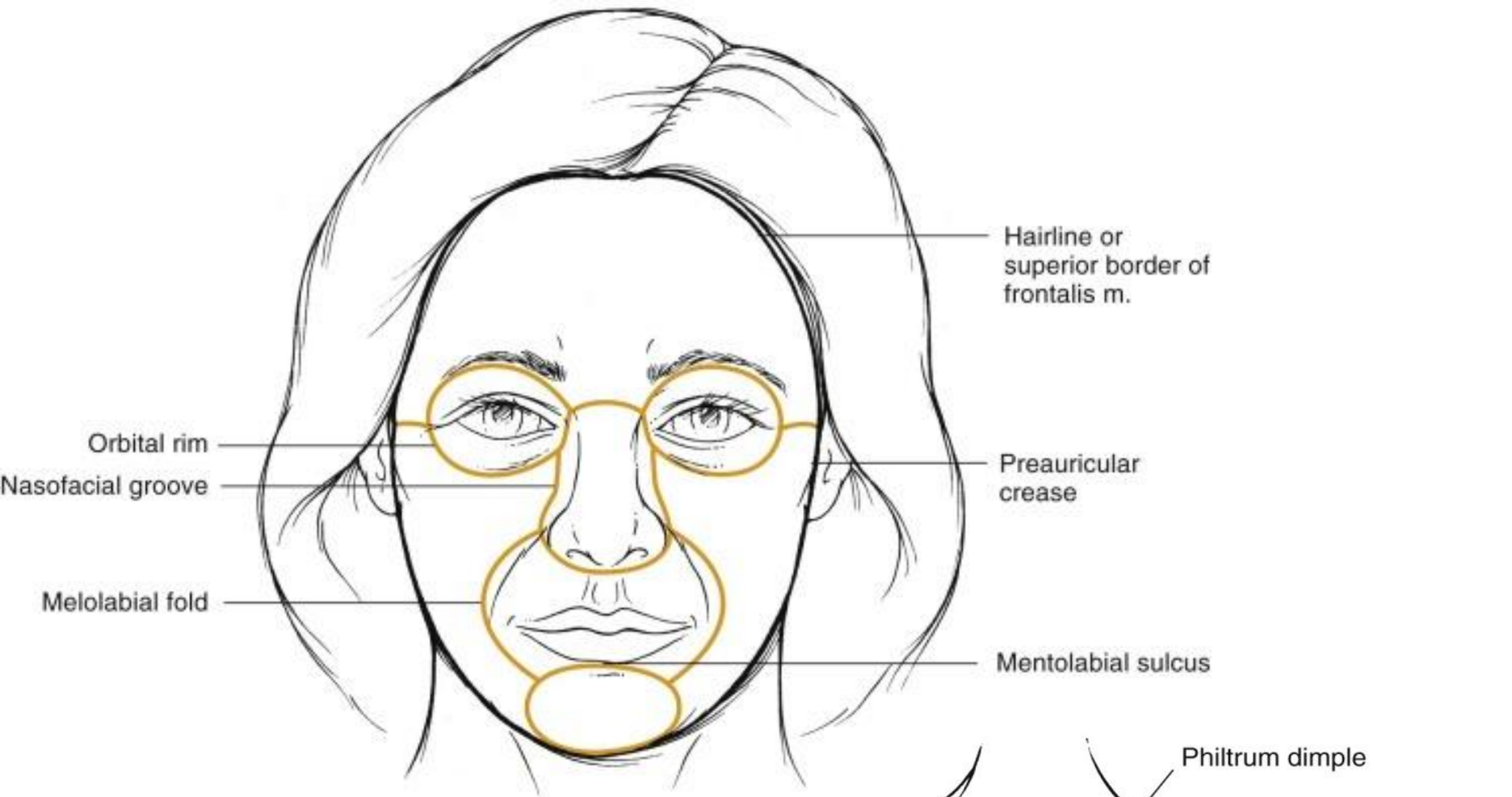
- 1 carotis external arteria
- 2 Facialis arteria
 - 2.1 Labial Inferior arteria
 - 2.2 labial Superior arteria
 - 2.3 Angular arteria
- 3 Facialis Transvers arteria
- 4 Zygomatico-orbital arteria
- 5 Temporalis Superficialis arteria
 - 5.1 Frontalis törzs
 - 5.2 Parietalis törzs
- 6 Occipitalis arteria
- 7 Supraorbitalis arteria
- 8 Supratrochlearis arteria
- 9 Dorsal nasal arteria



Metszésvezetés az arcon

1. Langer: 2mm-es árral sebzi a bőrt: kimutatja a bőr rugalmas rostjainak az elhelyezkedését
2. Kraissl: az izmok eredőjére alakulnak ki a ráncok
3. Borges (1962): RSTL (statikus és dinamikus erőkből a dinamikusát kikapcsolja).





Heggek kialakulása és típusai

Sérülés után a bőr heggel gyógyul.

Heg lehet:

- Biológiai*: vékony, lapos, környezet színű
- Hypertrophias*: kiemelkedő, vöröses, időnként viszket, de nem nagyobb a korábbi sebnél
- Keloid*: megvastagodott, növekvő éles gyöngyházfényű, viszket
- Atrophias*: vékony sérülékeny, besüppedt

Hypertrophiás heg





Keloid

Atrofiás heg



Gyógyulási zavarok, előnytelen hegek okai

Rossz irányú a heg

Septicus környezet és gyógyulás

Haematoma a sebszélek között

Genetikai hajlam

Keloid: a gyógyulás reparációs fázisában a „start jel” után a fibroblaszt aktivitás nem áll le, nincs „stop jel”. A keloid főleg collagenből áll.

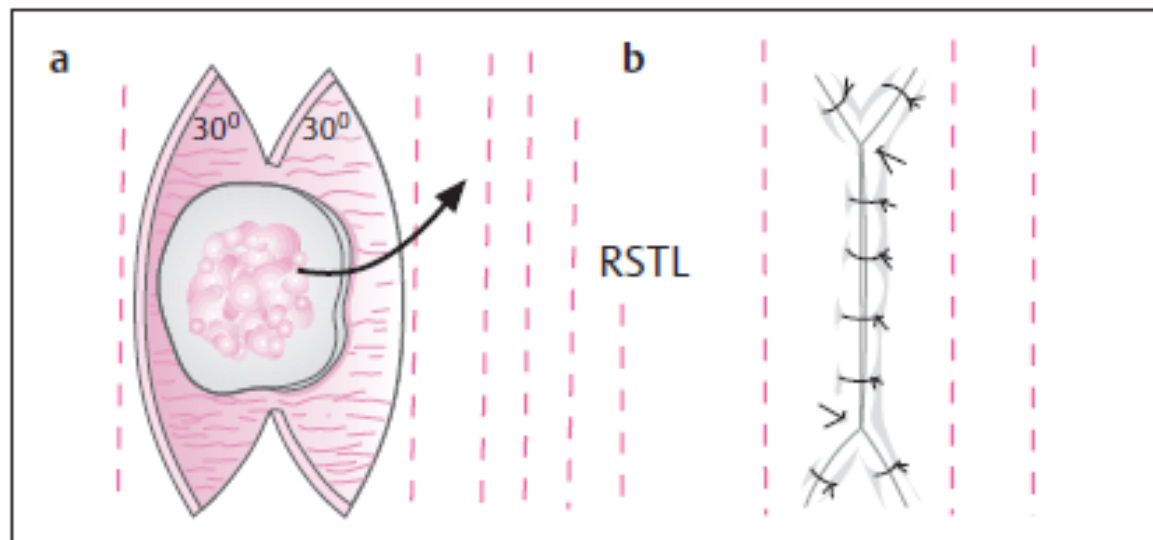
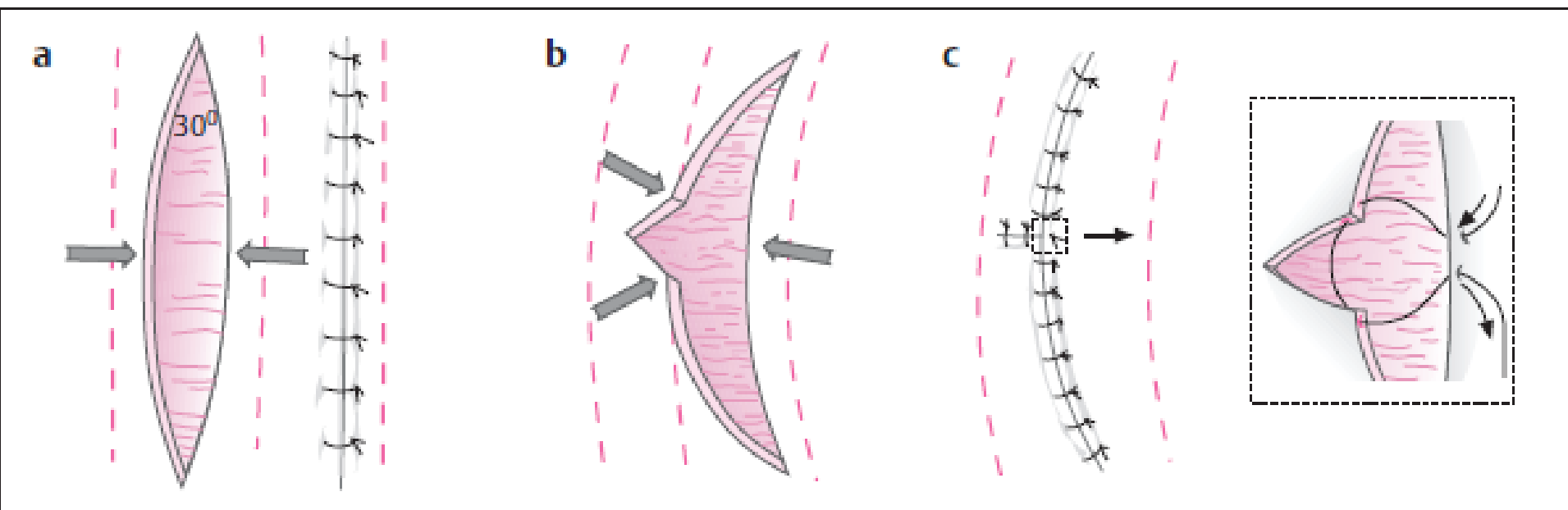


