

# MANAGEMENT OF SOFT TISSUE

## FACIAL INJURIES

### **Thesis**

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# CONTENTS

❖ <b>Introduction.....</b>	1
❖ <b>Aim of work.....</b>	2
❖ <b>Anatomy of the face.....</b>	3
○ <b>Facial Bones.....</b>	3
○ <b>Soft Tissue.....</b>	7
○ <b>Anatomical Parts.....</b>	9
▪ <i>Buccolabial Tissue.....</i>	9
▪ <i>External ear.....</i>	10
▪ <i>Nose .....</i>	12
▪ <i>Eyebrows .....</i>	13
▪ <i>Eye lid.....</i>	13
○ <b>Muscles of facial expression and the superficial musculoa     system.....15</b>	15
▪ <i>Muscles of facial expression.....</i>	15
▪ <i>Muscles of the Eyelids.....</i>	16
▪ <i>Muscles of the Nostrils .....</i>	16
▪ <i>Muscles of the Lips and Cheeks .....</i>	17
▪ <i>Muscles of mastication.....</i>	18
▪ <i>Superficial musculoaponeurotic system.....</i>	19
○ <b>Nerve supply.....</b>	20
▪ <b>Sensory innervation.....</b>	20
• <i>The trigeminal nerve [V] .....</i>	20
• <i>Ophthalmic nerve [V1] .....</i>	21
• <i>The maxillary nerve.....</i>	22
• <i>Mandibular nerve [V3] .....</i>	22
▪ <b>Motor innervations.....</b>	23
• <i>The facial nerve [VII] .....</i>	24
○ <b>Vessels.....</b>	25
▪ <i>Arteries.....</i>	27
▪ <i>Veins.....</i>	28
▪ <i>Lymphatic drainage.....</i>	29
○ <b>Relaxed skin tension lines .....</b>	31

❖ <i>Classification of facial soft tissue injury.....</i>	31
❖ <i>General principles for management of Facial Soft-Tissue Injuries.....</i>	32
○ Definition.....	32
○ Incidence.....	32
○ Mechanisms of injury:.....	33
○ Etiology.....	33
○ Frequency.....	33
○ Morbidity .....	34
○ Therapeutic Goals.....	34
○ Therapy Indications.....	34
○ Initial survey.....	35
○ Definitive evaluation and physical examination.. .....	36
○ WORKUP.....	39
○ Medical Issues.....	40
○ Complications.....	40
○ Consultations.....	40
❖ <i>Surgical therapy.....</i>	41
○ Timing.....	41
○ Location .....	41
○ Wound preparation .....	41
○ Wound assessment.....	42
○ Anesthesia.....	42
○ Wound cleaning and irrigation .....	42
○ Repair.....	43
○ Suture technique.....	43
○ Wound closure .....	45
○ Suture removal .....	45
○ Follow-up.....	46
○ RECONSTRUCTION OF SPECIFIC FACIAL SUBUNIT .....	48
	56
	61
	67

▪ <i>Nose reconstruction</i> .....	48
▪ <i>Ear reconstruction</i> .....	56
▪ <i>Cheek reconstruction</i> .....	61
▪ <i>Lip reconstruction</i> .....	67
▪ <i>Eye reconstruction</i> .....	72
▪ <i>Eyebrow injuries</i> .....	74
▪ <i>Forehead</i> .....	75
▪ <i>Scalp injuries</i> .....	76
▪ <i>Special areas</i> .....	76
• <i>Nerve injuries</i> .....	76
• <i>Parotid duct injuries</i> .....	77
• <i>Lacrimal duct injuries</i> .....	78
❖ <i>Scar Revision</i> .....	79
○ <i>Timing of scar revision</i> .....	79
○ <i>Scar length, pattern, and relationship to relaxed skin</i> <i>tension lines</i> .....	79
○ <i>Pathophysiology</i> .....	81
Medical therapy.....	81
○ <i>Surgical therapy</i> .....	86
▪ <i>Surgical excision</i> .....	86
▪ <i>Flaps, Grafts and Artificial skin</i> .....	86
▪ <i>Z-plasty AND W- plasty</i> .....	87
▪ <i>Aftercare</i> .....	89
▪ <i>Risks</i> .....	89
❖ <i>Patients and methods</i> .....	90
○ <i>Case 1</i> .....	93
○ <i>Case 2</i> .....	95
○ <i>Case 3</i> .....	97
○ <i>Case 4</i> .....	99
○ <i>Case 5</i> .....	101
	103
	107
	109

