

Under the Patronage of
H.H. Sheikh Hamdan bin Rashid Al Maktoum
Deputy Ruler of Dubai, Minister of Finance and President of the Dubai Health Authority



Sheikh Hamdan Bin Rashid Al Maktoum
Award for Medical Sciences



UNITED ARAB EMIRATES
MINISTRY OF HEALTH & PREVENTION



مدينة دبي الطبية
Dubai Healthcare City



3rd Emirates Plastic Surgery Congress

6th ISPRES 2017 Congress



Dubai, United Arab Emirates
17 – 19 November, 2017
Jumeirah Beach Hotel

programme &
abstract book

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6th ISPRES 2017 Congress

Dubai, United Arab Emirates

17 – 18 November, 2017 | Jumeirah Beach Hotel





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welcome

It is a great pleasure to welcome you to Dubai for the **3rd congress of EPSS- Emirates Plastic Surgery Society**, together with the **6th congress of ISPRES- the International Society of Plastic and Regenerative Surgery**. It will be held at the Jumeirah Beach Hotel from November 17th to 19th, 2017. We are creating an outstanding scientific and social event for our international guests. We will have live surgery demonstrations with the top specialists of both societies.

The Scientific Program Committee is chaired by Dr. Luiz Toledo. We are preparing a high level education program involving more than 30 international speakers. A fabulous social program, is being organized by our Local Arrangements Committee under the direction of our organizing committee.

November is a wonderful month in Dubai, with fair temperatures and blue skies. Enjoy our beaches, desert safaris, international restaurants and climb to the top of the Burj Khalifa, the tallest building in the world.

Dr. Luiz Toledo

EPSS Scientific Director





committees

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Scientific Committees

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Invited Faculty

ISPRES Invited Faculty

Alessandra Marchi, MD	Greg Evans, MD	Paul Cederna, MD
Alexandra Condé - Green, MD	Guy Magalon, MD	Peter Rubin, MD
Ali Mojallal, MD	Kotaro Yoshimura, MD	Pietro Gentile, MD
Amin Kalaaji, MD	Lee L.Q. Pu, MD	Riccardo Mazzola, MD
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Facheng Li, MD	Norbert Pallua, MD	Sydney Coleman, MD
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Amin Kalaaji, MD	Jamil Al Jamali, MD	Sabreya Saleh, MD
Amir Murad, MD	Khalid Alawadi, MD	Saleh Saad Kadhim, MD
Ammar Al Dhamin, MD	Kotaro Yoshimura, MD	Sanjay Parashar, MD
Ashok Gupta, MD	Lee L.Q. Pu, MD	Sanjay Saraf, MD
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Ghassan Younes, MD	Patrick Tonnard, MD	Zdenko Orozim, MD
Hani Abou Mayaleh, MD	Punam Bijlani, MD	





general information

Live Surgeries	17 November 2017
Opening Ceremony	17 November 2017
ISPRS Meeting	17-18 November 2017
EPSS Meeting	19 November

Congress Venue

Jumeirah Beach Hotel Convention Center

Registration and Information Desk

Registration and Information Desk will be open between 07.30-18:00 hours during the congress dates.

Badges

Your personal badge is required for entrance to all scientific and social arrangements. Please carry your badge with you all times.

Organizing Committee, Chairs and Speakers



Delegates



Firms, accompanying Person



Coffee Breaks

Coffee breaks will be served in the Exhibition area

Lunches

Lunches will be served in the event area

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scientific information

Chairmen and Speakers

All chairmen and speakers are kindly requested to be present in the meeting hall at least 10 minutes prior to the beginning of the sessions. Chairmen should make every effort to maintain the time schedule.

Certificate of Attendance

Certificate of attendance will be included in congress documents for all participants.

Speaker Ready room

A speaker ready room is available for presentation previews. We kindly request presenters to hand their presentations to the speaker ready room 'at least' 2 hour before the relative session.

CME

This event has been accredited by DHA with **24,5** CME hours (Accreditation number 2020/17)

6th The International Society of Plastic and Regenerative Surgery Congress **11,5** CME hours

3rd Emirates Plastic Surgery Congress - **13** CME hours





scientific programme

friday 17 november 2017

07:00 Registration

OPERATING THEATRE 1

Moderators: OT - Norbert Pallua, MD

Audience: Riccardo Mazzola, MD

Fat Grafting for Facial Rejuvenation and Contouring **Lee L.Q. Pu, MD**

Breast Augmentation. Implant to Fat Conversion Procedure **Roger Khoury, MD**



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OPERATING THEATRE 2

Moderators: OT - Brian Kinney, MD - Audience - Guy Magalon, MD

Breast Augmentation with Fat **Kotaro Yoshimura, MD - Saba Al Marush, MD**

Body Liposculpture **Luiz Toledo, MD**



12:30 - 13:30 Lunch Break



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13:30

Welcomes attendees

13:30

Welcome Speech by Dr Khalid Alawadi (Vice President of Emirates Plastic Surgery Society)

13:35 - 13:40

H.E. Dr. Ahmed S I Al Hashemi, (Representative of H.H. Sheikh Hamdan Awards Office)

13:40 - 13:45

H.E (Representative of DHA)

13:45 - 13:50

Dr Roger Khouri (President of ISPRES)

13:50 - 13:55

Dr Luiz Toledo (Scientific Chair)

CONGRESS PRESENTATIONS

Session 1

Introduction & Biology of Fat Grafting, SVF & ADSC; Maximizing & Understanding the Results

Chairmen: **Sydney Coleman, MD - Ashok Gupta, MD**

14:00 - 14:12

The Fascinating History of Fat Grafting. From Ram Fat to Stem Cells **Riccardo Mazzola, MD**

14:12 - 14:24

Regenerative Plastic Surgery: What are We Now? **Lee L.Q. Pu, MD**

14:24 - 14:36

Latest Research on Fat Grafting and Its Clinical Relevance for Aesthetic Plastic Surgery

Norbert Pallua, MD

14:36 - 14:48

Biology of Adipose Tissue: How We Can Process it for Regenerative Surgery?

Kotaro Yoshimura, MD

14:48 - 14:55

Discussion





scientific programme

friday 17 november 2017

Session 2

Stromal Vascular Fraction: Enzymatic Digestion, Mechanical Dissociation & Storage of Harvested Fat & SVF

Chairmen: **Ali Mojallal, MD - Greg Evans, MD**

14:55 - 15:07 Nanofat Derives Stromal Vascular Fraction Reveals Improved Progenitor Subpopulations

Greg Evans, MD

15:07 - 15:19 Aesthetic Technology, Fillers and Fat Grafting - How Do Stem Cells Fit In **Brian Kinney, MD**

15:19 - 15:31 Stromal Vascular Fraction, Preparation, Composition, Quality Controls, Indications

Guy Magalon, MD

15:31 - 16:00 Coffee Break

16:00 - 16:12 Shift Towards Mechanical Isolation of Adipose-Derived Stromal Vascular Fraction

Alexandra Condé - Green, MD

16:12 - 16:24 Extracellular Adipose Matrix and Growth Factor **Sydney Coleman, MD**

16:24 - 16:36 Mechanical Dissociation of SVF **Ali Mojallal, MD**

16:36 - 16:45 Discussion

Session 3

Acute, Sub Acute & Chronic Conditions Treated with Fat Grafting and/or SVF - Safety and Regulations

16:45 - 16:57 What Does Radiation Affects Adipose Tissue and Stem Cells? How Can We Treat Radiated Tissue? **Kotaro Yoshimura, MD**

16:57 - 17:09 Fat Grafting to Enhance Peripheral Nerve Regeneration **Paul Cederna, MD**

17:09 - 17:21 The Damage from Radiation Therapy and Fat. Biology and Results **Gino Rigotti, MD**

17:21 - 17:33 Stress-Dependent Upregulation of Stem Cell Markers and Populations for Processed Lipoaspirate **Greg Evans, MD**

17:33 - 17:45 Immuno Modulatory Effects of Adipose Stem Cells **Peter Rubin, MD**

17:45 - 17:55 Discussion

17:55 Adjourn



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scientific programme

saturday 18 november 2017

Session 4

Fat Grafting and/or SVF to the Breast and Trunk

Chairmen: Amin Kalaaji, MD - Facheng Li, MD

08:00 - 08:12 Conversion From Implants to Total Breast Reconstruction with Fat. The Difficult Cases.