Fig. 2.10 a Double M-plasty. Each excision angle is 30° .
b Closure.

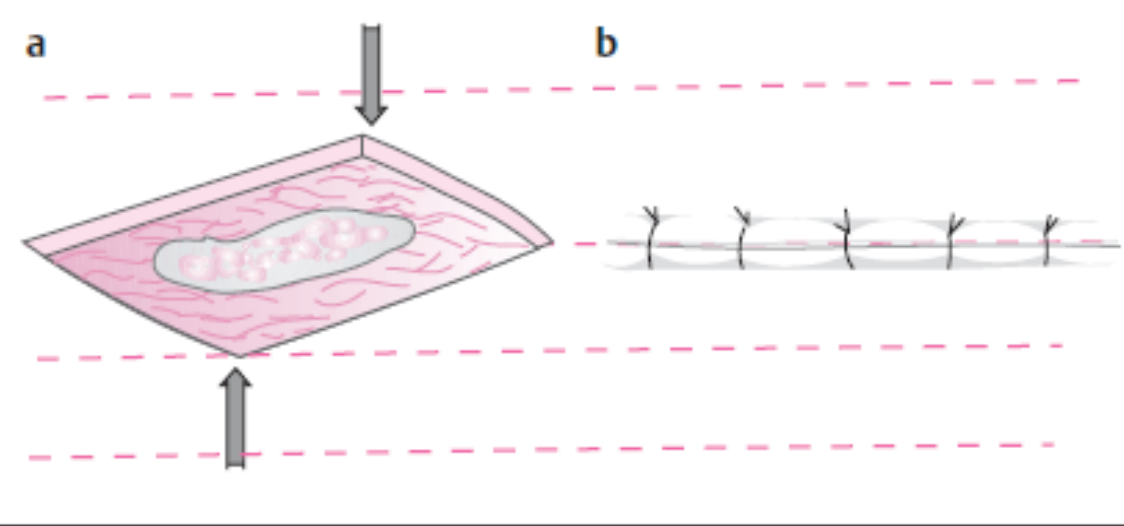


Fig. 2.12 a Rhomboid excision.
b Closure.

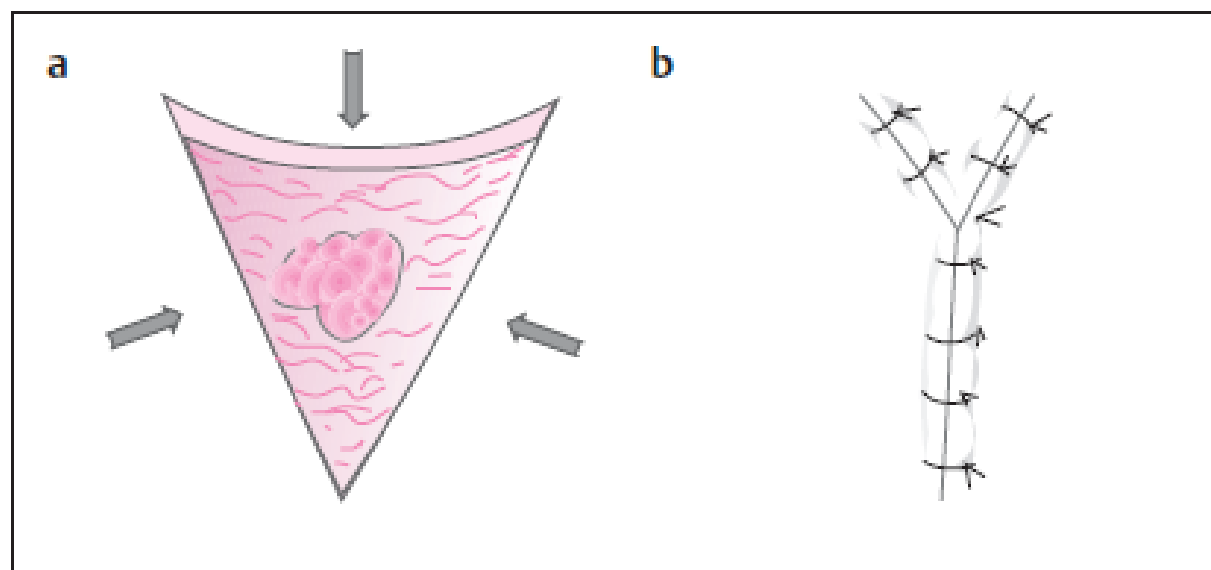
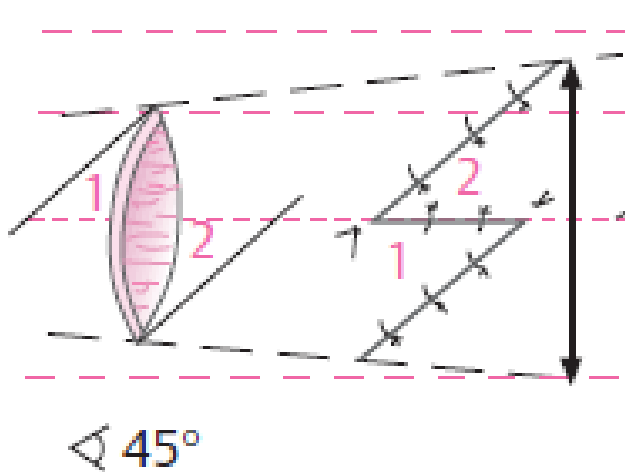


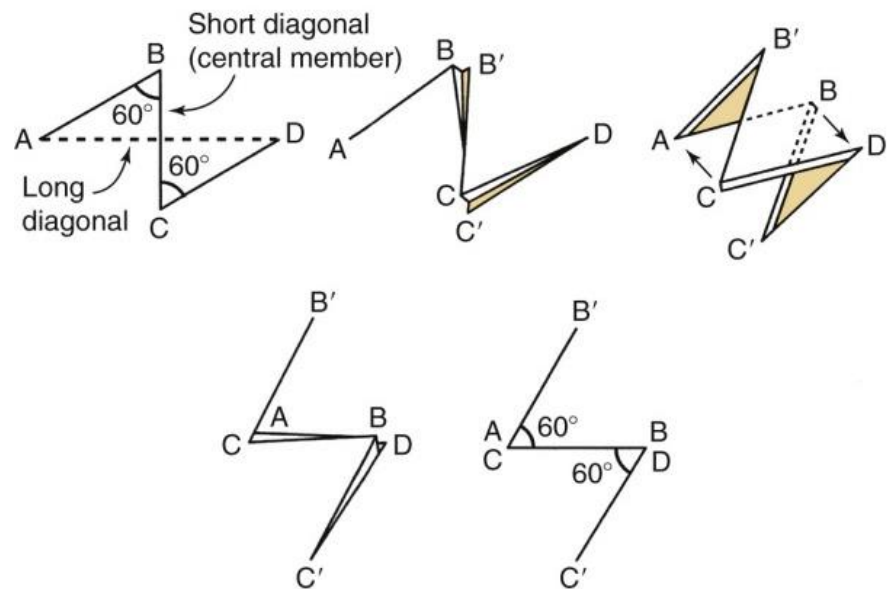
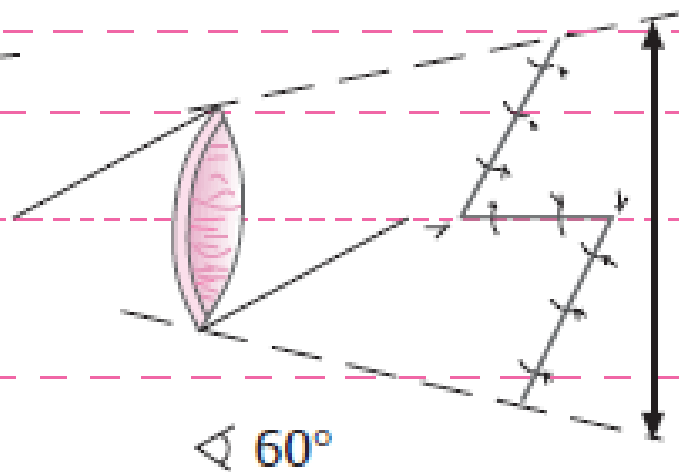
Fig. 2.14 a Triangular excision.
b Closure.