○ Case 6.....	103
○ Case 7.....	107
○ Case 8.....	109
○ Case 9.....	112

❖ <i>Results</i> .....	114
❖ <i>Discussion</i> .....	117
❖ <i>Summary</i> .....	120
❖ <i>Referances</i> .....	122

## LIST OF FIGURES

	Page
(Fig. 1) Frontal (anterior) view .....	٤
(Fig. 2) Lateral View .....	٥
(Fig. 3) The ramus of the mandible.....	٦
(Fig. 4) Superficial fascia of face.....	٨
(Fig. 6) Lips.....	١٠
(Fig. 7) External ear.....	١١
(Fig. 8) Nose anatomy.....	١٢
(Fig. 9) Eye lid anatomy.....	١٣
(Fig. 10) Orbicularis oculi muscle.....	١٤
(Fig. 11) Tarsal plates.....	١٥
(Fig. 12) Orbital group.....	١٦
(Fig. 13) Nasal group.....	١٦
(Fig. 14) Facial muscles anatomy.....	١٧
(Fig. 15) Trigeminal nerve.....	٢٠
(Fig. 16) Cutaneous distribution of nerve supply of face.....	٢١
(Fig. 17) facial nerve anatomy.....	٢٤
(Fig. 18) Arterial supply of face.....	٢٥
(Fig. 19) The veins of face.....	٢٧
(Fig. 20) Lymphatic drainage of face.....	٢٨
(Fig. 21) Relaxed skin tension lines.....	٢٩
(Fig. 22) Simple interrupted suture.....	٤٣
(Fig. 23) Vertical mattress suture.....	٤٤
(Fig. 24) Over-and-over continuous suture.....	٤٤
(Fig. 25) Continuous intracutaneous suture.....	٤٤
	٥٠
	٥١

(Fig. 26) Esthetic Units of nose.....	
(Fig. 27) I U-advancement flap of nose.....	
(Fig. 28) Trapezoidal V-Y advancement of nose.....	52
(Fig. 29) V Y advancement with a Z-plasty of nose.....	52
(Fig. 30) Closure with a small transposition flap of nose.....	52
(Fig. 31) Sliding flap of nose. with a lateral subcutaneous pedicle.....	52
(Fig. 32) Island flap of nose based on the supratrochlear artery.....	53
(Fig. 33) Nasolabial flaps of nose.....	53
(Fig. 34) Closure with a bilobed flap of nose.....	53
(Fig. 35) Median forehead flap of nose.....	54
(Fig. 36) Burow's advancement flap of nose.....	54
(Fig. 37) Straight and oblique forehead flaps of varying sizes of nose.....	55
(Fig. 38) Cheek rotation of Imre of nose.....	55
(Fig. 39) Topographic anatomy of the ear.....	56
(Fig. 40) Managing of wedge-shaped resection of the ear.....	57
(Fig. 41) Managing of conchal defect of the ear.....	58
(Fig. 42) Managing of small helical defect of the ear.....	58
(Fig. 43) Managing of cleft earlobe of the ear.....	59
(Fig. 44) Managing of Small middle third defect.....	59
(Fig. 45) Managing of Partial avulsion of the upper auricle.....	60
(Fig. 46) Reconstruction of the earlobe.....	60
(Fig. 47) Small cheek defect repaired by a Z-plasty.....	61
(Fig. 48) Double advancement flap of the cheek .....	62
(Fig. 49) Burow's cheek advancement.....	63
(Fig. 50) V-Y advancement of the cheek.....	63
(Fig. 51) Small preauricular transposition flap of the cheek.....	63
(Fig. 52) Limberg flap (rhomboid flap) of the cheek.....	64
(Fig. 53) Bilobed flap of the cheek .....	64
	65
	65