Alessandra Marchi, MD

08:12 - 08:24 Aesthetic Primary Breast Augmentation with Fat Grafting in 122 Cases Comparing Different Processing Methods. 8 Years' Experience **Amin Kalaaji, MD**

08:24 - 08:36 Beyond Fat Grafting the Breast: Scaffold Manipulation, and Tissue Molding **Roger Khouri, MD**

08:36 - 08:48 Meta-Analysis of Fat Grafting for Gluteal Augmentation **Alexandra Condé - Green, MD**

08:48 - 09:00 Total Breast Reconstruction Using Autologous Fat Grafting: Techniques for Ensuring Predictability
Facheng Li, MD

09:00 - 09:12 Fat Grafting to the Breast, Face and Corporal Fat Grafting and/or SVF 
Marcos Sforza, MD

09:12 - 09:24 Tuberosus Breast Treatment Treated with Hybrid Surgery and Nano Textured Implants
Marcos Sforza, MD

09:24 - 09:35 Discussion

09:35 - 10:05 Coffee Break  **بصحا للتجارة (ش.ذ.م.م.)**
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Session 5

Fat Grafting and or SVF to the Head, Face and Neck

Chairmen: Sanjay Parashar, MD - Jaffer Khan, MD

10:05 - 10:17 Fat Injection in the Vocal Folds. Indications. Technique. Results **Riccardo Mazzola, MD**

10:17 - 10:29 The Different Planes of Lipgrafting in the Areas of the Face **Norbert Pallua, MD**

10:29 - 10:41 Fat Grafting for Facial Rejuvenation and Contouring **Lee L.Q. Pu, MD**

10:41 - 10:53 Off the Shelf Adipo-Cellular Matrix Study Injection in the Temple **Brian Kinney, MD**

10:53 - 11:05 Fat Grafting in Face Contouring **Marco Klinger, MD**

11:05 - 11:13 Discussion





scientific programme

saturday 18 november 2017

Session 6

ISPRES Free Papers Part 1

Chairmen: Kotaro Yoshimura, MD - Brian Kinney, MD

- 11:13 - 11:19 Nipple and Areola Complex Sensitivity Changes After Peri-areolar and Inframammary Incisions for Augmentation Mammoplasty (A comparative Study) **Yasser Helmy, MD**
- 11:19 - 11:25 Microfat, Nanofat Grafting in Genital Rejuvenation **Sophie Menkes, MD**
- 11:25 - 11:31 Forgotten Evidence in Regenerative Therapy **Ahmed Alaslawi, MD**
- 11:31 - 11:37 Fat Grafting for Resurfacing Exposed Implant in Lower Extremity: A Case Report
Yun-Nan Lin, MD
- 11:37 - 11:43 High Definition Fat Grafting Breast Augmentation **Giuseppe Visconti, MD**
- 11:43 - 11:49 Myths and Realities of PRP for Facial Rejuvenation and Hair Restoration
Domingos De Paola, MD
- 11:49 - 11:55 Topical Tissue Regeneration with Nanofat, Laser and A Unique Transdermal Delivery Vector
Flore Delaunay, MD
- 11:55 - 12:01 Total Facial Rejuvenation with Microfat Grafting Combined with Radiofrequency Assisted Liposuction and Skin Tightening Techniques **Wei-Gang Cao, MD**
- 12:01 - 12:07 Arthroscopic Debridement of the Trapeziometacarpal Joint Combined with Autologous Fat Transfer **Eva-Maria Baur, MD**
- 12:07 - 12:13 Triad of Platelet Rich Microfat Graft, Nanofat Grafts and Microneedling as A New Method of Facial Rejuvenation **Aly Hussein Abulhassan, MD**
- 12:13 - 12:19 Millimicrofat, A Product Between Microfat and Nanofat **Angelo Trivisonno, MD**
- 12:19 - 12:30 Discussion
- 12:30 - 13:50 Lunch Break





scientific programme

saturday 18 november 2017

Session 7

Fat Grafting and or SVF for Treating Scars Upper and Lower Limbs - Problems and complications

Chairmen: Roger Khoury, MD - Luiz Toledo, MD

13:50 - 14:02 Gluteal Augmentation with Fat: International Review of Highest Death Rate Ever in Aesthetic Surgery. Study of 45 Cases and Review of Literature. Shall We Stop Doing the Procedure?

Amin Kalaaji, MD

14:02 - 14:14 The Role of Mechanical Trauma in the Processing of Nanofat **Patrick Tonnard, MD**

14:14 - 14:26 Use of Autologous Fat Injections Enhancing Scar Maturation / Deformations in Severe Post - Burn Hypertrophic Scars / Skin Grafted Areas: A Long Term Follow Up **Ashok Gupta, MD**

14:26 - 14:38 The Impact of Adipose Tissue and ASCs on the Skin **Ali Mojallal, MD**

14:38 - 14:50 Update in Nanofat Grafting: What We've Learned, What We Still Do and What We've Changed **Patrick Tonnard, MD**

14:50 - 15:02 Fat Grafting and Adipose Stem Cell Therapy for Treating Amputation Sites **Peter Rubin, MD**

15:02 - 15:11 Discussion

Session 8

ISPRES Free Papers Part 2

Chairmen: Stefania de Fazio, MD - Riccardo Mazzola, MD

15:11 - 15:17 The Use of Porcine Dermis, Polynucleotides-Added Hyaluronic Acid and Advanced Medications in Chronic Ulcers: A Comparative Randomized Trial **Giovanni Francesco Marangi, MD**

15:17 - 15:23 Replantation and Revascularization of the Hand and Digits - Our Experience **Drazan Eric, MD**

15:23 - 15:29 Injectable Tissue Regeneration: A New Concept of Facial Rejuvenation **Steven R. Cohen, MD**

15:29 - 15:35 Scarless Wound Repair: The Must-Know Cellular and Molecular, Medical and Surgical Points **Mohammed Reza Namazi, MD**

15:35 - 15:41 Vulvovaginal Rejuvenation with Fat and Mechanical Isolated SVF **Fabien Boucher, MD**

15:41 - 15:47 Microvascular Tissue Transfer in the War Wounds Treatment **Jefta Kozarski, MD**

15:47 - 15:53 Above Average Look in Harmonization Surgery **Andrey Iskornev, MD**

15:53 - 16:00 Discussion

16:00 - 16:30 Coffee Break



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scientific programme

saturday 18 november 2017

Session 9

ICOPLAST

Chairmen: Stefania de Fazio, MD - Riccardo Mazzola, MD

- 16:30 - 16:40 Regenerative Surgery: A New Topic in Plastic Surgery: Cooperation Between ISPRES and ICOPLAST for Education and Training **Stefania de Fazio, MD**
- 16:40 - 16:46 Characterization of Stem Cells and Macrophages in Inflamed Fat Tissue and the Role of MIF Family Proteins in this Context **Bong-Sung Kim, MD**
- 16:46 - 16:52 Nanofat Clinical Applications. Jack of all Trades, Master of...? **Michelangelo Vestita, MD**
- 16:52 - 16:58 Lipotransfer as a Regenerative Treatment for Vulvar Lichen Sclerosus: Results of A Prospective Open Cohort Study **Aurora Almadori, MD**
- 16:58 - 17:04 The Impact of Different Receptient Site Pre-Conditioning Techniques in Fat Grafting Surgical Outcomes **Carlo M. Oranges, MD**
- 17:04 - 17:10 Discussion

Session 10

Platelet-Rich Plasma: Mixture with Fat, SVF and Hyaluronic Acid

Chairmen: Sabet Salahia, MD - Khalid Al Awadi, MD

- 17:10 - 17:22 Skin Rejuvenation: Comparison of the Results Obtained with Lipoaspirate, Lipoaspirate Supplemented with PRP, Expanded Stem Cells, PRP Alone **Gino Rigotti, MD**
- 17:22 - 17:34 PRP : From Recommendations to Clinical Use **Guy Magalon, MD**
- 17:34 - 17:46 The Combined Use of Enhanced Stromal Vascular Fraction and Platelet-Rich Plasma Improves Fat Grafting Maintenance in Breast Reconstruction **Valerio Cervelli, MD**
- 17:46 - 17:58 The Effect of Platelet Rich Plasma (PRP), Growth Factors, and Human Follicle Stem Cells in Hair Loss **Pietro Gentile, MD**
- 17:58 - 18:05 Discussion
- 18:05 pm Adjourn





oral presentations

FORGOTTEN EVIDENCE IN REGENERATIVE THERAPY

Alaslawi A, Nguyen Ps, Niddam J, Magalon G, Casanova D
French Aesthetics Clinic Dubai

Regenerative or stem cell therapy is an emerging field of treatment based on the stimulation of endogenous resident stem cells. Preclinical and clinical trials using PRP, stromal vascular fraction, or adipose-derived stem cells in reconstructive surgery are often focused on the functional and clinical efficacy of these therapies. Prior to treating a patient, clinicians must ask an essential question: what is the ideal dose or quantity required for an ideal result? This question refers to one of the most essential principles in pharmacology which consists in assessing the relationship between the dose of a drug and its biological effects. Moreover, significant biological differences in PRP preparations have been highlighted, and the omission of the dose-effect principle could explain the large variability in the clinical benefit of PRP reported in the literature. In the context of routine care - alopecia, enriched fat grafting - for each patient, a cell counter performs a complete cell count of whole blood and PRP. An injection report is furnished both to the surgeon and the patient including patient information, surgical information, biological characteristics of the injected PRP. Software to process the data has been set up and then used to investigate the relationship between the dose of injected cells and clinical efficacy. The aim of the authors is to point out a recurrent weakness in the majority of regenerative therapy clinical cases or trials which omit the dose-effect concept and to furnish elements to investigate this issue which could easily be performed for PRP.





oral presentations

TRIAD OF PLATELET RICH MICROFAT GRAFT, NANOFAT GRAFTS AND MICRONEEDLING AS A NEW METHOD OF FACIAL REJUVENATION

Aly Hussein Saber Abulhassan, Hala Lashin

Alexandria University, Plastic Surgery Dept., Alexandria, Egypt

Introduction: Everyday there is an increasing number of patients who suffer from ageing or wrinkles have several therapeutic options to improve the appearance of their skin. The available treatment modalities that provide desirable results are often overtly invasive and entail a risk of undesirable adverse effects. Micro & Nanofat grafting combined with PRP and Microneedling have recently emerged as an alternative for treating patients who are concerned with the aesthetic changes that result from injury, disease or ageing.

Aim: to evaluate the effect of the combined technique of fat grafting and micro needling on facial rejuvenation

Patients & Methods: 75 cases underwent the combined technique of the triad(MFG + PRP + Microneedling) between the period of 1/12/2015 and 30/4/2017.

Results: Since its introduction, facial rejuvenation has become increasingly popular; however, its results are variable and unpredictable. Several modifications have been made to the procedures of fat harvesting, processing, and injecting. The synergism that was induced by the triad improved patient satisfaction and results.