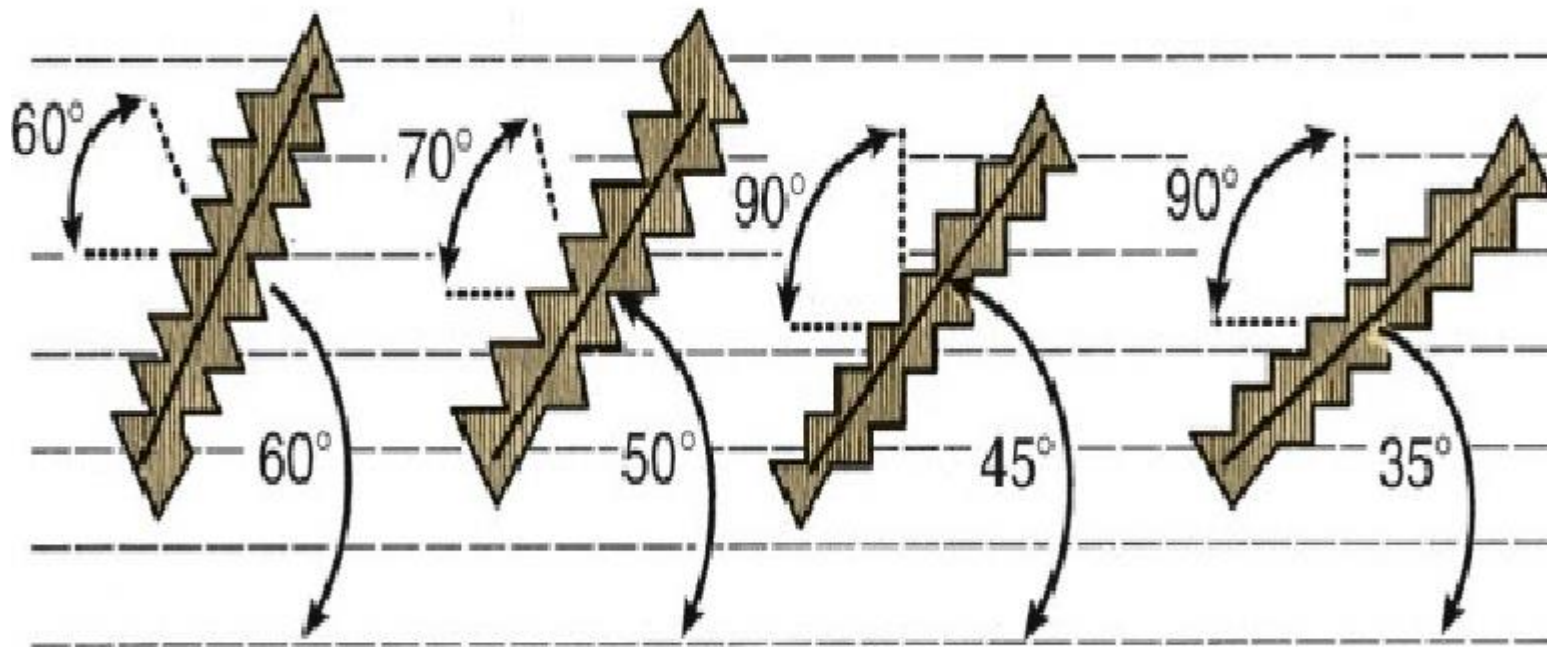
Examples of proper placement of fusiform incisions with 30 degree angled ends

a**b**

RSTL

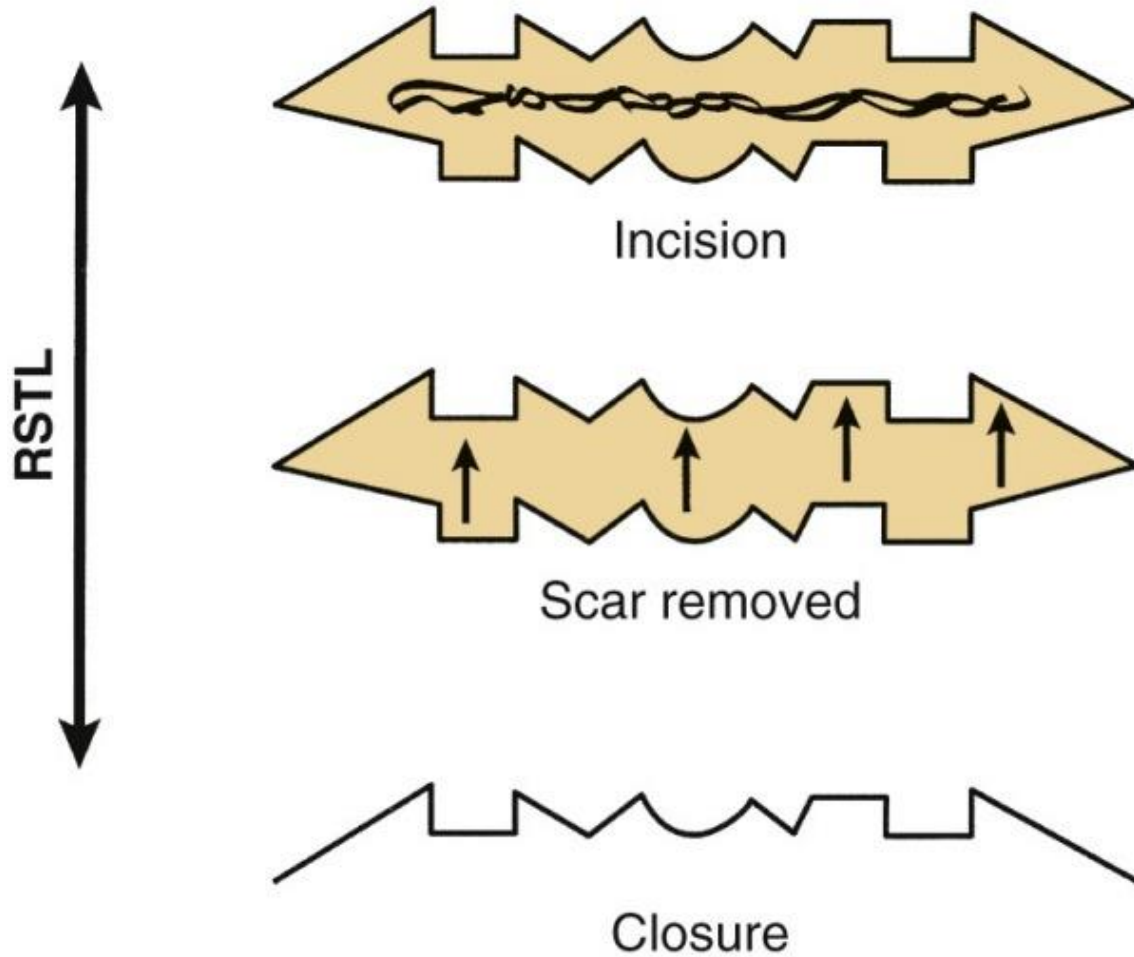


5-7mm arms, one arm must be parallel to the RSTL



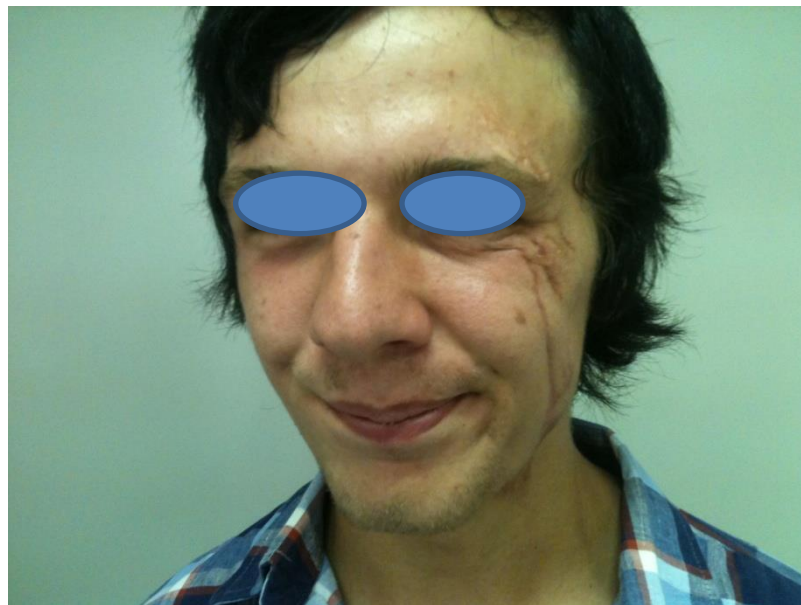
Attention to the W-plasty angles and the scar inclination