(Fig. 54) Lateral cheek rotation of Weerda.....	65
(Fig. 55) Modified Esser cheek rotation.....	65
(Fig. 56) Use of a tissue expander.....	66
(Fig. 57) Subunits of the surgical upper and lower lips.....	68
(Fig. 58) Bilateral orbicularis oris composite flap reconstruction of large central lower lip defect.....	69
(Fig. 59) Bilateral depressor anguli oris total lower lip reconstruction.....	69
(Fig. 60) Central lower lip reconstruction with modified Bernard method....	70
(Fig. 61) Lip reconstruction. Bilateral orbicularis oris composite flap reconstruction of a large central upper defect.....	70
(Fig. 62) Central upper lip defect reconstruction.....	71
(Fig. 63) bilateral levator anguli oris flap total upper lip reconstruction.....	71
(Fig. 64) Direct primary closure of an upper eyelid defect involving up to one-fourth the length of the lid margin.....	72
(Fig. 65) Local facial flaps for eyelid reconstruction.....	74
(Fig. 66) Various small flaps in the face and forehead.....	75
(Fig. 67) Z-plasty following scar excision in the face.....	76
(Fig. 68) Scar excision by W-plasty.....	88
(Fig. 69) Scar excision by the broken-line technique.....	88
(Fig. 70) case 1 pre operative.....	93
(Fig. 71) case 1 post operative 1 month.....	94
(Fig. 72) case 2 pre operative.....	95
(Fig. 73) case 2 pre operative.....	96
(Fig. 74) case 2 post operative two week.....	96
(Fig. 75) case 3 pre operative.....	97
(Fig. 76) case 3 pre operative.....	98
(Fig. 77) case 3 immediate post operative.....	98
(Fig. 78) case 4 pre operative.....	99
	100
	100

(Fig. 79) case 4 pre operative.....	100
(Fig. 80) case 4 immediate post operative.....	100
(Fig. 81) case 4 immediate post operative.....	100
(Fig. 82) case 5 pre operative.....	101
(Fig. 83) case 5 post operative two weeks.....	102
(Fig. 84) right side cheek cut wound preoperative.....	103
(Fig. 85) injury of parotid gland and parotid duct in right side.....	104
(Fig. 86) Repair of parotid gland and parotid duct injury.....	104
(Fig. 87) Suturing of the wounds in layer.....	105
(Fig. 88) right side cheek cut wound postoperative.....	105
(Fig. 89) left side cheek cut wound preoperative.....	106
(Fig. 90) right side cheek cut wound postoperative.....	106
(Fig. 91) case 6 pre operative.....	107
(Fig. 92) case 6 post operative 10 days.....	108
(Fig. 93) case 6 post operative 20 days.....	108
(Fig. 94) case 8 pre operative.....	109
(Fig. 95) case 8 immediate post operative.....	110
(Fig. 96) case 8 post operative 10 days.....	110
(Fig. 97) case 8 post operative 20 days.....	111
(Fig. 98) case 8 post operative 1 month.....	111
(Fig. 99) Ugly hypertrophic scar in the forehead preoperative.....	112
(Fig. 100) hypertrophic scar in the forehead postoperative.....	113

## LIST OF TABLES

	<b>Page</b>
Table 1 Muscles of mastication .....	18
Table (2): Laceration sites and recommendations on suture size and typical time to removal.....	46
Table (3) A basic algorithmic approach to eyelid reconstruction .....	73