Conclusion: Combining the three modalities in a single session is a new technique that will change the role of rejuvenation of the face





oral presentations

ABOVE AVERAGE LOOK IN HARMONIZATION SURGERY

Andrey Iskornev

The Platintal Clinic, Plastic Surgery, Moscow, Russian Federation

Many businesses nowadays require a certain type of look. Social media and internet applications has created a new generation of patients asking for multi level makeover aimed to create above average appearance which we call «face harmonization». The study's purpose was to encourage a discussion and create a method of preoperative planning based on above average face anthropometry. By means of face implant placement, different techniques of SMAS lifting, deep plane cervicoplasty etc. we create a certain result taking into consideration how face proportions match to each other in one composition.

Our study is based on number of scientific articles in anthropometry, physiognomy, psychology and aesthetic surgery systemized in complex protocol aimed at improving clients self perception after the surgery. Symmetry, averageness, cross-culture specificity and sexual dimorphism in face structure were assessed in terms of surgical correction and postoperative expectations.

A number of case studies (n=135) were retrospectively analyzed and summarized in an algorithm which might be helpful for preoperative assessment and a surgical strategy planning. Harmonization protocol also includes our observations in group of "Instagram generation" of our clients. In our opinion social media influences dramatically on their aesthetic desires and sometimes goes against our classical understanding of harmony, composition and attractiveness.

We truly believe in importance of developing aesthetic sense by young plastic surgeons and its potential role as advocates of good taste. So offering the system of harmonization protocols to your judgment we put emphasize on deep roots of human attraction as the science.





oral presentations

MILLIMICROFAT, A PRODUCT BETWEEN MICROFAT AND NANOFAT

Angelo Trivisonno

Plastic Surgery, Rome, Italy

Introduction: Adipose tissue is an important source of stromal vascular fraction (SVF) cells, including mesenchymal cells, widely employed in regenerative medicine applications. Many efforts have been aimed to obtain a better SVF cells yield with minimal manipulation, optimizing the choice of the most suitable harvesting site. Moreover, in almost all Countries the isolation with collagenase is no longer considered as “minimal manipulation”; therefore, many procedures have been developed in order to reduce or eliminate the contamination of mature adipocytes and to collect SVF cells by mechanical isolation. In a previous study¹, we have observed that SVF cells are more resistant than mature adipocytes to mechanically forces. It is therefore possible to harvest smaller volumes of adipose tissue and therefore a lower number of mature adipocytes using a microcannula, without affecting the possibility to collect a relevant number of SVF cells^{2,3}. With the purpose to reduce the number of isolated mature adipocytes and the size of the fat fragments harvested, without destroying all adipocytes to preserve the niche, we developed a “millimicrofat” procedure consisting in: 1) collection of dermal adipose tissue using a microcannula; 2) mechanical processing by manually forcing the graft back and forth for 30 times through a 1.2 mm injector connected between two syringes to obtain a tissue processed in smaller fragments we called “millimicrofat”. To evaluate the procedure we assessed by laboratory analysis the number of stromal mesenchymal cells obtained in culture from macrofat, microfat and millimicrofat samples.

Materials and Methods: We harvested 2 types of lipoaspirates from 7 patients (age range 27-42 years old): 1) 5 cc of macrofat, collected using a 3 mm cannula with larger 2 mm holes; and 2) 10 cc of microfat, collected using a 2 mm microcannula with 1 mm holes, arranged in a single row. We harvested adipose tissue in lateral trochanteric area using microcannula, and using the cannula in a immediately lower layer. To obtain the millimicrofat sample, 5 cc of microfat were processed by 30 passages between 2 syringes through 1.2 mm transfer (Tulip Medical Products, San Diego, CA). In the laboratory an equal volume of the 3 types of samples (macrofat, microfat and millimicrofat) were centrifuged 300 g per 2 minutes in saline solution. Then samples were cultured in complete DMEM medium and the culture was extended for 12 days, before the plastic adherent cells were counted.

Results: The numbers of mesenchymal stromal cells obtained after isolation from cultures of samples of microfat and millimicrofat were similar, indicating that the millimicrofat procedure was not detrimental on the number of viable mesenchymal cells isolated. Most importantly, the number of cells obtained using the millimicrofat procedure was approximately 30%





oral presentations

higher than cells isolated from the macrofat sample. The millimicrofat was composed of smaller fragments that we could infiltrate through 25-27 G needles, in a more superficial layer of the tissues.

Conclusion: The millimicrofat can be considered as a pre emulsificated product, maintaining the entire niche and a decreased number of mature adipocytes in a reduced volume. Therefore using the millimicrofat procedure it is possible to obtain a sample with greater regenerative capacity in a small volume suitable for regenerative purposes.





oral presentations

LIPOTRANSFER AS A REGENERATIVE TREATMENT FOR VULVAR LICHEN SCLEROSUS: RESULTS OF A PROSPECTIVE OPEN COHORT STUDY

Aurora Almadori^{1,2,3}, Esther Hansen⁴, Anna Bootle⁴, Nicole Zenner⁵, Deborah Boyle⁵,
Allan Maclean⁵, Wendy Reid⁵, Peter EM Butler^{1,2,3}

Department of Plastic Surgery, Royal Free Hospital, ¹, Centre for Nanotechnology and Regenerative Surgery², Division of Surgery and Interventional Science, University College of London³, Charles Wolfson Center for Reconstructive Surgery, Royal Free Hospital and University College of London, London, United Kingdom⁴, Clinical Psychology, Department of Plastic Surgery, Royal Free Hospital, Vulvar Service, Department of Gynaecology, Royal Free Hospital, London, United Kingdom⁵

Lichen Sclerosus is a chronic inflammatory condition that affects genital skin in the male and female. Recently, minimally invasive regenerative therapies including autologous fat transfer, adipose-derived stem cells (ASCs), or platelet-rich plasma (PRP) have been proposed as an additional option to treat the patients who would be non-respondent to steroid treatment. The aim of the study was to evaluate the effect of lipotransfer in a cohort of women presenting lichen sclerosus of the vulva. A series of 20 prospective patients were treated with 1 to 2 autologous lipotransfer in the affected areas. Standardised pre and post-operative assessments were used. These included clinical observation, photography and a vulvar grading scale, symptoms were measured with; 1) a validated Visual Analogic Scale; 2) sexual function (Female Sexual Function Index); 3) sexual distress (Female Sexual Distress Scale); 4) psychological assessment (Hospital Anxiety and Depression Scale) and 5) intimacy (Relationship Assessment Scale). The clinical score showed a significant improvement in all treated areas ($p < 0.05$). A significant improvement was reported in the VAS for itching ($p < 0.05$) and soreness ($p < 0.05$). Sexual function was significantly improved after treatment ($p < 0.05$), as well as the distress associated with sexuality ($p < 0.05$). The patients also reported a significant improvement in the level of anxiety ($p < 0.05$) and depression ($p < 0.05$). Autologous lipotransfer is an effective treatment for vulvar lichen sclerosus. It reverses skin fibrosis, ameliorates the disease manifestations and patients' quality of life. Despite this encouraging results, further in vitro studies and prospective clinical trials are required to better understand the mechanism of action and to confirm the efficacy and safety of this potentially transformative regenerative treatment.



oral presentations

CHARACTERIZATION OF STEM CELLS AND MACROPHAGES IN INFLAMED FAT TISSUE AND THE ROLE OF MIF FAMILY PROTEINS IN THIS CONTEXT

Bong-Sung Kim, Norbert Pallua

RWTH Aachen University - Department of Plastic Surgery, Hand Surgery - Burn Center

Introduction: Non-healing wounds are a major issue in Plastic and Reconstructive Surgery. Subcutaneous adipose tissue in immediate proximity to the wound plays a hitherto underappreciated role as it participates in wound repair through mobilization of cells and secretion of soluble factors. The ancient pro-inflammatory cytokine macrophage migration inhibitory factor (MIF) and its structural homolog D-dopachrome tautomerase (DDT) are adipokines that may potentially orchestrate inflammation and wound repair.

In the present work, the authors characterized subcutaneous adipose tissue adjacent to non-healing wounds and specified the role of MIF and DDT in this context.

Materials and Methods: Subcutaneous adipose tissue samples were collected from healthy subjects (n=45) and patients with non-healing wounds (n=45). The samples were characterized and used for functional in vitro assays. Additional in vivo experiments in MIF^{-/-} and DDT^{-/-} mice were performed by injecting LPS into epididymal fat pads or intraperitoneally.

Results: Human adipose tissue adjacent to non-healing wounds generally showed a decrease of adipose-derived stem cells (ASC) and an increase of pro-inflammatory cytokines as well as pro-inflammatory M1-macrophages. Adipose tissue samples of non-healing wounds also showed MIF up-regulation and an unexpected inverse DDT down-regulation. MIF in particular promoted macrophage migration through its receptors CXCR2 and CXCR4. In murine tissue, the increase of MIF and decrease of DDT jointly skewed macrophages towards the M1 phenotype with diminished phagocytotic activity and impaired wound healing. Interestingly, the inverse regulation of MIF and DDT was only seen in adipose tissue whereas systemic levels of MIF and DDT in septic patients and mice were both increased.

Conclusion: Macrophages and ASCs are significantly altered in subcutaneous adipose of non-healing wounds which may be partially mediated by reciprocally regulated MIF and DDT. The inverse action of MIF and DDT appears to be limited to adipose tissue whereas in systemic inflammatory conditions MIF and DDT act synergistically.





oral presentations

THE IMPACT OF DIFFERENT RECIPIENT SITE PRE-CONDITIONING TECHNIQUES IN FAT GRAFTING SURGICAL OUTCOMES

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Introduction: Among the four phases of fat grafting process, which includes harvesting, tissue processing, recipient site preparation and injection, the preparation of the recipient site is the less investigated. The aim of this work is to provide a comprehensive overview of the different recipient site pre-conditioning techniques with the resulting outcomes.

Methods: A search on PubMed/Medline was performed for studies involving the preconditioning of the recipient site in fat grafting using the following key words: “fat grafting” and “recipient site”. Resulting articles were reviewed using a priori criteria.