Geometric broken-line closure





Excision



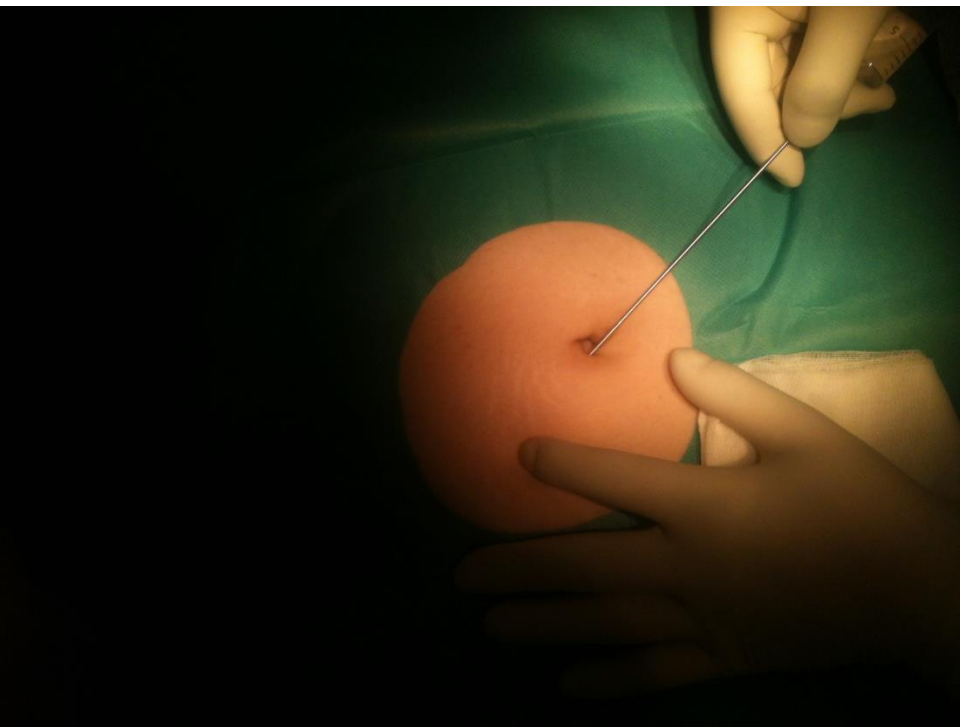
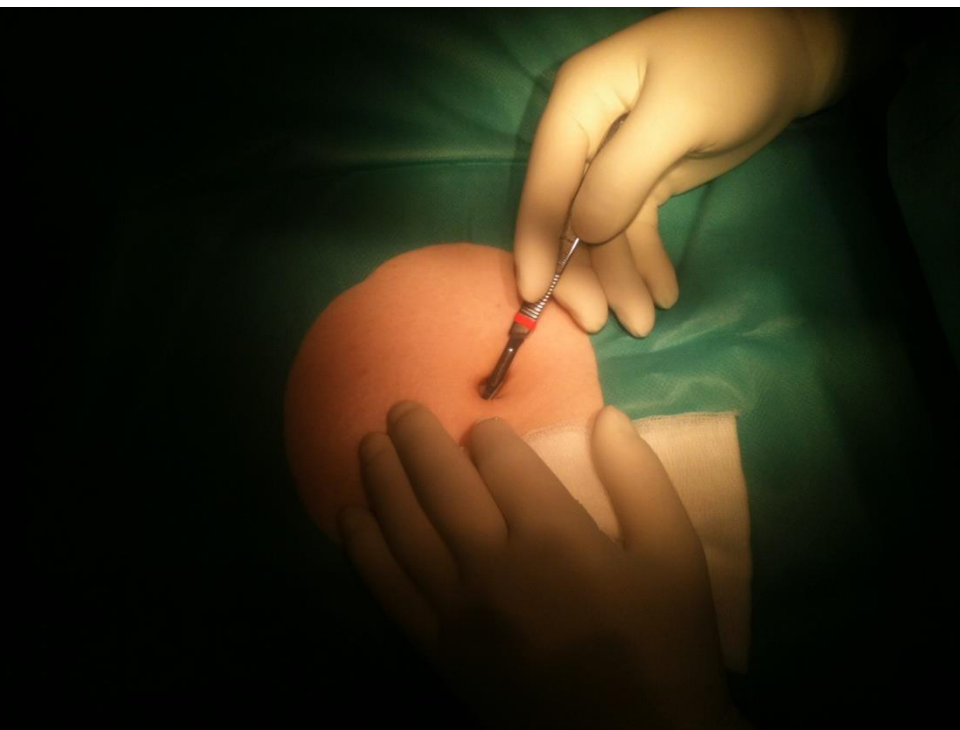


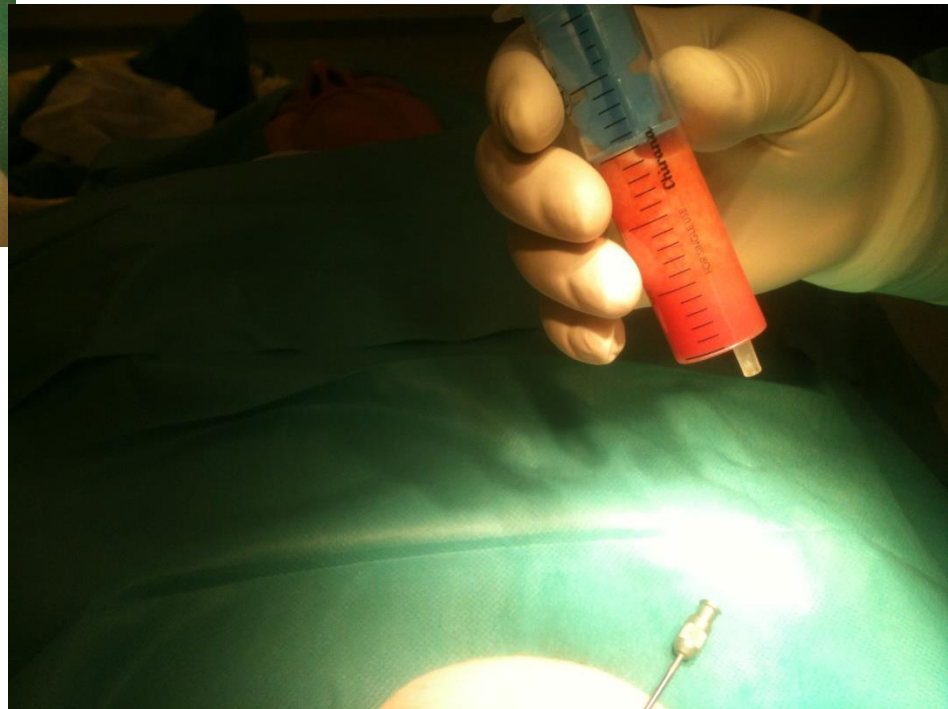
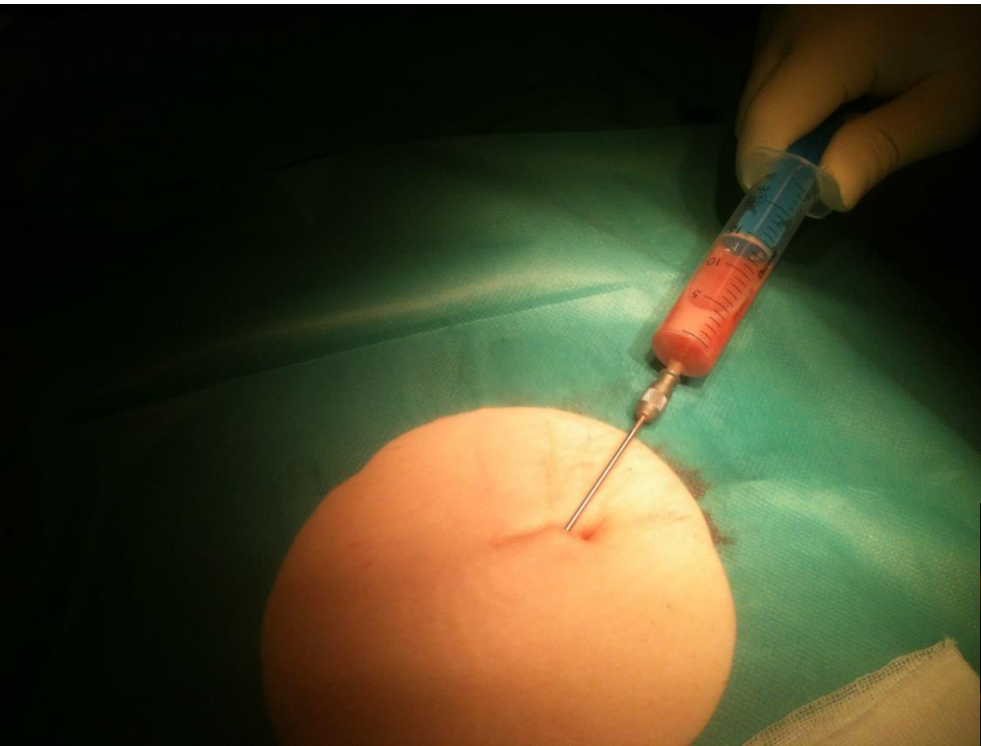


