

## **P8. CAN A TRIANGULAR SKIN FLAP DECREASE T- JUNCTION DEHISCENCE IN BREAST REDUCTION?**

**Humza Y. Saleem, MD, Jamie L. Kaplan, MD, Amer Mujkanovic, MD, Antonio J. Forte, MD PhD, Brian D. Rinker, MD**

*Mayo Clinic, Jacksonville, FL, USA.*

**PURPOSE:** The most common complication of a Wise pattern breast reduction is dehiscence of the wound at the inverted T junction. The inverted T-Junction, where the vertical and horizontal suture lines meet, has the greatest tension when compared to other aspects of the wound and is therefore prone to complication. A triangular skin flap (TSF) can decrease tension over the inverted T-junction and thus potentially decrease dehiscence rates in patients.

**METHODS:** A retrospective chart review was performed to identify adults ( $\geq 18$  years) undergoing Wise pattern breast reductions between 2017 and 2020 by two surgeons with varying techniques of closure - with TSF vs traditional closure (TC). Patient demographics, etiology, type of closure, risk factors and complications were all analyzed.

**RESULTS:** A total of 75 patients underwent Wise pattern breast reduction, of these 47 patients had closure with a TSF. The average age (TC=49, TSF=48,  $P>0.05$ ), BMI (TC=34.5, TSF= 31.7,  $P>0.05$ ) and size of breast reduction (TCF=783g, TSF= 574g,  $P>0.05$ ) were similar in both cohorts. When compared with a TC, patients with a TSF were less likely to have a T-junction dehiscence (TC=11, TSF=6,  $P=0.02$ , OR = 0.271 CI95% 0.073 - 0.76). Median follow up was 130 days (Range 8 - 679 days).

**CONCLUSION:** Wound dehiscence in breast reduction is a common problem. A simple triangular skin flap may hold the key to reducing T-junction dehiscence in this patient population.

## **P9. PRACTICE PATTERNS, PART 2: AN AMERICAN SOCIETY OF PLASTIC SURGEONS (ASPS) MEMBER SURVEY, 2000 AND 2020. HOW MUCH HAS BROWLIFTING CHANGED**

**Demetrius M. Coombs, MD<sup>1</sup>, Nicholas R. Sinclair, MD<sup>1</sup>, Andrew Kochuba, MD<sup>2</sup>,**

**Brett Baker, MD<sup>1</sup>, Jacob Grow, MD<sup>3</sup>, Alan Matarasso, MD<sup>4</sup>, James E. Zins, MD<sup>1</sup>**

*<sup>1</sup>The Cleveland Clinic, Cleveland, OH, USA, <sup>2</sup>HIK/B Plastic Surgery, Concord, NC, USA, <sup>3</sup>Southern Indiana Aesthetic & Plastic Surgery, Columbus, IN, USA, <sup>4</sup>Hofstra University/Northwell School of Medicine, New York, NY, USA.*

**PURPOSE:** In 2001, Elkwood and Matarasso conducted an American Society of Plastic Surgeons (ASPS) member survey detailing browlift practice patterns. Despite significant changes in approach in the past twenty years, no survey has been performed since.

**METHODS:** A 34-question descriptive survey was electronically distributed to a random group of 2,360 ASPS members. Results were then compared to the 2001 survey.

**RESULTS:** A total of 257 responses were collected (11% response rate;  $\pm 6\%$  margin of error at 95% CI). The most frequent technique for the correction of brow ptosis in both surveys was the endoscopic approach. The use of hardware fixation has increased in endoscopic browlifting while the use of cortical tunnels has decreased. While coronal browlifting has decreased in frequency, hairline and isolated temporal lift have increased. Neuromodulators have replaced resurfacing techniques as the most common non-surgical adjunct. Frequent use of neuromodulators has risen from 11.2% to 88.5%. Nearly 30% of current surgeons feel that neuromodulators have replaced formal browlifting procedures to a significant degree.

**CONCLUSION:** In comparing the 2001 and current ASPS member survey there has been a clear transition to less invasive procedures over time. While the endoscopic approach was the most popular means of forehead correction in both surveys, coronal brow lifting has decreased in frequency while the hairline and temporal approaches have increased. Neurotoxins have replaced laser resurfacing and chemical peeling methods as an adjunct, and in some cases replaced the invasive procedure entirely. Possible explanations for the above will be discussed.