Results: 117 articles were initially identified, 33 of which met inclusion criteria: 18 clinical studies on 2361 patients, 14 animal studies, and one in vitro study. Eight techniques were applied: external expansion, internal expansion, implantation of alloplastic material (silicone sheets), injections of cell-proliferation factors (autologous plasma, vascular growth factor, interleukin-8, adipose tissue derived stromal vascular fraction), ischemia, percutaneous fasciotomies, tunnelization, and microneedling. Pre-clinical studies demonstrated a positive effect on cellular activity (cell proliferation and angiogenesis) achieved with all techniques. Improvement in fat graft survival was demonstrated by the majority of the clinical studies, and was consistently higher than 50% at 3 months to 1 year follow-up.

Conclusions: The pre-conditioning of recipient site in fat grafting provides positive outcomes with different techniques. This can be especially relevant in case of recipient site affected by contracted scars or radiation therapy, where improvement of vascular supply and expansion of soft tissue can be decisive for the success of the procedure.





oral presentations

LOCAL APPLICATION OF ISOGENIC ADIPOSE-DERIVED STEM CELLS RESTORES BONE HEALING CAPACITY IN A TYPE 2 DIABETES MODEL

Christoph Wallner, Stephanie Abraham, Johannes Maximilian Wagner, Kamran Harati, Britta Ismer, Lukas Kessler, Hannah Z' Ollner, Marcus Lehnhardt, Bj'Orn Behr

Bone regeneration is typically a reliable process without scar formation. The endocrine disease type 2 diabetes prolongs and impairs this healing process. In a previous work, we showed that angiogenesis and osteogenesis - essential steps of bone regeneration - are deteriorated, accompanied by reduced proliferation in type 2 diabetic bone regeneration. The aim of the study was to improve these mechanisms by local application of adipose-derived stem cells (ASCs) and facilitate bone regeneration in impaired diabetic bone regeneration. The availability of ASCs in great numbers and the relative ease of harvest offers unique advantages over other mesenchymal stem cell entities. A previously described unicortical tibial defect model was utilized in diabetic mice (Leprdb2/2). Isogenic mouse adiposederived stem cells (mASCs)db2/db2 were harvested, transfected with a green fluorescent protein vector, and isografted into tibial defects (150,000 living cells per defect). Alternatively, control groups were treated with Dulbecco's modified Eagle's medium or mASCsWT. In addition, wild-type mice were identically treated. By means of immunohistochemistry, proteins specific for angiogenesis, cell proliferation, cell differentiation, and bone formation were analyzed at early (3 days) and late (7 days) stages of bone regeneration. Additionally, histomorphometry was performed to examine bone formation rate and remodeling. Histomorphometry revealed significantly increased bone formation in mASCdb2/db2-treated diabetic mice as compared with the respective control groups. Furthermore, locally applied mASCsdb2/db2 significantly enhanced neovascularization and osteogenic differentiation. Moreover, bone remodeling was upregulated in stem cell treatment groups. Local application of mACsS can restore impaired diabetic bone regeneration and may represent a therapeutic option for the future. STEM CELLS TRANSLATIONALMEDICINE 2016;5:836-844





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MYTHS AND REALITIES OF PRP FOR FACIAL REJUVENATION AND HAIR RESTORATION

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Introduction: Platelet-rich plasma (PRP) is blood plasma containing an above baseline level of platelets and growth factors. PRP is an emerging new treatment utilized to enhance wound healing and has been in clinical use over the last several decades within many disciplines, such as orthopedic, oral-maxillofacial and cardiac surgery. Recently, PRP has come to the attention of esthetic surgeons, with burgeoning new applications ranging from hair restoration to soft tissue augmentation and rejuvenation.

Goals/Purpose: The goal of this abstract is to review the current real-world applications of PRP in cosmetic surgery and hair restoration.

Europe and the United States, there is an increasing prevalence of the use of autologous blood products to facilitate healing in a variety of applications. Recently, we have learned more about specific growth factors, which play a crucial role in the healing process. With that knowledge there is abundant enthusiasm in the application of concentrated platelets, which release a supra-maximal quantity of these growth factors to stimulate recovery in non-healing injuries. For 20 years, the application of autologous PRP has been safely used and documented in many fields including; orthopedics, sports medicine, dentistry, neurosurgery, ophthalmology, urology, wound healing, cosmetic, cardiothoracic, and maxillofacial surgery.

In summary, PRP provides a promising alternative to surgery by promoting safe and natural healing.

Platelet-rich plasma (PRP) therapy involves injection of the patient's own platelets and fibrin for the cosmetic treatment of wrinkles or scars in the face, hands, and neck. Known to some as the "vampire facelift" (a term trademarked by Alabama cosmetic surgeon Charles Runels), it is less invasive than plastic surgery, takes about 20 minutes for each treatment, and offers improvements for up to 18 months.

Methods/Technique: Our PRP preparation protocols consists in drawing whole blood into a vial containing an anticoagulant, Blood is then centrifuged (first spin or "Soft spin") to separate the components based on variations in specific gravity: the bottom layer is comprised of red blood cells, the middle layer white blood cells and platelets (often referred to as the buffy coat) and the top layer plasma. The red blood cell portion is discarded, and the remaining plasma is centrifuged a second time (second spin or "Hard spin") concentrates the platelets into platelet-rich plasma (PRP) and platelet-poor plasma (PPP)





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components. The material with the highest specific gravity (PRP) will be deposited at the bottom of the tube.

PRP (1/3 of the bottom) and PPP (2/3 superior) are then separated in different syringes for different applications.

Calcium chloride 10% is then added to the syringes, inducing platelet activation and release of alpha-granule contents. Secretion of granule contents begins and fibrin polymerization occurs within 10 minutes of the onset of the clotting process and produces a platelet concentration of 3–5x that of native plasma, necessitating the application of the prepared plasma within this timeframe.

In our "rejuvenation" protocol we use the Hooke radiofrequency device to potencialize the effect of the PRP twice a month and one PRP application per month during 3 months.

To improve the process, just before the PRP application we use a dermaroller in the whole area.

Results/Complications: The effects of increased fibroblasts and collagen production were corroborated by clinical studies performed by Redaelli et al (2010) in 23 consecutive patients. They received injections with PRP once a month for 3 months, demonstrating clinical improvement in skin tonicity as well as reduction of facial rhytids.

The role of PRP for the treatment of hair loss also proven promising. Takikawa et al (2011) studied the effects of PRP scalp injections in 26 subjects with thinning hair. A single 3 ml injection of PRP was injected into half of the scalp, and saline injected into the other half. Compared to the control half, the PRP-injected scalp demonstrated significantly thicker and increased number of hairs. Histologic analysis revealed thickness epithelium and proliferation of collagen, fibroblasts and vasculature.

Conclusion: PRP is easy to produce with minimal effort and can be prepared as needed at the point of care. The ease with which PRP can be prepared and applied heightens its appeal in cosmetic surgery. If studies continue to demonstrate desirable results, its adoption into practice could be easily facilitated.

Since 2011, I have been using PRP to treat deep nasolabial folds and superficial rhytids as well as for facial volumization. At the same time we begin to treat hair loss and baldness with a very similar protocol but with the addition of the Low Level Laser Therapy (LLLT) with wonderful results.





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REPLANTATION AND REVASCULARIZATION OF THE HAND AND DIGITS - OUR EXPERIENCE

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Objective: Hand and digits replantation is defined as reattachment of the amputated hand or digits using the neurovascular and musculoskeletal structures in order to obtain the functional recovery. The aim of this study was to show our experiences in replantation and revascularization of the hand and digits.

Materials & Methods: From 2009 to 2015 year, 65 patients received replantation and revascularisation of hand and digits. 18 hands and 21 digits revascularisations and 9 hand and 17 digits replantations were performed using general anesthesia, axillary block or digital block. The parameters evaluated were: age, gender, comorbidities, trauma, time and type of ischemia, mechanism of the amputation and devascularisation, number of anastomosed vessels and use of vein grafts. Also, we analyzed total active motion of MP and IP-joints, grip and pinch strenght. Sensibility of hand and digits was tested with static two-point discrimination test (2PD).

Results: Ninety two percent of the 26 performed replantation survived. Of 39 revascularizations performed, the survival rate was 89,74%. Twenty patients (30,77%) were smokers and thirteen patients had significant co-morbidities (20%). The zone of injury was at the level of the distal phalanx in 12 cases (18,46%), the middle phalanx level in 9 case (13,85%), proximal phalanx level in 17 cases (26,15%) and 27 patients at midpalm and wrist level (41,54). Vein grafts from volar forearm were harvested in 9 digits and 4 hands. The average surgical time was 3.8 hours (range 1.3 to 5,9). A temporary tourniquet was used in all replantations and revascularisations only to aid in the identification and dissection of recipient structures. Mean static 2PD in thumb was 12 mm, in fingers was 11 mm and centre of palm was 15 mm. Total active motion (TAM) was on average 149 degrees (range 25-250 degrees) per injured digit.

Conclusions: Factors that influenced succesfull replantation and revascularisation included correct anastomosis of the blood vessels, carefully removed of the adventitia, time and type of ischemia, level and mechanism of injury, general health, surgical experience and application of anticoagulant therapy.



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ARTHROSCOPIC DEBRIDEMENT OF THE TRAPEZIOMETACARPAL JOINT COMBINED WITH AUTOLOGOUS FAT TRANSFER

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Osteoarthritis of the carpometacarpal joint of the thumb (CMC-I) is a common disease in clinical day of hand surgery. A variety of conservative and surgical treatments have been developed during the last decades. Although resection arthroplasty with its many variations is a hallmark in surgical treatment of thumb arthrosis the search for less invasive or maybe preventive therapy is going on. This aim and the steady technical improvement are leading to the more and more common use of arthroscopy of the CMC-I joint. The increasing number of publication suggest that arthroscopic debridement with or without interposition leads to satisfactory outcomes, but there is still a lack of long term results, limitations of these procedures in term of patient selection and, if there is any, the optimal type of interposition material.