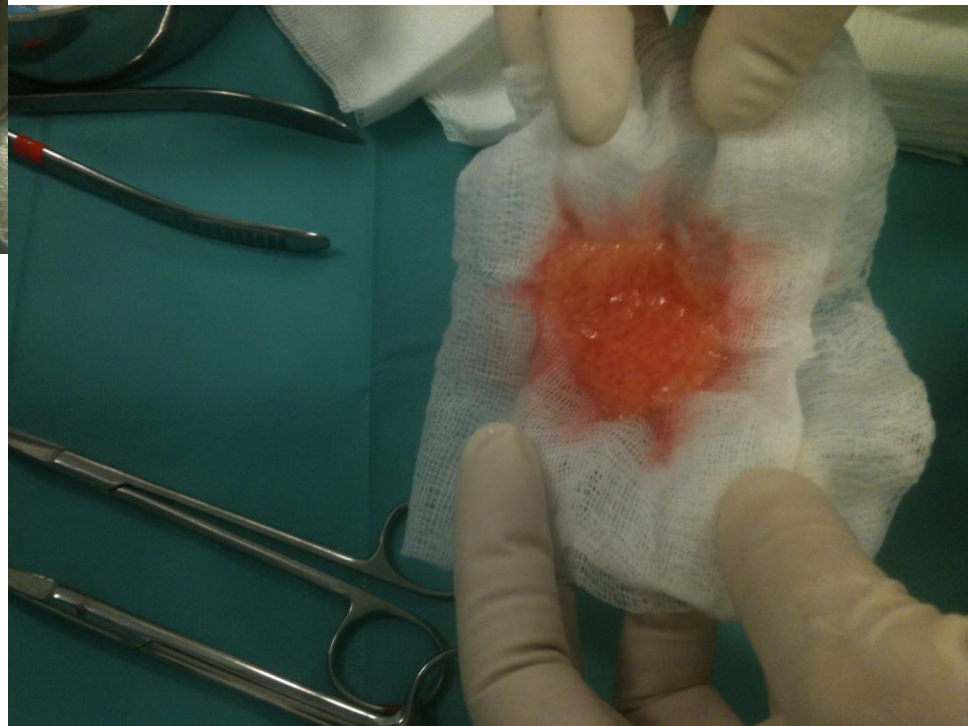
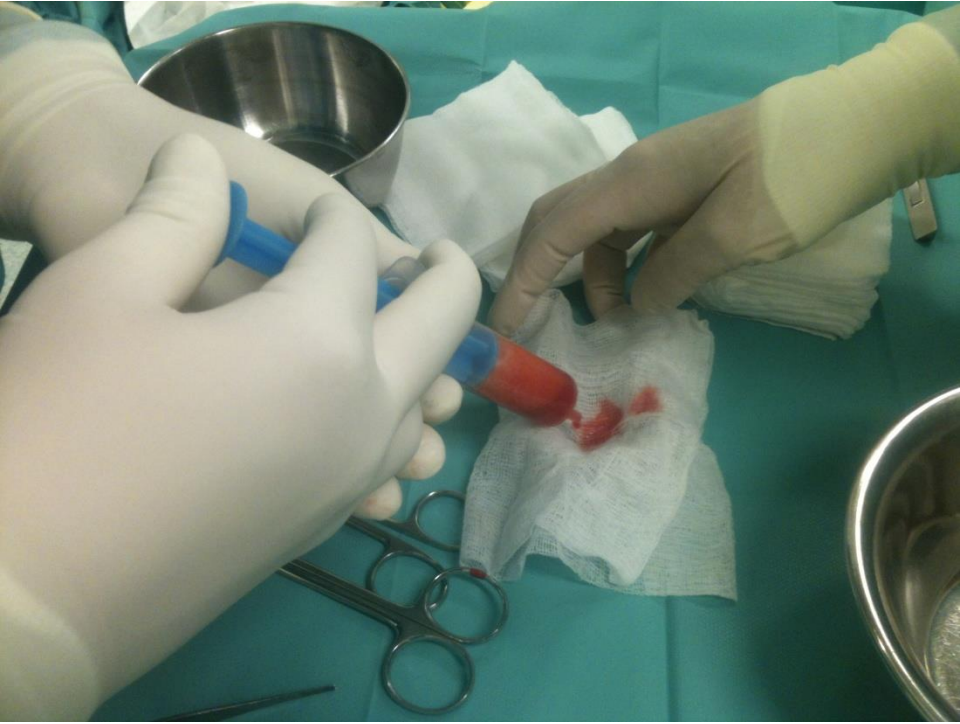


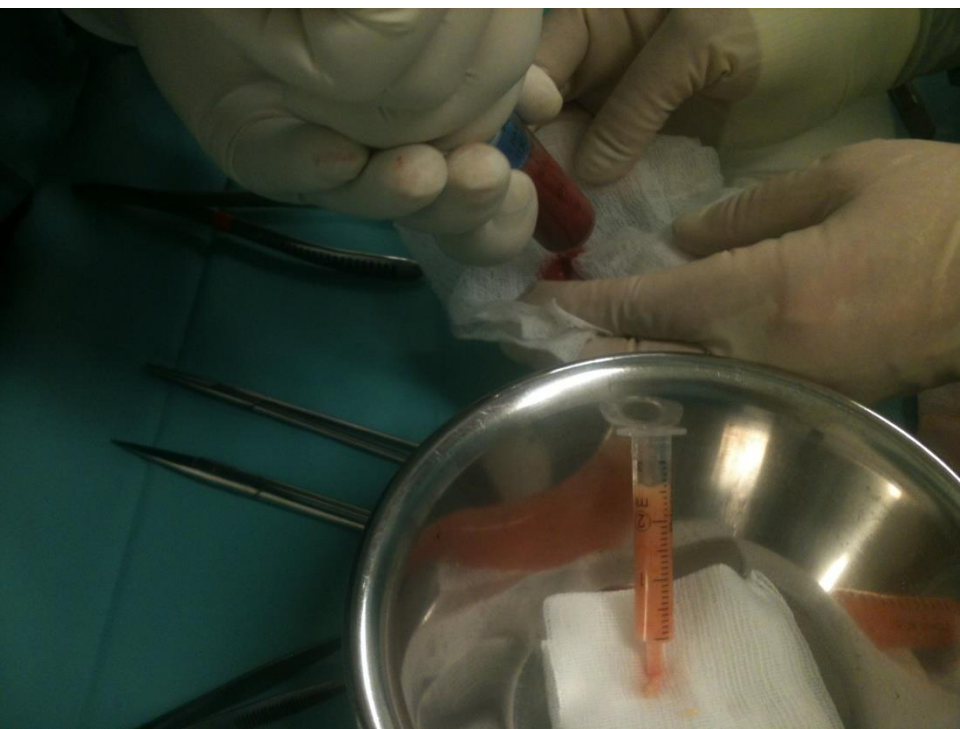
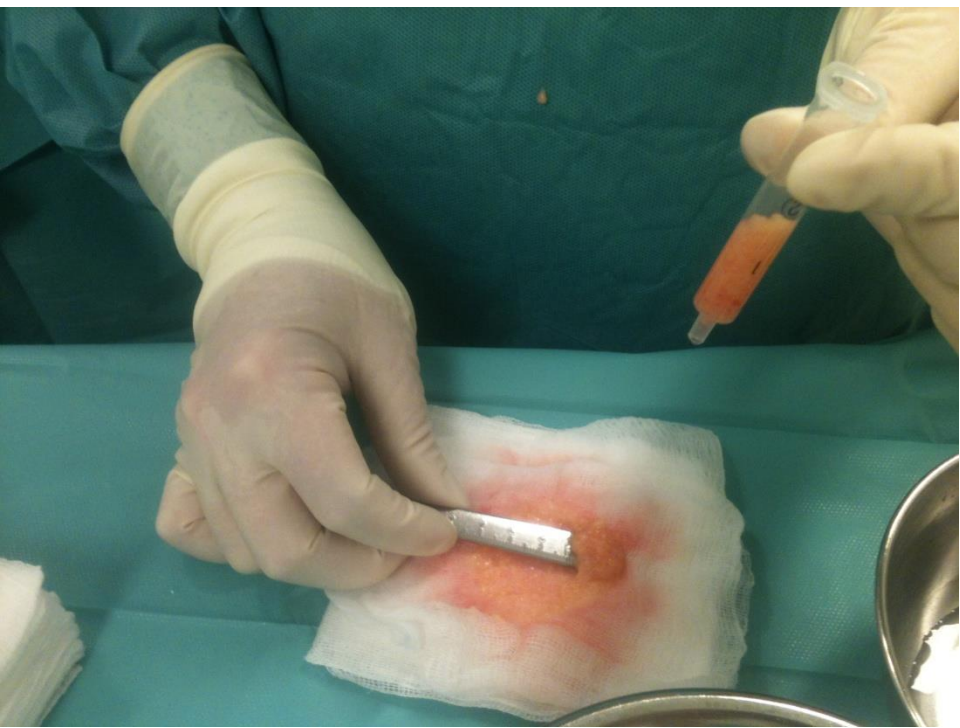
Fat injection