## **P10. IT'S ALL RELATIVE: ASSOCIATIONS OF FACIAL PROPORTIONALITY,**

## ATTRACTIVENESS, AND CHARACTER TRAITS IN 597 INDIVIDUALS

**Dillan F. Villavisanis, BA<sup>1</sup>, Clifford I. Workman, PhD<sup>2</sup>, Daniel Y. Cho, MD, PhD<sup>1</sup>, Zachary D. Zapatero, BS<sup>1</sup>, Connor S. Wagner, BS<sup>2</sup>, Liana Cheung, MBBS<sup>1</sup>, Jessica D. Blum, MSc<sup>1</sup>, Scott P. Bartlett, MD<sup>1</sup>, Jordan W. Swanson, MD MSc<sup>1</sup>, Anjan Chatterjee, MD<sup>2</sup>, Jesse A. Taylor, MD<sup>1</sup>**

<sup>1</sup>Children's Hospital of Philadelphia, Philadelphia, PA, USA, <sup>2</sup>Perelman School of Medicine at the University of Pennsylvania, Philadelphia, PA, USA.

**PURPOSE:** Facial proportionality has known associations with perceptions of sociability, intelligence, and health; however, many previous studies used small sample sizes or artificial facial renderings. Using a large dataset, this study aimed to 1) determine the association of proportionality with attractiveness and character traits 2) determine differences in attractiveness and character ratings between “anomalous” and “typical” faces using a large dataset.

**METHODS:** 597 individuals were included from Chicago Face Database, a domain of facial measurements and metrics by 1,087 raters. The equation “Proportionality” quantified horizontal proportionality: “0” indicated perfect proportionality and more negative scores indicated disproportionality. Individuals were categorized as “anomalous” (ie: jaw asymmetry, scars) or “typical” by two reviewers.

**RESULTS:** Spearman's correlations revealed proportionality was associated with attractiveness ( $\rho=0.292$ ,  $p<0.001$ ) and trustworthiness ( $\rho=0.193$ ,  $p<0.001$ ), and disproportionality with anger ( $\rho=0.132$ ,  $p=0.001$ ), dominance ( $\rho=0.259$ ,  $p<0.001$ ), and threateningness ( $\rho=0.234$ ,  $p<0.001$ ). Mann-Whitney *U* tests revealed the “typical” cohort had higher levels/ratings of proportionality (-13.89 vs. -15.26,  $p=0.008$ ), attractiveness (3.43 vs. 2.95,  $p<0.001$ ), and trustworthiness (3.49 vs. 3.34,  $p<0.001$ ). Multivariate logistic regression models demonstrated interactions between proportionality and attractiveness predicted presence of facial anomalies (OR=1.056, 95% CI=0.008-0.102;  $\beta=0.055$ , SE=0.024,  $z=2.285$ ,  $p=0.022$ ).

**CONCLUSION:** This study demonstrates associations of facial proportionality with ratings of attractiveness and character traits. Additionally, proportionality and attractiveness both play a role in predicting the presence of facial anomalies.

## P11. UPPER BLEPHAROPLASTY WITH OR WITHOUT PTOSIS CORRECTION: AN ANALYSIS OF OUTCOMES IN 533 CONSECUTIVE PROCEDURES AT AN ACADEMIC HOSPITAL

**Liset Falcon Rodriguez, BA<sup>1</sup>, Doga Kuruoglu, MD<sup>2</sup>, Lilly H. Wagner, MD<sup>3</sup>, Elizabeth A. Bradley, MD<sup>3</sup>, Samir Mardini, MD<sup>2</sup>, Uldis Bite, MD<sup>2</sup>, Basel A. Sharaf, MD<sup>2</sup>**

<sup>1</sup>Mayo Clinic Alix School of Medicine, Jacksonville, FL, USA, <sup>2</sup>Mayo Clinic Division of Plastic Surgery, Rochester, MN, USA, <sup>3</sup>Mayo Clinic Department of Ophthalmology, Rochester, MN, USA.

**PURPOSE:** Eyelid ptosis may present along with upper lid dermatochalasis and brow ptosis. When indicated, ptosis correction (PC) is advocated during upper blepharoplasty (UB). In this study, we aimed to report outcomes following UB with PC.

**METHODS:** A retrospective review of consecutive patients that underwent UB from November 2018 to March 2020 was performed. Patient demographics, clinical characteristics as well as revisions were recorded. Cox-regression was performed to assess predictors of revision surgery.

**RESULTS:** Overall, 278 patients with 533 primary UB were included. The mean age was 67.3 years and mean follow-up was 8.3 months. In 169 (31.7%) cases, a brow lift was performed. UB with PC was performed in 109 (20.5%), of which 60 (55%) involved Müller's muscle conjunctival resection and 49 (45%) were levator repairs. There were no wound complications. New dry eye symptoms lasting  $\geq 3$  months occurred in 4 (0.8%) cases all of which resolved. A revision was performed in 3.8% after UB alone (residual skin [n=11], hypertrophic scar [n=4], Herring's law related ptosis [n=1]); versus 9.2% in the UB with PC group (over-correction [n=4], residual skin [n=4], asymmetry [n=2]). The multivariable analysis demonstrated increased rate of revision when UB was combined with PC (adjusted HR: 4, 95% CI [1.8-8.8],  $p=0.008$ ). There was no difference