Since 2013 we have treated arthroscopically 19 patients, suffering from trapeziometacarpal joint arthrosis. Regarding the classification of Eaton and Littler they showed radiologically a 1st to 2nd grade of CMC-I arthrosis. Arthroscopically all patients had at least second grade of cartilage lesions in terms of Outerbridge classification. In the 19 cases we did a synovectomy/debridement and an autologous fat transfer (8) after arthroscopic debridement. The minimum follow up is 6 month up to 3 years after arthroscopic treatment. 11 patients could be reported with the minimum FU from 6 to 24 months. Grip and pinch strength as well ROM and Kapandji score were examined during follow up. Apart from that the patients' satisfaction, VAS and DASH score were surveyed. One case suffered from light version of CRPS. There was no infection.

Arthroscopic synovectomy with interposition appears to prolong the painless interval. Besides there were mostly resection arthroplasty after debridement without interposition. So similar to the current literature we see a discreet advantage in arthroscopic debridement with interposition.

Interposition with autologous fat graft is methodically easily done. No infection or complication according to the fat graft took place. So far (6 to 24 months after surgery) none of these patients needed resection arthroplasty. Radiologically the degenerative process of the CMC 1 arthrosis decelerates. There is almost no influence regarding the range of motion (ROM) after arthroscopic treatment and pain relief is achieved after short time. Grip strength stays diminished. None of the patients would refuse re-doing the arthroscopic treatment. So arthroscopic treatment in case of painful CMC-1 arthrosis is a potential tool. Especially autologous fat graft interposition after arthroscopically debridement seems to be an efficient therapeutic option.





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TOPICAL TISSUE REGENERATION WITH NANOFAT, LASER AND A UNIQUE TRANSDERMAL DELIVERY VECTOR

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Background: Topical tissue regeneration using nanofat in combination with a transdermal delivery vector and fractionated erbium thulium fiber laser is a new concept within cosmetic surgery. Conventional fat grafting, platelet-rich plasma (PRP) and nanofat used in combination with resurfacing lasers and microneedling devices have been reported. Fractional lasers create a micropuncture into the skin that solicits host stem cells to the site of injury as a component of repair. The injury also facilitates transdermal delivery of biologic and synthetic products. Nanofat has an increased number of stromal vascular fraction cells (up to 50,000 cells/ml depending on preparation and patient). These cells can be delivered through micropunctures that are open for 4 minutes following fractional laser. Transdermal delivery devices may increase the penetration of these tissues and their associated cells and proteins into the dermis. This is the first small case study to evaluate the application of topical nanofat using a unique transdermal delivery vector after fractional laser for 72 hours.

Materials and Methods: Over the past year we have treated patients with a combination approach of fractional laser and topical application of a specially formulated, patient personalized cream of their stromal vascular fraction cells and maxtrix from fat. As regenerative cells have been shown to last for 72 hours with refrigeration, patients were instructed to apply the cream for 3 days, 4 times a day.

Results: Patients reported faster healing with most indicating healing occurred 2-3 times faster than their prior laser procedure without the use of nanofat. All patients noted improved skin thickness and texture up to 6 months after treatment. Two patients underwent biopsy of a retroauricular region that was lasered on both sides, but treated on one side only with nanofat. Biopsies at 2 and 3 months after treatment showed substantially more new elastin fibers regeneration. There were no complications from the laser or from the fat harvest with the exception of minor bruising at the fat harvest site. Conclusions: Transdermal delivery of stromal vascular cells via a nanofat gel compounded with a sterile delivery vector that serves as a particulate delivery system appears to improve regeneration of elastin to a much greater degree than fractional laser resurfacing alone. Injectable or topical tissue regeneration is possible using the patient's own stromal vascular fraction tissue.



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THE USE OF PORCINE DERMIS, POLYNUCLEOTIDES-ADDED HYALURONIC ACID AND ADVANCED MEDICATIONS IN CHRONIC ULCERS: A COMPARATIVE RANDOMIZED TRIAL

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Aim: Reconstruction of chronic ulcers is often hampered by lack of local tissues and poor general conditions. Conservative approaches with debridement and advanced medications stand as mainstays. Porcine dermis (PD) and polynucleotides-added hyaluronic acid (PAHA) were reported to promote healing. The aim of the study was to compare the efficacy of PD, PAHA and advanced medications in chronic ulcers.

Materials and Methods: Thirty patients were divided into 3 groups: group 1 was treated with advanced medications, group 2 with PD, group 3 with PAHA. Standardized photographs and biopsies were taken before treatment and at 30-day follow-up. Photographs were processed to calculate the wound area. Specimens were stained with Hematoxylin/Eosin, Masson trichrome, and immunohistochemically for CD34, alpha-Smooth Muscle Actin (α -SMA), Collagen types I and III, Ki67.

Results / Discussion: The re-epithelized area was larger in patients treated with PD ($6,14 \pm 3,67$ cm²) and PAHA ($3,64 \pm 2,24$ cm²) compared to those treated with advanced medications ($0,4 \pm 0,17$ cm²) ($p < 0,05$ and $p < 0,01$, respectively). Specimens from patients treated with PD and PAHA showed a higher number of myofibroblasts (α -SMA+, $p < 0,01$), neo-angiogenesis (CD34+, $p < 0,01$), proliferating dermal cells (Ki67+, $p < 0,01$), proliferating keratinocytes (Ki67+, $p < 0,01$) and collagen type 1 deposition ($p < 0,05$). No difference was found between PD and PAHA.

Conclusion: PD and PAHA proved to be more effective than advanced medications in the treatment of chronic ulcers. These approaches represent a versatile and reliable tool to address such cases. Given the regenerative properties found at histological analysis, they further fade the border between medication and regeneration.





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HIGH DEFINITION FAT GRAFTING BREAST AUGMENTATION

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Objectives: The purpose of this paper is to report a new, scarless technique using dual anchor thread sutures which allows to obtain a high-definition, lower new inframammary fold and at the same time further enhances lower pole convexity due to an upward redirection of interstitial pressure during healing time. Cosmetic breast augmentation with fat grafting is gaining increasing success and demand worldwide and nowadays it is considered an established scarless surgical alternative to augmentation with implant. Advances in basic science and refinements in surgical techniques allow obtaining consistent, natural and durable results with the adjunct benefit of donor site liposculpture. Besides augmenting breast volume, two goals are keys to obtain natural and pleasant reshaping .

Result: lower pole convexity and high-definition of new inframammary fold (IMF). IMF is a well-defined anatomical structure made of fascial and ligamentous components. These contribute to define a thigh fold, which represents the transition between the loose breast tissue and firm abdominal tissues. When the IMF needs to be lowered in fat grafting breast augmentation, this can be achieved by weakening it with both blunt and sharp instruments. Filling this space with fat and the subsequent edema will push down the old IMF contributing to obtain a lower new IMF. However, the new IMF will be the result of residual ligamentous components able to counteract to the interstitial pressure eventually aided by external bandages. However this approach is not always reliable and predictable, can be cumbersome and it may results in a not well-defined inframammary fold.

Materials & Methods: From September 2015 to June 2016, we applied this new technique on fourteen consecutive patients (seven cases with bilateral breast hypoplasia, three cases with constricted/tuberous breasts and 3 cases with major breast asymmetry, totalling 23 breasts), undergoing fat grafting breast augmentation where IMF lowering was needed. Preoperatively, the new IMF was designed symmetrically on both side. Fat grafting procedure was performed by lowering the existing IMF by a combination of blunt and sharp instrument weakening and filling the space with grafted fat. At the end of procedure, two polidioxanone anchor thread sutures where percutaneously passed along the designed new inframammary fold and tight up to the desired effect. A high-definition new IMF was immediately achieved. No postoperative external bandages were used to improve the new IMF definition.

Results: Patients' average age was 26 years old, ranging from 17 to 35 years old. Average follow-up time was 1 year, ranging from 8 to 18 months. A high-definition new inframammary fold was achieved in all cases and the IMF new location remains stable at follow-up.





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(figure 1) No postoperative complications were experienced such as thread infection, extrusion or inflammation.

Conclusion: The dual anchor thread suture technique is a new, effective, simple, reliable, safe and scarless method to control and high-define the new inframammary fold in fat grafting breast augmentation. By allowing an upward redirection of interstitial pressure on the lower pole rather than on the new inframammary fold, a further benefit is achieved due to an enhanced shaping effect on lower pole convexity.





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MICROVASCULAR TISSUE TRANSFER IN THE WAR WOUNDS TREATMENT

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War wounds caused by modern infantry weapons or explosive devices are very often followed by defects of various tissues. In accordance with war surgical doctrine at the Clinic for Plastic Surgery and Burns, we used free flaps in treating wounded with vast tissue defects. With an aim of closing war wounds, covering deep structures or making the preconditions for later reconstruction of deep structures, we applied the free flaps. The main criteria for using free flaps were: general condition of wounded, extent, location, and structure of tissue defects. We analyzed free flaps that we applied. After free flap transfer we performed (16,6 %) revisions, and after (9,2%) unsuccessful revisions we applied another free flaps in (2,5 %) patients, local skin flap in (0,8%) patient, cross leg flaps in (4,2%) patients, or performed below knee amputation in (1,6%) patients.

These war-wounds were accompanied by various tissue defects in over 50% of the wounded. In more than two-thirds of the wounded patients treated at our clinic, the structure of the war-wounds tissue defects was complex, therefore the surgical treatment of these wounds often required a multi-disciplinary procedure and a joint work of various surgeons-specialists usually with orthopaedists.