Hypertrophiás heg



8 hónap múlva



Esztétikai korrekció



Keloid





Atrophiás heg













Öregedés

1. Az életkor előrehaladtával folyamatos

2. Multifaktoriális jelenség:

Bőr textúrájának változása

Bőr alatti szövetek 3D változásai: subcutan zsír,
csontok/fogazat elvesztése

3. Az arc öregedését okozó tényezők:

Hormonális egyensúly megbomlása

Krónikus UV expozíció

Dohányzás

Mentális stressz

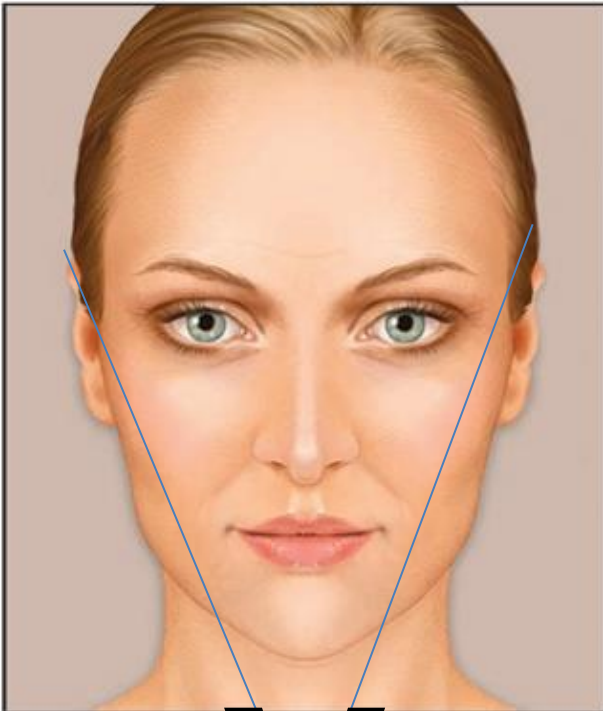
Gyógyszeres abúzus

Egyes betegségek

Gravitáció

Az arcfoma megváltozása

AGE: 35

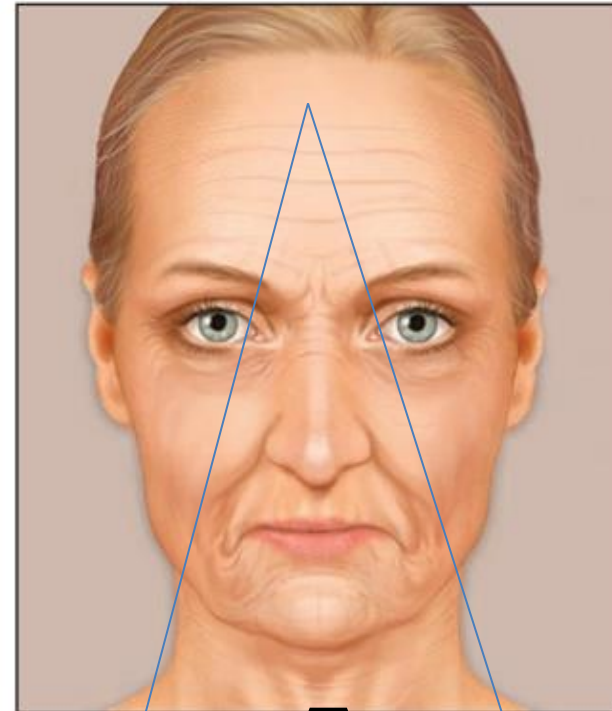


V

AGE: 45



AGE: 55



A



Orbita és apertura piriformis megváltozása



- Orbita és apertura piriformis megnő
 - Akár 50%-ot
- Eleinte arányos növekedés
- Később: Latero-inferior részen kifejezettebb resorpcio –
 - fokozott maxillaris és temporalis resorpcio

Maxilla, Mandibula

- Maxilla resorptio korral fokozódik:
 - elveszti a függőleges pozícióját
- Mandibula:
 - Előrébb helyeződik
 - Mandibula szög megnő (97° - 135°)
 - Következményes változások a fogsorban

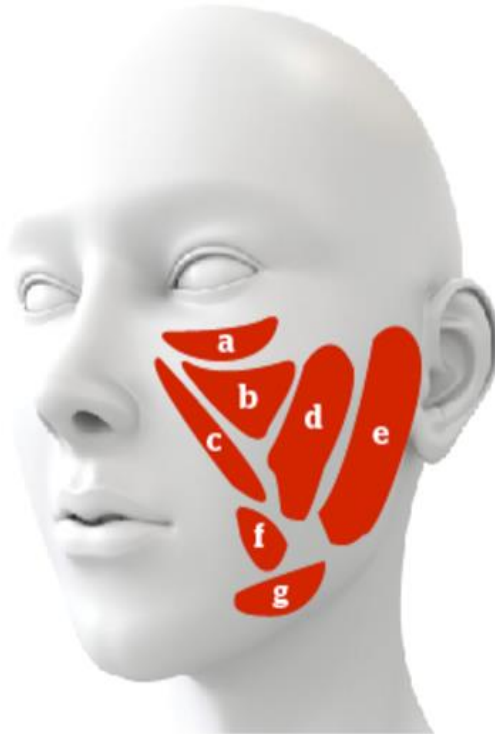


Az arc zsírkompartmentjei

Figure 2 Superficial and deep cheek fat compartments

Superficial cheek fat compartments

- a) infraorbital fat
- b) medial cheek fat
- c) nasolabial fat
- d) middle cheek fat
- e) lateral cheek fat
- f) superior jowl fat
- g) inferior jowl fat



Deep cheek fat compartments

- h) medial sub-orbicularis oculi fat
- i) lateral sub-orbicularis oculi fat
- j) deep medial cheek fat
- k) buccal fat

