

Reconstruction of the lower lip

Primary closure

- we make sure that the scar crosses the border between the skin + lip redness in a perpendicular direction

Full-thickness excision of the lip

- solves a defect < 2 cm
- from the point of view of restoring the contour, W-excision is more advantageous, possibly Z-plasty of lip redness

Mucomuscular shift

- for defects affecting vermilion only

Stair shift

- solves defects up to 2/3 of the lower lip
- the usual range of displacement is 2 to 4 "stairs" that replicate the chin

Abbe's lobe

- we solve the defect of the lower lip by twisting the lobe from the upper lip, which we disconnect in the 2nd period

Lobes according to Estlander, Gillies and Karapandzic

- move the tissue for reconstruction from the nasolabial fold

Total reconstruction of the lower lip

- exceptional intervention
- the procedure according to Bernard and Webster can be used

Links

Related articles

- Upper lip reconstruction
- Nose Reconstruction
- Facial Reconstruction
- Soft tissue injuries of the face

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