The surgical treatment of war-wounds accompanied by tissue defects consists of primary or secondary excision of devitalized tissue, delayed closure of the wounds as well as of secondary reconstructure of deep structures. An adequate primary excision of devitalized tissue makes the delayed closure of the wound possible. A proper closure provides the conditions necessary for secondary reconstructions of deep structures. Reconstructive microsurgery had fined application in the treatment of wounded from civil war in The Former Yugoslavia. Microvascular transplantation of free flaps was first time performed in the history of Yugoslav medicine for the treatment of war wounds with various tissue defects. In the epidemic situation of war trauma, followed by skin and soft tissue defects, it was possible to perform transplantation of large, free flaps of various structures by microvascular technique in one act operation. The aim of free flap application in wounded with various tissue defects was different according to the phase of surgical treatment. In the first phase of the surgical treatment the aims are: defect closing, deep structure covering and forming prerequisites for secondary reconstruction of the deep structures. That is why free flaps with skin component-skin island, were used in this early phase of the treatment. In the second phase of the surgical treatment - the phase of the reconstruction of the deep structures, the aim of the microvascular tissue transplantation was compensation of deep tissue structures, usually bone tissue. In this late phase of surgical treatment, phase of reconstruction of





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the deep structures free flaps with bone component or vascularised bone grafts were used. The advantages of the free flap transfer are single act surgical procedure, shorter closing period of war wounds with vast tissue defects and earlier beginning of physical therapy of wounded and the disadvantages are long duration of surgical procedures and the facta that microsurgical equipment and trained microsurgical team are required.





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NANOFAT CLINICAL APPLICATIONS. JACK OF ALL TRADES, MASTER OF...?

Michelangelo Vestita

Introduction: The term “nanofat grafting” was first used by Tonnard et al.¹ and constitutes a rich reservoir of regenerative precursor cells with pro-angiogenic capabilities. The many proprieties of nanofat in regenerative and aesthetic surgery are just being discovered.²⁻⁴ We present our experience in diverse clinical endeavors successfully managed with the use of nanofat.

Methods: Between 2016 and 2017 we used nanofat to treat 8 patients affected by non-healing ulcers associated to venous etiology, 12 male patients affected with androgenic alopecia, 20 patients affected with diffuse facial rhytidis and photodamage.

Each patient was treated with topical and/or local injections of nanofat, obtained by lipoaspirate filtration, either manually or through the TulipTM nanofat-transfer-kit. Objective assessments were carried out at specific per-group standardized time points, both clinically and by the use of specific instruments and/or scales. Adverse events were recorded at each visit.

We also conducted an in vivo angiogenic assay on the chorioallantoic membrane of chick embryos comparing brute fat with nanofat and the stromal vascular fraction (SVF).

Results: Significant clinical improvement was evidenced in all groups. No adverse events were recorded.

The angiogenic assay demonstrated a significantly more pronounced angiogenesis with nanofat and the SVF when compared to brute fat.

Conclusions: There is a lack of quality evidence in the international literature regarding nanofat. To date, this represents the most comprehensive experience documenting the use of nanofat, both in terms of patients numbers and conditions treated. Further controlled data will be needed to confirm our evidence.

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SCARLESS WOUND REPAIR: THE MUST-KNOW CELLULAR AND MOLECULAR, MEDICAL AND SURGICAL POINTS

Mohammed Reza Namazi

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The healing of wounds with minimal scarring has always been the concern of patients and their physicians. Humans are erroneously inclined to make a negative correlation between the healing rate and the degree of scar formation, while such a correlation does not exist in reality (Namazi MR, et al. Strategies for prevention of scars: what can we learn from fetal skin? *Int J Dermatol.* 2011;50(1):85-93).

In this presentation, I will present a brief discussion of molecular and cellular events underlying scar formation as well as the must-know medical and procedural approaches to minimize scar formation plus my own experience.





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MICROFAT, NANOFAT GRAFTING IN GENITAL REJUVENATION

Sophie Menkes

Introduction: Genital restoration is growing in recent years. It can improve vaginal dryness, mucosa trophicity, genito-urinary symptoms of menopause (GSM) and lost of elasticity and volume of external genitalia.

Objectives: Our goal is to show that microfat, nanofat grafting can be effective in this indication. This study aims to present our technique, analyzing effectiveness, patient satisfaction, and complications.

Methods: Patients presenting vaginal trophic disorders, atrophy of labia majora, and GSM were included.

After abdominal fat harvesting (or internal face of the knees, or thighs) and fat graft preparation, a microfat and nanofat grafting was performed in the genital area.

8 ml of microfat was injected in the labia majora and 6 ml of nanofat in the vestibul and the first 3 centimeters of the vagina wall (posterior and lateral)

pH, Fridmann score and Female Sexual Distress Scale (FSD) were used to evaluate the





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INJECTABLE TISSUE REGENERATION: A NEW CONCEPT OF FACIAL REJUVENATION

Steve Cohen¹, Flore Delaunay², Sierra Hewett¹

Faces + San Diego, Plastic Surgery, San Diego, USA¹, Centre Hospitalier Le Belvédère Plastic Surgery, France²

Introduction: Trophism begins at birth and tapers in the early 20's to a period of gradual replacement of deteriorating tissues until the phenotypic changes of facial aging begin. A new approach in facial rejuvenation was developed to address soft tissue loss and decreases in capillary density to the dermis and subcutaneous fat layers.

Materials and Methods: Patients requesting 2 or more fillers for 2-3 different sites are given the option of full facial fat grafting with injectable tissue regeneration using millifat (fat parcel size = 2.4 mm or <), microfat (1.2 mm or <), nanofat (400-600 microns or <) with or without stromal vascular fraction enrichment. Fat modified into these 3 tissue iterations is used to restore the lost tissue with no attempt to overcorrect. Superficial fat is restored with micro or nanofat, whereas, deep compartment fat loss is restored with milli or microfat. Nanofat was also used with microneedling as well as compounded with a unique transdermal transport agent and used in conjunction with fractional lasers for dermal and epithelial regeneration.

Results: Using our approach in patients having facelifts, progressive facial volumization was noted up to 24 months and beyond. In addition, single treatment of post-auricular laser injuries with nanofat cream healed more rapidly and had evidence of 3-4 times the amount of new elastin fibers at 2 months after treatment.

Conclusions: Our results point to trophism in the face following treatment with full facial fat regeneration using these types of fat grafts. Instead of using fillers in patients requiring multi-site filling, modified fat grafting to restore losses in subcutaneous fat tissue as well as in capillary density appears to regenerate elastin and may impact cellular aging.





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TOTAL FACIAL REJUVENATION WITH MICROFAT GRAFTING COMBINED WITH RADIOFREQUENCY ASSISTED LIPOUSCTION AND SKIN TIGHTENING TECHNIQUES

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Introduction: Soft tissue volume augmentation has had a positive impact on rejuvenating facial appearance in recent years, this is attributed to recognition of facial aging largely due to volume loss especially in the upper two thirds of face. In contrast, fat is usually accumulated in the lower one third of face, fat accumulation and tethering effects of retaining ligaments as well as gravity all account for the aging appearance of the lower third of face, submandibular, submental and neck regions such as deepening of nasolabial folds, jowls formation, loss of defined mandibular border and submental fullness and ptosis.

Objective: To evaluate the effects of combined using microfat grafting and radiofrequency assisted liposuction and skin tightening technique on facial rejuvenation

Materials and Methods: Microfat grafting for volume augmentation in upper two thirds of face and/or volume reduction with Facetite radiofrequency assisted liposuction and skin tightening in lower face and neck is applied.

Results: By microfat augmentation in the upper two thirds or fat reduction and skin tightening in the lower third of face and neck, satisfactory results have been obtained both in using those techniques separately or combined in one session, there is no major complications among cases treated with this protocol. Edema resolution varies individually and is usually dependent on different treated sites. It is necessary to wear an elastic mask from 3 days to several weeks individually after lipolysis procedures.

Conclusion: Microfat grafting can effectively restore the youthful fullness of facial appearance by correcting volume loss in the upper two thirds of aging face, radiofrequency assisted liposuction and skin tightening is mini-invasive and a good alternative to traditional facelift procedures in correcting jowls and submental fat accumulation and descent in lower third of face and neck regions. Better results and high patient satisfaction are anticipated with combined usage of these techniques in one session.





oral presentations

NIPPLE AND AREOLA COMPLEX SENSITIVITY CHANGES AFTER PERI-AREOLAR AND INFRAMAMMARY INCISIONS FOR AUGMENTATION MAMMOPLASTY (A COMPARATIVE STUDY)

Yasser Helmy
Egypt

Background: Many recent studies are evaluating the aesthetic and adverse outcomes of breast implants with little attention for the skin and nipple sensitivity changes. The purpose of the study is to estimate the incidence of the sensation changes in the nipple and areola skin in patients receiving silicone gel implants, through the two common approach sites.

Materials and Methods: I used 30 pairs of silicone implants for primary retro glandular breast augmentation in 30 patients. The study is designed, after surgery, into two groups, in prospective postoperative follow up. 15 patients who were submitted for peri-areolar incision, (group1) and 15 patients who were submitted to inframammary incision, (group2). Follow up was done for one year postoperative. The sensation changes were evaluated objectively and subjectively and compared pre-and post- surgery.

Results: The incidence of sensitivity changes in both approaches were 6.6% in group 1, (3.3%) of total numbers of subjects, while they were 10% in group2 (6.6%) of total numbers of subjects. The average resembles 8.3%, at 4 weeks and 6 months. Then this incidence was lowered in both groups at one year to be 0% and 3.33%.