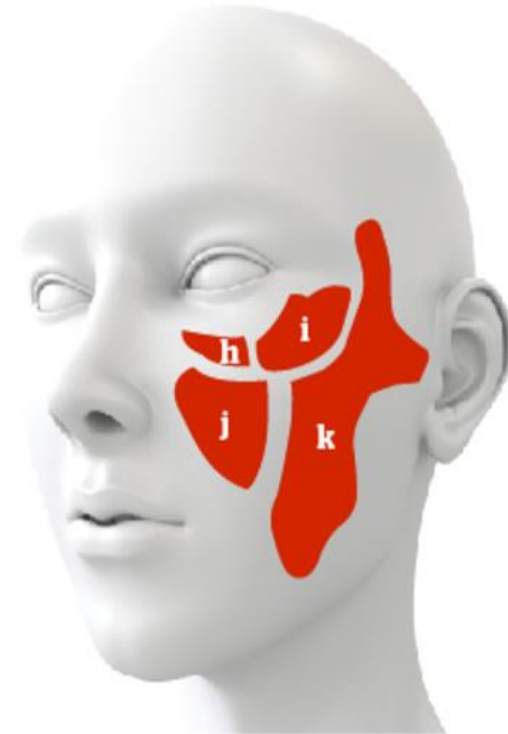


Figure 3 Sagittal section along the mid-pupillar line

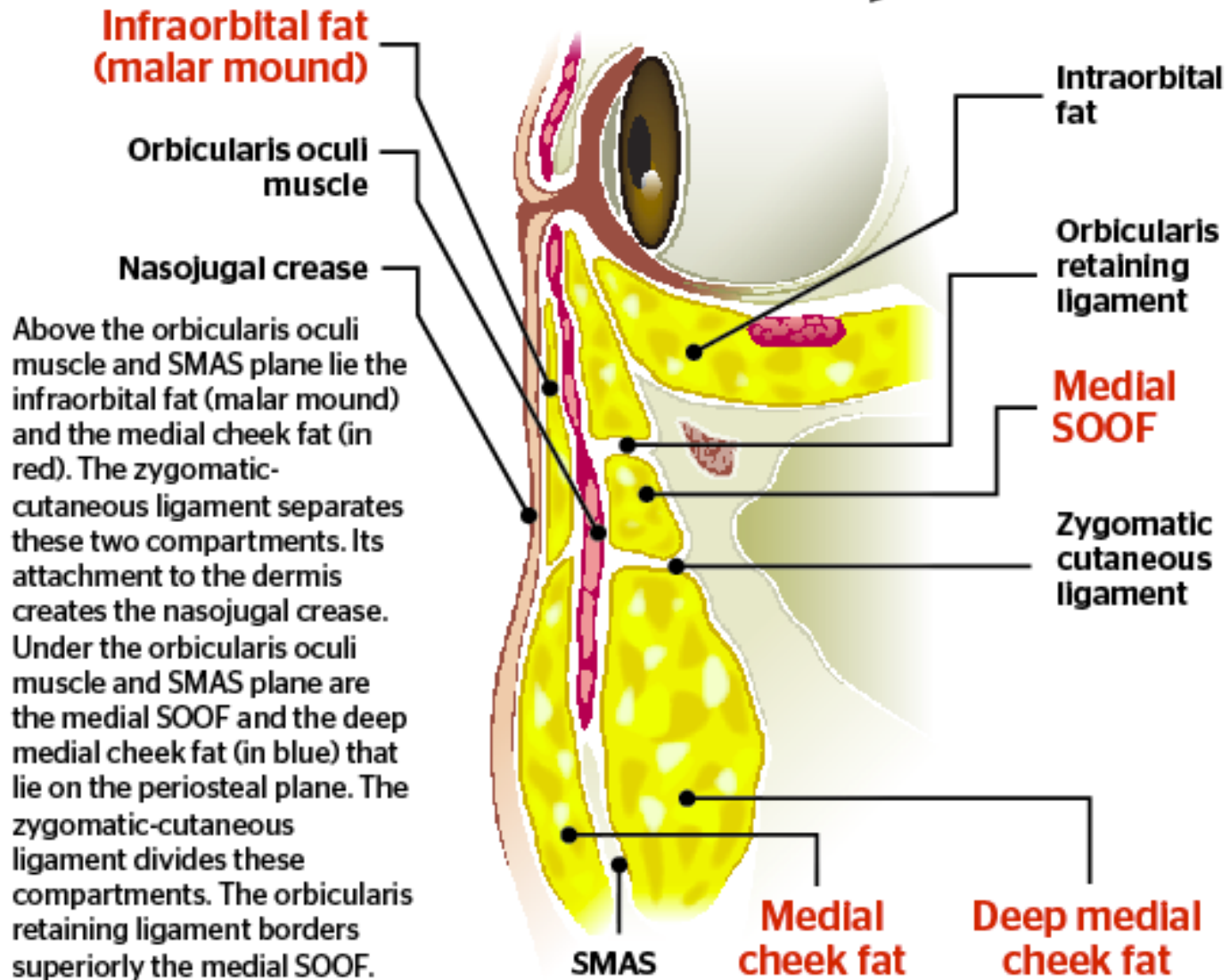


Figure 3 Tear trough deformity with age

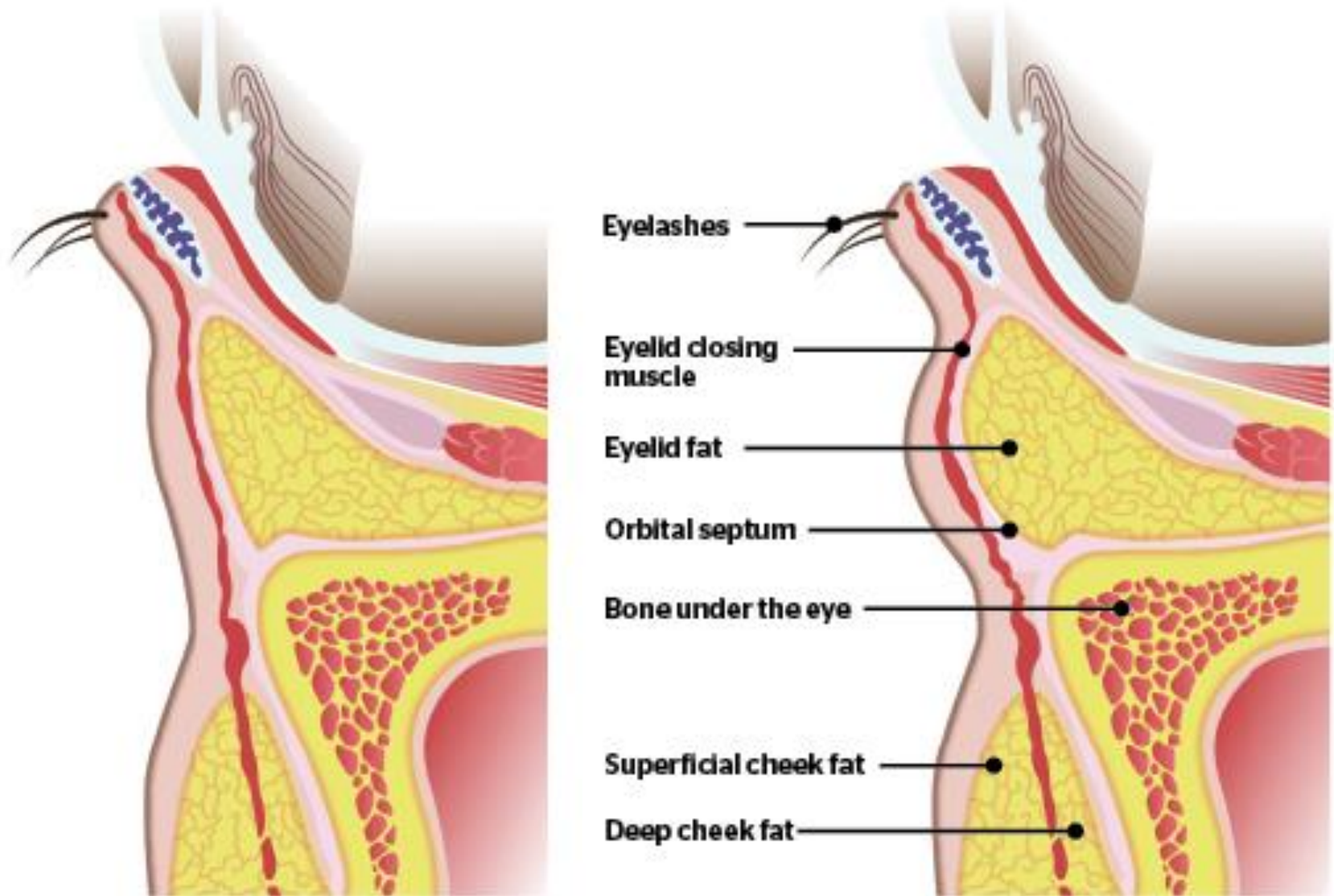


Figure 4 Deep cheek fat compartments: A) medial sub-orbicularis oculi fat, B) lateral sub-orbicularis oculi fat. The sub-orbicularis oculi fat are located below the orbicularis oculi muscle. In this anatomic dissection the SOOFs are visible thanks to the divarication of muscular fibers of orbicularis oculi muscle. C) Deep medial cheek fat. The upper part of DMCF is below the orbicularis oculi muscle. It borders laterally with the zygomaticus major muscle