## LIST OF CHARTS

(Chart A) The degree or strength of relation between satisfaction rate and type of repair (fresh wound repair - scar revision) .....	114
(Chart B) The degree or strength of relation between cause of injury and type of injury. (Chart B) .....	115
(Chart C) The degree or strength of relation between Distributions of injury and Cause of injury. ....	115
(Chart D) The degree or strength of relation between Distribution of injury and Type of injury .....	116

## Abstract

No other part of the body is as conspicuous, unique, or aesthetically significant as the face. Because an individual's self-image and self-esteem are often derived from his or her own facial appearance, any injury affecting these features requires particular attention. Too many people present to emergency departments for treatment of traumatic facial injuries each year. Most of these injuries are relatively minor soft tissue injuries that simply require first-aid care or primary closures. Historically, severe facial trauma often resulted in cosmetic and functional defects; however, recent advances in the science of reconstructive surgery and in the management of trauma patients have significantly improved the morbidity and mortality of patients with facial traumatic injuries. The main cause of facial injuries is secondary to Motor vehicle accidents; 50-70% of patients with facial injuries will have injury to other systems. Males have a higher propensity for facial trauma. A proper approach to such cases includes history taking, assessment of the general condition of the patient, vascular and skeletal assessment then assessment of the wounds in terms of site, size, areas involved and the need for debridement or not. The therapeutic Goals are to restore the function, restoration of the aesthetics, tissue defects and reduction of scarring. The management should be done in a proper timing, wounds should be irrigated with saline, remove any lodged foreign body, use of a good antiseptic, with proper anesthesia, repair of wounds in layer with a proper suture material and technique, removal of suture in proper time and follow up for three months. The protocol of management is very important and should be known to all surgical practitioners. In this study we have tried to manage soft tissue facial injuries following the reconstructive ladder aiming to reach the best results and achieving the best functional, esthetical and satisfying outcome after recognition and repair of associated injuries.

### Keywords:

Soft tissue

Facial injuries

# INTRODUCTION

## ***INTRODUCTION***

Injuries of the facial soft tissue are either isolated in the form of abrasions, lacerations, incisions, crushed wounds, defect wounds or as part of severe traumas in combination with craniofacial fractures. The period between injury and treatment and the kind of primary wound treatment is of vital importance for future functionality and for the aesthetic result, which is especially important for the face. (Steve Lee et al 2006)

Historically, severe facial trauma often resulted in cosmetic and functional defects; however, recent advances in the science of reconstructive surgery and in the management of trauma patients have significantly improved the morbidity and mortality of patients with facial traumatic injuries. (Brian W Downs et al 2006)

The mechanism of injury for facial trauma varies widely from one locality to the next, depending significantly upon the degree of urbanization, socioeconomic status of the population, and cultural background of each region. MVAs continue to be a primary contributor to significant facial injuries in rural areas. In contrast, in inner metropolitan areas, domestic violence is the leading cause of facial trauma despite a denser population, a difference that may be due to stricter enforcement of traffic laws. (Steve Lee et al 2006)

Scar evaluation and revision techniques are chief among the most important skills in the facial plastic and reconstructive surgeon's armamentarium. These techniques depend as much on a thorough understanding of facial anatomy and aesthetics, advanced principles of wound healing, and an appreciation of the overshadowing psychological trauma as they do on thorough technical analysis and execution.

Scar revision is unique in the spectrum of facial plastic and reconstructive surgery because the initial traumatic event and its immediate treatment usually cannot be controlled. Patients who are candidates for scar revision procedures often present after significant loss of regional

tissue, injury that crosses anatomically distinct facial aesthetic units, wound closure by personnel less experienced in plastic surgical technique, and poor post injury wound management. (Howard S Kotler et al 2006)

## Aim of work

The aim of work is to enlight the principles for reconstruction of soft tissue facial injuries putting in consideration aesthetic and the total functional restoration of face.

The work will test the hypothesis of more aggressive management of lacerated wound to achieve a final aesthetically pleasing scar that need no or minimal revision versus conservative debridement and postpone of the patient for later multiple scars revision.