Conclusions: We conclude that, the incidence of nipple and areola skin sensitivity changes is low and almost regained by one year to be 1.66%. Less incidence of sensation changes was found when the site of incision is peri-areolar.





oral presentations

FAT GRAFTING FOR RESURFACING EXPOSED IMPLANT IN LOWER EXTREMITY: A CASE REPORT

Yun-Nan Lin¹, Chieh-Han Chuang¹, Tsai-Ming Lin², Sin Daw Lin¹, Yur-Ren Kuo³

Kaohsiung Municipal Siaogang Hospital¹, Charming Institute of Aesthetic and Regenerative Surgery²,
Kaohsiung Medical University Hospital, Kaohsiung Medical University, Taiwan, Province of China

Background: There are numerous reconstruction protocols of the lower leg trauma, but not many for the distal leg trauma.

Methods: We present a case with an implant exposed wound and she was successfully treated after fat grafting without major flap surgery. The procedure proceeded by deploying the purified and emulsified fat with a Micro-Autologous Fat Transplantation (MAFT®) gun. The amount of lipoaspirates needed was grossly estimated with a standard formula: 0.5 cc lipoaspirates per square centimeter of wound size. Clinical application of cultured or expanded cell therapy on patients is not legally approved in our country. Therefore, in this case, fat aspirate was simply prepared by centrifugation then emulsified physically.

Results: The wound healed completely without major flap surgery in post-op 18 weeks. She experienced only one day-time operation and made a total of ten visits. She was satisfied with the end result.

Conclusions: Cell therapy has potential not only to retain graft volumes but also possess the regenerative effects in wound healing. Fat grafting plays an important role in the healing processes of complicated wound and might be regarded as one of the steps in the reconstruction surgery.



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BALLROOM 1

08:00 Registration

09:00 - 09:10 Welcome Remarks

Session 1

Face Surgery

Chairmen: **Taimoor Al Bulushi, MD - Sabet Salahia, MD**

09:10 - 09:22 Treatment of congenital and acquired upper eyelids ptosis with the aid of CO2 laser

Mario Trelles, MD

09:22 - 09:34 Hemifacial Microsomia - Treatment Modalities & Long Term Results

Sanjeev N. Deshpande, MD

09:34 - 09:46 Management of Cleft Lip and Palate **Taimoor AL Bulushi, MD**

09:46 - 09:58 Face and Neck Reconstruction with the Anterior Supraclavicular Artery Flap

Norbert Pallua, MD

09:58 - 10:10 How to Achieve an Optimal Outcome in Lower Blepharoplasty **Lee L.Q. Pu, MD**

10:10 - 10:22 The New Era of Thread Lifting **Dorina Dorici, MD**



10:22 - 10:30 Discussion

10:30 - 11:00 Coffee Break

Session 2

Free Paper

Chairmen: **Michael Salivaras, MD - Allen Rezai, MD**

11:00 - 11:06 One Stage Total Nasal Reconstruction with an Islanded Forehead Flap **LeRoux Fourie, MD**

11:06 - 11:12 Reconstruction of Combined Neck and Esophagus Defects with Free Sartorius Flap

Christoph Reuter, MD

11:12 - 11:18 The Use of the Inferior Pedicle in Mastopexy and Breast Reduction As an Efficient Technique for Long Term Maintenance of Upper Breast Pole Fullness and Autologous Augmentation

Michael Salivaras, MD

11:18 - 11:24 One-Stage Augmented Mastopexy **Allen Rezai, MD**

11:24 - 11:30 Outcomes of Early Feeding Protocol Following Cleft Palate Repair: Experience at an Omani Tertiary Centre **Sheikhan Al-Hashmi, MD**





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11:30 - 11:36 The Role of Undermining with V-Dissectors in Plastic Surgery **Ziya Saylan, MD**

11:36 - 11:42 Discussion

11:42 - 12:45 Lunch

Session 3

Body

Chairmen: Khalid Alawadi, MD - Mohan Rangaswamy, MD

12:45 - 12:57 Serratus fascia flap for defect coverage in foot and hands **Khalid Alawadi, MD**

12:57 - 13:09 The Evolution of Contemporary Lipoabdominoplasty for Obese Abdomens

Mohan Rangaswamy, MD

13:09 - 13:21 Trunk Contouring One Go **Shaheed Fadhul, MD**

13:21 - 13:33 NIL Technique **Zdenko Orozim, MD**

DUBIMED
MEDICAL SUPPLIES TRADING

13:33 - 13:45 Basic Fat Grafting Techniques that comply with Basic Principles **Roger Khouri, MD**

13:45 - 13:52 Discussion

Session 4

Breakthroughs in Plastic Surgery

Chairmen: Sanjay Parashar, MD - Saleh Saad Kadhim, MD

13:52 - 14:04 Cranial Vault Reconstruction -Oman Experience **Taimoor AL Bulushi, MD**

14:04 - 14:16 Unusual Challenges in Plastic Surgery **Saleh Saad Kadhim, MD**

14:16 - 14:28 Challenges of Post Weight Loss Body Contouring- Minimising Postoperative Morbidity and Scars **Sanjay Parashar, MD**

14:28 - 14:40 From Tissue Augmentation/Reconstruction to Tissue Regeneration/Revitalization

Kotaro Yoshimura, MD

14:40 - 14:52 Social Media Marketing for Doctors **Amir Murad, MD**

14:52 - 15:04 Cultural Competency Amongst Plastic Surgeons- Its Impact on Patient Satisfaction

Punam Bijlani, MD

15:04 - 15:13 Discussion

15:13 - 15:45 Coffee Break





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Session 5

Breast Surgery

Chairmen: Lee L.Q. Pu, MD - Buthainah Al Shunnar, MD

- 15:45 - 15:57 Nipple Sparing Mastectomies - The New Trend in Breast Cancer Management
Houriya Kazim, MD
- 15:57 - 16:09 Breast Reconstruction using Acellular Dermal Matrix in Nipple Sparing Mastectomies
Buthainah Al Shunnar, MD
- 16:09 - 16:21 Management of Huge Gynecomastia by a Scarless Technique
Hussein Saber Abulhassan, MD
- 16:21 - 16:33 Multiplane Functional Mastopexy Reduction- How I Am Doing **Constantin Stan, MD**
- 16:33 - 16:45 Total Breast Reconstruction with Exclusive Fat Grafting Procedure **Ali Mojallal, MD**
- 16:45 - 16:57 Contemporary Practice of Breast Augmentation in the United States **Lee L.Q. Pu, MD**
- 16:57 - 17:07 Layering of Breast Fat Grafts for Optimal Results **Sydney Coleman, MD**
- 17:09- 17:20 Discussion
- 17:20 pm Adjourn

BALLROOM 2

Session 1

Face Surgery

Chairmen: Jamal Jomah, MD - Ashok Gupta, MD

- 09:10 - 09:22 Complex Facial Reconstructions Using Pre-Fabricated Flaps: Deep Acid Burn Injury
Ashok Gupta, MD
- 09:22 - 09:34 The Architecture of Blepharoplasty Simple Yet Very Complicated **Sabreya Saleh, MD**
- 09:34 - 09:46 Lower Lip Reconstruction by Redistribution Technique **Shaheed Fadhul, MD**
- 09:46 - 09:58 Fat Grafting to the Face. Improvement of Facial Asymmetry and Disfiguration.
Technique and Results **Riccardo Mazzola, MD**
- 09:58 - 10:10 Centrofacial Rejuvenation: about the Role of Fat Grafting in Modern Facial Rejuvenation
Patrick Tonnard, MD
- 10:10 - 10:22 Reconstructive Surgery for Oral Cavity and Mandibular Cancer Patients
Ammar Al Dhamin, MD
- 10:22 - 10:34 Discussion
- 10:34 - 11:00 Coffee Break





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Session 2

Free Paper 1

Chairmen: Mario Trelles, MD - Yehia Zakaria, MD

- 11:00 - 11:06 Perfect Vulva Concept by Combination of Several Techniques **Amany Landoulsi Helal, MD**
- 11:06 - 11:12 Single Session of Lipomodeling of Bilateral Hypoplastic Tuberous Breast in Adolescent Female (Case Report) **Sahar Al Kazzaz, MD**
- 11:12 - 11:18 Microvascular Reconstruction of Complex Lower Extremity Defects; Orthoplastic Approach **Yehia Zakaria, MD**
- 11:18 - 11:24 Lipo-Brachioplasty in Post Weight Loss Patient **Hasan Ali, MD**
- 11:24 - 11:30 Combined Free Osteocutaneous Fibula Flap and Nasolabial Flap for Reconstruction of Cancer Floor of the Mouth and Anterior Arch of the Mandible , Case Report **Fathy Shoeib, MD**
- 11:30 - 11:38 Discussion
- 11:38 - 12:45 Lunch

Session 3

Body

Chairmen: Jamil Al Jamali, MD - Alexandra Condé - Green, MD

- 12:45 - 12:57 Simple Method for Minimal Invasive Carpal Tunnel Decompression **Jamil Al Jamali, MD**
- 12:57 - 13:09 Paediatric Hand Injuries from Treadmill Machine **Sanjay Saraf, MD**
- 13:09 - 13:21 Clinical Fat Grafting: Level of Evidence of Each Step of the Procedure **Alexandra Condé - Green, MD**
- 13:21 - 13:33 Umblicoplasty; An Important Step in Post Bariatric Abdominoplasty **Medhat Emil Habib, MD**
- 13:33 - 13:40 Discussion





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Session 4

Advancement in Aesthetic Procedures

Chairmen: Norbert Pallua, MD - Afschin Ghofrani, MD

- 13:40 - 13:52 Medical Rhinoplasty (Botulinum Toxin, Fillers, and Triamcinolone) **Hani Abou Mayaleh, MD**
- 13:52 - 14:04 Thigh Lift with the Hockey Stick Scar Technique **Afschin Ghofrani, MD**
- 14:04 - 14:16 The Lipo-Facelift: Scientific Background on Micro Fat Grafting in Combination with the High SMAS Facelift for Facial Rejuvenation **Norbert Pallua, MD**
- 14:16 - 14:28 Different Methods of Suspension in Central Oval of the Face Rejuvenation -Threads and Tools
Constantin Stan, MD
- 14:28 - 14:40 Surgical Correction of 119 Inverted Nipples: Application of Four Techniques Using New, Cost-Effective Suspension Device and New Algorithm: 13 Years' Experience **Amin Kalaaji, MD**
- 14:40 - 14:52 What is New in Facial Skin Rejuvenation of Dark Phototypes **Mario Trelles, MD**
- 14:52 - 15:05 Discussion
- 15:05 - 15:35 Coffee Break

