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التوثيق الالكتروني والميكروفيلم



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التوثيق الالكتروني والميكروفيلم

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بالرسالة صفحات

لم ترد بالأصل

**ANATOMY OF ORBICULARIS ORIS MUSCLE
AND ITS CLINICAL SIGNIFICANCE IN
CLEFT LIP REPAIR**

Thesis

Submitted for partial fulfillment
of the M.D. Degree in
Plastic Surgery

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﴿قَالُوا سُبْحَانَكَ لَا عِلْمَ

لَنَا إِلَّا مَا عَلَّمْتَنَا إِنَّكَ

أَنْتَ الْعَلِيمُ الْحَكِيمُ﴾

صدق الله العظيم

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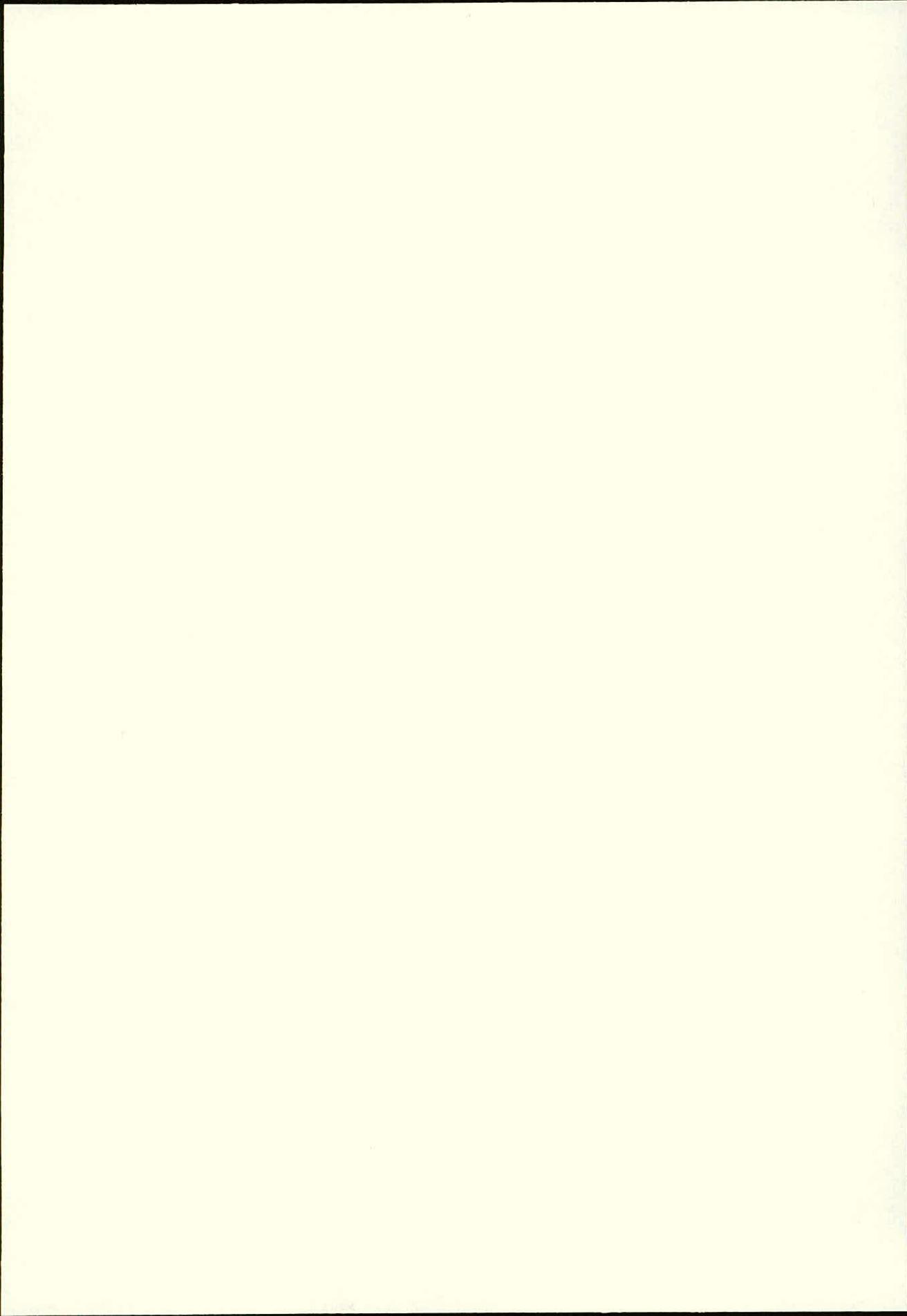
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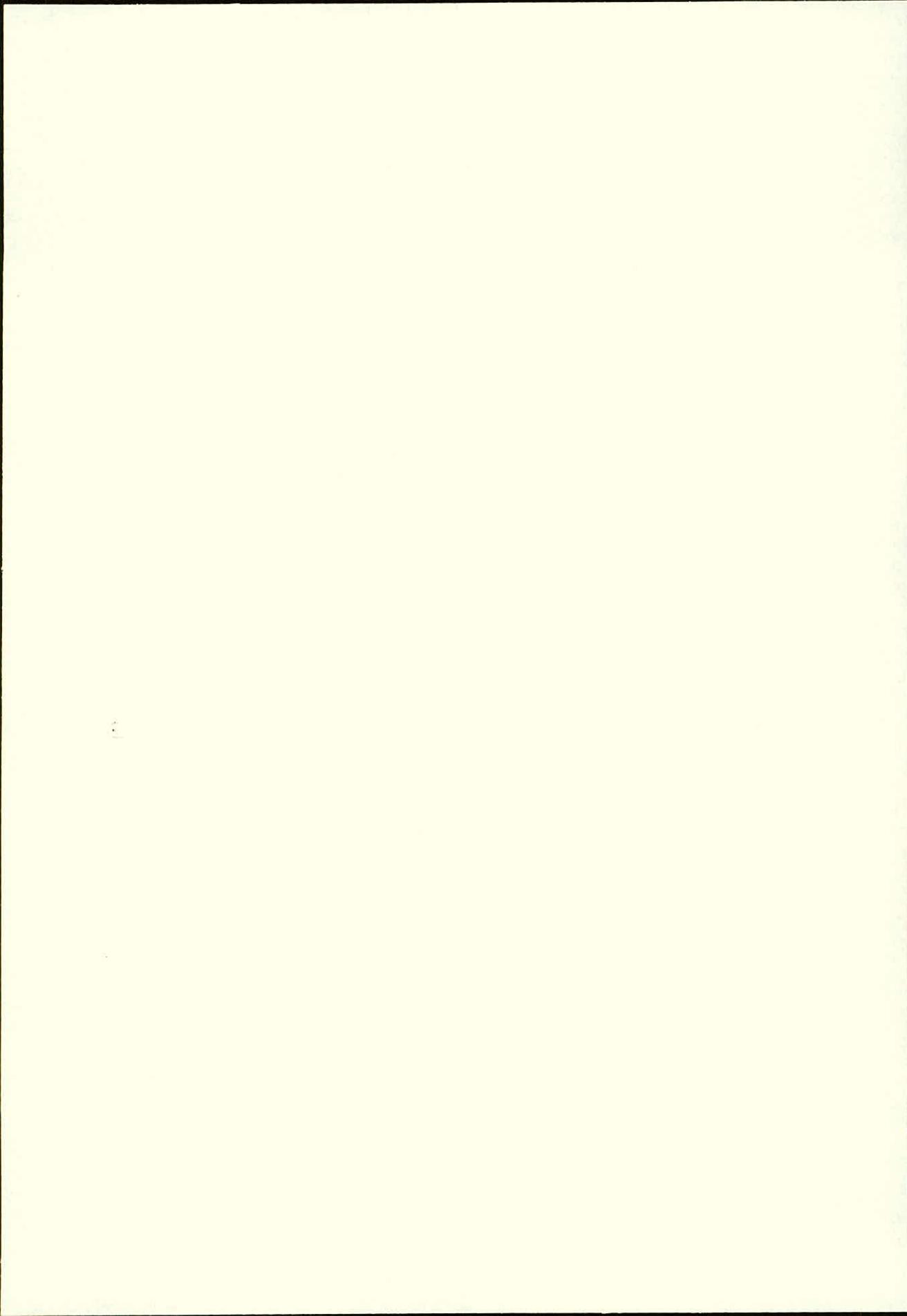
First and foremost I thank Allah for enabling me to attain new knowledge and experience through this work.

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Introduction

INTRODUCTION

The repair of cleft lip indeed the repair of any deformity, aims to restore the normal anatomy as far as possible. Such repair must be based on a through knowledge of the normal anatomy of the orbicularis oris muscle (*Nicolau, 1983*).

Most of the attempts and efforts in cleft lip repair have been directed toward the skin incision. The importance of the orbicularis oris muscle repair has been emphasized in recent years. The well-designed skin incision with simple repair of the orbicularis oris muscle has produced a considerable improvement in the appearance of the upper lip, however, the repaired upper lip seems to change its shape abnormally in motion and has a tendency to be distorted with age if the orbicularis oris muscle is not repaired precisely and accurately (*Chul Gyoo et al., 1995*).

Narin, 1975 described the orbicularis oris muscle as having eight parts, two in each of the quadrants of the lip, i.e., peripheral part and a marginal part. According to his description, the peripheral part of the orbicularis oris muscle had the extrinsic fibres from levator labii superioris, levator labii superioris alaeque nasi, and zygomaticus major and minor, which retract the upper lip as one group.