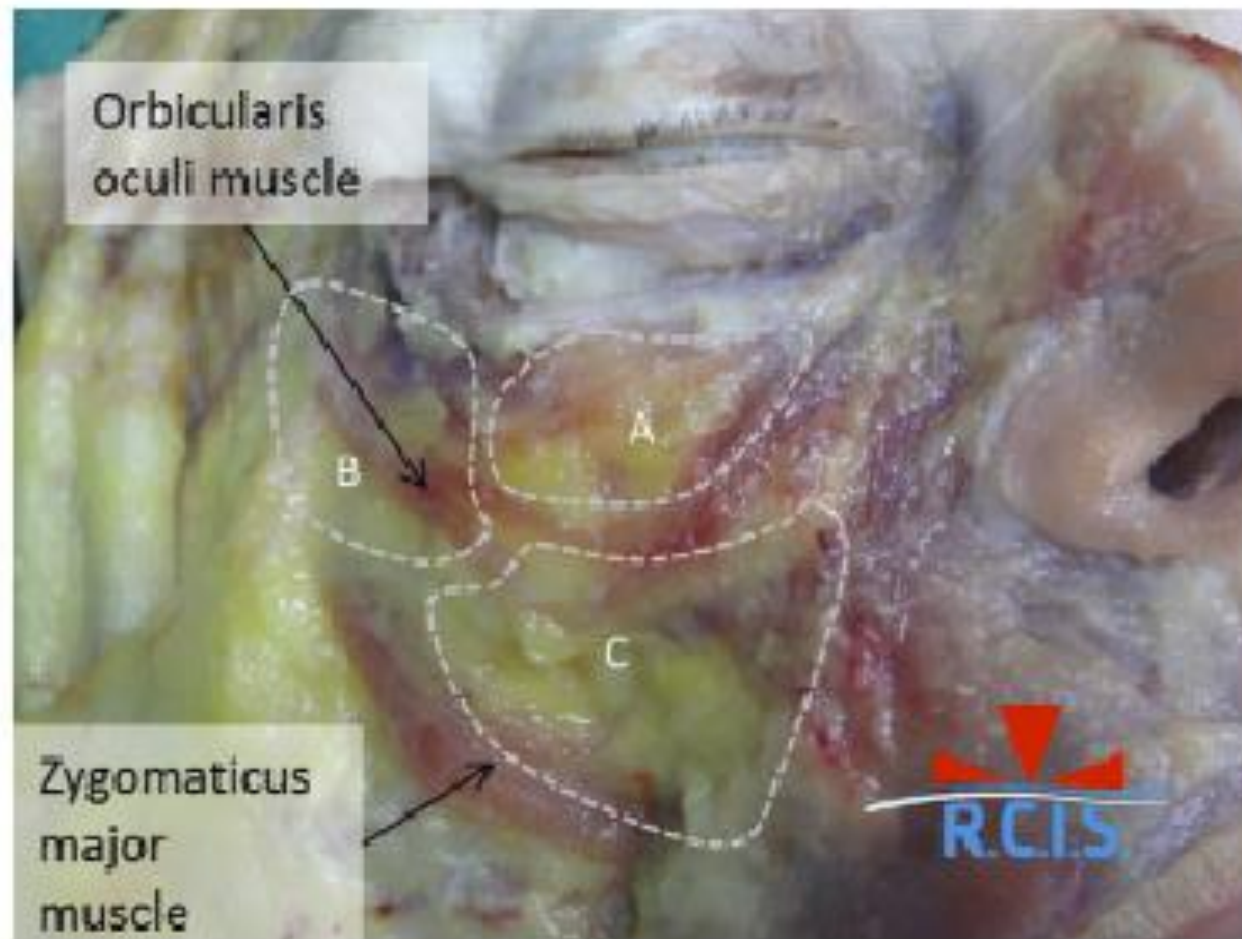
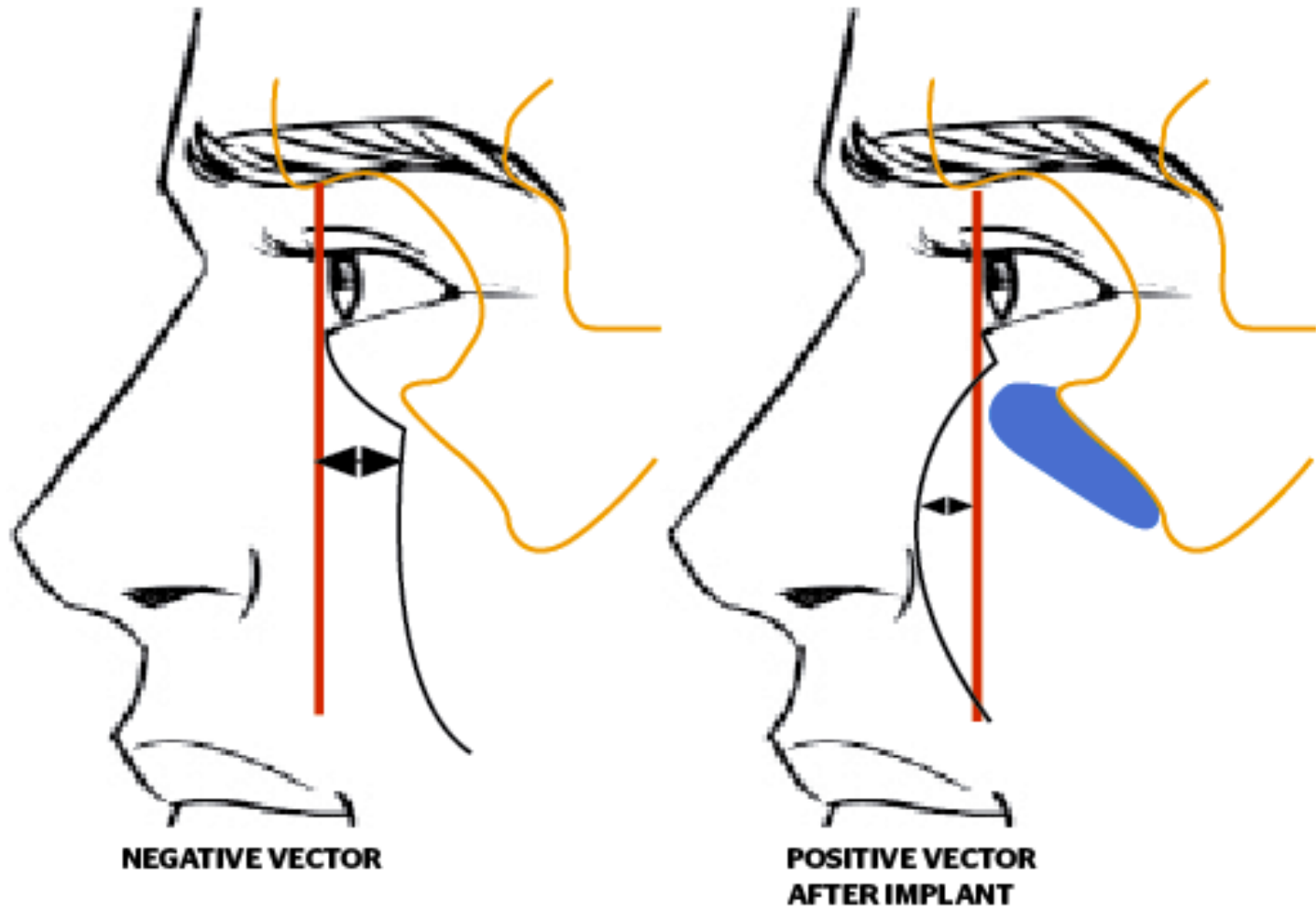


Figure 4 Tear trough correction of negative vector



(A) A negative vector is when the cheek bone is relatively back to the projection of the eyeball or the front of the cornea. This means that the eye is forward while the cheekbone is back.
(B) A common strategy for negative vectors is adding volume using a dermal filler. We should also consider addressing the mid-face and cheek area by using something more long-term, such as a cheek or submalar implant

Table 1 Midface aging type classification



Type 1

Hypotrophic (aging caused by hypotrophy)

There is widespread hypotrophy in all the maxillary fatty tissues, prevalently of the deep compartments (medial and lateral SOOF and DMCF). The region appears flat or concave all over. The nasolabial fold is caused by 'pseudoptosis' of the skin, which, no longer supported by the underlying soft tissue, is redundant. The cheek is concave due to hypotrophy of the middle cheek fat.



Type 2

Hypotrophic/ptotic (aging caused prevalently by hypotrophy but with a secondary ptotic component)

There is hypotrophy prevalently in the deep fat compartments (medial and lateral SOOF, DMCF). The region appears concave in the suborbital portion while the section closest to the nasolabial fold is slightly convex due to ptosis of the nasolabial compartment. The nasolabial fold is determined again by skin 'pseudoptosis' but appears more accentuated due to nasolabial fat ptosis. The cheek is slightly convex due to ptosis of the middle cheek fat.



Type 3

Ptotic/hypertrophic (aging caused mainly by ptosis but with a secondary hypertrophy component)

The fatty tissue of the maxillary region dislocates downwards due to ptosis of the superficial fat compartments. The infraorbital region appears flat or slightly concave due to hypotrophy of the medial SOOF and ptosis of the medial cheek fat compartment while the nasolabial region is convex due to hypertrophy of the nasolabial fat compartment. Nasolabial folds are caused by the sagging of the ptotic and hypertrophic nasolabial fat. The cheek is convex due to the ptosis and hypertrophy of the middle cheek fat. The hollow of the posterior part of the cheek begins to be noticeable due to the hypotrophy of the lateral cheek fat.



Type 4

Hypertrophic/ptotic (aging caused predominantly by hypertrophy but with a secondary ptotic component)

The fatty tissue of the maxillary region is hypertrophic and displaced downwards due to ptosis of the superficial fat compartments. The region appears concave only at the nasojugal groove while the central part and the nasolabial region are clearly convex. The nasolabial fold is determined by the sagging of the ptotic superficial fat compartment and accentuated by the hypertrophy. The hypertrophy and ptosis of the middle cheek fat make the cheek convex and the demarcation with the hypertrophic lateral cheek fat is noticeable.

Összefoglalás

- Csontok és zsírszövet együttes *térfogatvesztése*
- Csontok támasztó funkciójának a megváltozása
- Csontok és zsírszövet egymáshoz képest való elmozdulása
- A kisebb térfogatvesztéssel járó részek *lecsúszása*
- Cutis elváltozásainak addicionális hatása

