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OPTIMIZATION OF FACIAL DEFORMATIONS

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ABOUT ARTICLE

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Abstract: Every year, specialists pay more and more attention to aesthetics in surgery. This is also due to the increase in the number of plastic surgeons and the high demands of patients. The result of any surgical intervention is ultimately assessed by the patient based on the quality of the postoperative scar. The problem of pathological scarring remains extremely relevant today. Depending on the extent and location, pathological scars cause various organic and functional complications (limitation of joint function, pain and other pathological conditions), as well as cosmetic defects that initiate mental imbalance in patients.

INTRODUCTION

As a result of severe injury or extensive surgery, not only the skin, but also the subcutaneous tissue may be subject to scar deformation. Reconstruction of the subcutaneous layer can be achieved through autologous fat transplantation [2]. The properties of fat autograft as a filler have been known for a very long time. Recent scientific research has shown that the introduction of fatty tissue into the area of scars accelerates their healing. Fat is practically indispensable for the correction of various types of scars (for example, retracted scars) in the area of the mammary gland after its removal. With fat autograft, it is possible to fill almost all "cavities" and correct unevenness, both on the face and on the body [3-5].

The first mentions of lipofilling appeared more than 100 years ago. In 1889 Van der Meulen described the first autologous fat grafting. The procedure consisted of free auto transplantation of fat and omentum between the liver and diaphragm. In 1893, the German surgeon Gustav Neuber published the first paper on fat grafting. He successfully transplanted fat obtained from the patient's upper limb to

the lower edge of the orbit to correct scar retraction after osteomyelitis [1,7] . After 2 years, another German surgeon Vincentz Czerny reported the first transplantation of a lipoma from the gluteal region to the left mammary gland for volume replacement after partial resection of the gland and obtained a stable result . In the 19th century, fat tissue transplantation seemed technologically complex and labor-intensive . And interest in fat transplantation (lipofilling) faded away for a while. Scientists were looking for a universal filler. At different times they were paraffin, lamb fat, silicone, hyaluronan acid . But none of the fillers turned out to be effective and safe at the same time [6].

Currently, lipofilling is experiencing its rebirth, and many studies indicate that a universal filler has been found [3].

RESULTS

The effectiveness of treatment was assessed after 3 and 6 months, according to the clinical groups. The degree of survival of the autologous fat graft was assessed visually by the quality and type of scar deformities, as well as by ultrasound diagnostics by measuring the thickness of the subcutaneous fat layer over time. An analysis of early postoperative complications and long-term results of the operations was carried out.

Thus, in the early postoperative period, side effects were observed in 2 patients from the first group and 3 patients from the second group. These were significant swelling, ecchymosis and pain that required additional drug therapy. In the late postoperative period, complications were noted in 3 patients: uneven contour - 2 patients, lack of effect - 1 patient. Long-term results were assessed in 2 stages: after 3 and 6 months. In patients of the first group, the results were assessed by analyzing photographs before and after treatment and filling out a treatment success scale. In patients of the second group, an ultrasound examination was additionally performed. The aesthetic result of the operation and the degree of cosmetic impairment of the donor area were also taken into account. Good and satisfactory results of surgical treatment, taking into account the additional impact of high-intensity laser radiation, were observed in 75% of patients in the first group. In the second group, good and satisfactory results were obtained in all 100% of patients. The use of high-intensity laser radiation was necessary to even out skin texture and eliminate erythema[2].

Autologous fat graft injections have resulted in both aesthetic and functional improvements[5]. Although, upon presentation, patients did not note dysfunction. The skin in the injured area became softer and more elastic, the color also improved, it became closer in color to the surrounding tissues.

CONCLUSIONS

The use of lipofilling method for the correction of atrophic scars of the skin and underlying subcutaneous fat has a significant advantage in comparison with classical methods - local plastic surgery. For patients with post-eruptive scars, the lipofilling method is practically the only low-traumatic and effective treatment method. The methods of laser ablation and deep peeling used are traumatic and not always predictable. Low trauma, short rehabilitation period, low cost of the procedure and satisfactory results are advantages when choosing a method of treating pathological atrophic, post-eruptive scars of the skin and the underlying subcutaneous fat layer [7–9].

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