Session 5

Free Paper 2

Chairmen: Smilja Tudjarova Gjorgova, MD - Hamid Karimi, MD

- 15:35 - 15:41 Aesthetic Surgical Procedure on the Face and Minimal Invasive Treatment
Smilja Tudjarova Gjorgova, MD
- 15:41 - 15:47 A Review of 30 Years Experience with Male Body/Muscle Contouring/Augmentation Using Solid Silicone Implants **Howell Tiller, MD**
- 15:47 - 15:53 Unilateral Buccinator Flap for Lengthening of Short Palate **Hamid Karimi, MD**
- 15:53 - 15:59 Lip Shortening Surgery: An Important Procedure in Facial Rejuvenation **John E. Gatti, MD**
- 15:59 - 16:05 Nasal Dorsum Modifications **Yasser Elbadawy, MD**
- 16:05 - 16:12 Discussion





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Session 6

ANose Surgery

Chairmen: Sabet Salahia, MD - Reza Rafie, MD

- 16:12 - 16:24 Advanced Tips on Thick Skin Rhinoplasty **Jamal Jomah, MD**
- 16:24 - 16:36 Middle Eastern Rhinoplasty (25 years experience) **Bashar Bizrah, MD**
- 16:36 - 16:48 Vertical Trapezoidal Dome Division (VTDD) **Ghassan Younes, MD**
- 16:48 - 17:00 A Modification of Lateral Crural Strut Graft : For Deformities of Nasal Tip & Base
Reza Rafie, MD
- 17:00 - 17:12 Endonasal Rhinoplasty: More Than An Approach **Hussein Saber Abulhassan, MD**
- 17:12 - 17:25 Discussion
- 17:25 pm Adjourn





oral presentations

ONE-STAGE AUGMENTED MASTOPEXY - PATIENT SELECTION, TECHNIQUE AND IMPLANT PLACEMENTS

Allen Rezai

Augmented Mastopexy is a challenging and highly complex surgical procedure. In certain cases, implants alone are not sufficient for construction of a conical breast, with a full upper pole, and for optimum result it is necessary to simultaneously address the vertical excess of the skin. This presentation describes the various One-Stage Augmented Mastopexy techniques and Implant placements and how to select the right option for a patient. The indications for each technique and placement including advantages and disadvantages are also presented.



oral presentations

PERFECT VULVA CONCEPT BY COMBINATION OF SEVERAL TECHNIQUES

Amani Helal Landoulsi

Aim: to describe a surgical procedure and its results: the vulvo-vaginal rejuvenation by autologous fat mixed with platelet-rich-plasma (PRP) and an injection of Nanofat (performed by Tulip Nano Starter Set) in all the pubis area.

Some complimentary procedure are performed such us labioplasty for the minor labia, revision of clitoral hoods, or Laser (fractional CO2 laser, erbium YAG laser) to regenerate the mucosa, improving tissue trophism and restoring the correct functionality.

Method: The surgical procedure consists in a vaginoplasty by lipofilling mixed with PRP and injected on the posterior vaginal wall far from the vascular axes, and transferred to labia majora. Nanofat, injected subcutaneously in all the pubis. we present 20 cases of females between 30 to 64 years of age, 8 patients listed strictly aesthetic, 2 patients listed strictly functional and 10 listed a combination of two factors. To assess the results regarding the sexual quality of life we used the modified Stabbatsberg self-rating scale.

Findings: There were no intra-operative complications with this simple procedure. During follow-up we observed an improvement in self-esteem, in sexual function (disappeared of dyspareunia) and in a vulvo-perineal rejuvenation. No post-operative complications occurred.

Conclusions: Perfect Vulva Concept by Combination of Several Techniques (autologous fat mixed with platelet-rich-plasma (PRP) and an injection of Nanofat) is a minimally invasive technique that is safe and easy to perform. Further studies are necessary to assess more thoroughly the effectiveness and safety of this procedure and assess medium and long term results.





oral presentations

COMBINED FREE OSTEOCUTANEOUS FIBULA FLAP AND NASOLABIAL FLAP FOR RECONSTRUCTION OF CANCER FLOOR OF THE MOUTH AND ANTERIOR ARCH OF THE MANDIBLE, CASE REPORT

Fathy Shoeib

Reconstruction of complex defect in the floor of the mouth including LCL bony defect of the mandible, mucosa, muscles, and skin is a major challenge (1), free osteocutaneous fibula flap is the 1st choice, although its skin paddle is graded as C (A-D) (2), use of two free flaps (fibula and radial forearm) was the optimal solution for that massive defect (2), inferiorly based nasolabial flap is a reliable flap for small and medium size defect in the oral cavity (3)

Patient and methods: 55 years old male with massive Squamous cell carcinoma in the entire floor of the mouth infiltrating the anterior arch of the mandible, free O C fibula with maximum skin paddle (10x12 cm) was done, 2 weeks later 2x2 cm exposed bone in left side was covered with inferiorly based Nasolabial flap that was tunnelled through the left cheek.

Result: full reconstruction was achieved

Conclusion: combined free O C fibula flap and pedicled Nasolabial flap is a useful option for reconstruction of massive complex defect in the floor of the mouth instead of use of two free flaps.





oral presentations

UNILATERAL BUCCINATOR FLAP FOR LENGTHENING OF SHORT PALATE

Hamid Karimi, Mohammad-Esmail Hasani, Noor-Ahmad Latifi

Iran University of Medical Sciences, Plastic Surgery Dept., Tehran, Iran (Islamic Republic of)

Background: Velopharyngeal insufficiency (VPI) is one the most frequent complications after cleft palate repair.

Purpose; to evaluate the results and complications of unilateral Buccinator flap (BMF) in VPI.

Materials & Methods: During 4 years we performed unilateral BMF in all short palates. Age, sex, demographic data, length of palate, cause of short palate, nasopharyngoscopy and videofluoroscopy results, hyper nasality, nasal escape , nasal emission, nasal fluid leak, speech results, outcome and complications of the treatment were surveyed in 1, 3, 6 months after treatment.

Results: We had 43 patients, 29 below 8 years old and 14 adults. Velopharyngeal gap were between 10 to 27 mm, mean 21 mm. Buccinator flap were measuring 15-19 mm in width and 32-56 mm in length. The operation time was 80-100 minutes, mean 86 minutes.

Nasal emission, nasal escape and nasal leak were treated in all patients.

Hyper nasality was completely improved in all of the patients below 8 years old (29 patients) and in 10 patients of the adults. (totally 39 patients, 90.6%).And it was improved significantly in other 4 patients (9.4%). The speech evaluation reported between 70-86 % improvements.

The lengthening of the palate was between 12-19 mm, mean 17mm.

The satisfaction of the patients were as 0% poor, 2.3% fair, 72.1% good and 25.6% excellent.

Conclusion: Unilateral BMF is reliable, promising and safe flap for lengthening of short palate and it can lengthen the palate up to 19 mm. The time of surgery is very short comparing with other methods. Speech improvement will achieve in 70-86% cases.





oral presentations

LIPO-BRACHIOPLASTY IN POST WEIGHT LOSS PATIENT

Hasan Ali

We proposed an innovative, effective, reliable surgical technique of combining liposuction and brachioplasty in post weight loss patient that presented with extensive laxity of upper arm. This technique showed good results, high rate of patient satisfaction and low rate of complications. This procedure not only has faster recovery but has scar that is minimally visible from the front view of the arms as opposed to traditional brachioplasty scar.





oral presentations

A REVIEW OF 30 YEARS EXPERIENCE WITH MALE BODY/MUSCLE CONTOURING/ AUGMENTATION USING SOLID SILICONE IMPLANTS

Howell Tiller

West Florida Hospital and Medical Center Plastic Surgery Dept. Pensacola, USA

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oral presentations

LIP SHORTENING SURGERY: AN IMPORTANT PROCEDURE IN FACIAL REJUVENATION

John E. Gatti

Rowan University Medical Center, Plastic Surgery Dept. Cherry Hill, USA

The length of the upper lip increases with age and this is associated with thinning of the lip vermilion and the covering of the upper teeth. Surgery to shorten lip length is represented in the surgical literature but discussion of complications and long term results is lacking. A surgeon's experience with surgery to shorten the upper lip over more than twenty five years is presented.

Methods: Lip shortening surgery or a "lip lift" was offered to those patients who exhibited a long and uncomplimentary lip length. The procedure requires removing a strip of skin at the base of the nose with an irregular incision. A length of lip skin of at least 12 to 15 mm to the points of the cupid's bow is preserved. Lip asymmetry is addressed by adjusting the amount of skin removed. The underlying orbicularis oris muscle is separated from the base of the columella to reduce nasal movement with lip contraction. The incision is closed with two layers of simple sutures.

Results: Over a 25 year period 204 lip lifts were performed. A subjective improvement in facial aesthetics was realized with the surgery. (Fig. I-IV). Revisional surgery was necessary in a total of 48 patients (24%) in this group. Persistent scar irregularities were relatively minor and cautery of scar irregularities and visible blood vessels along the incision corrected the problems in 36 (18%) of these 48 patients. Ten patients required direct excision of isolated irregularities with suturing, and, alar distortion in 2 patients required small alar base excisions. Twelve patients (6%) requested and received a second lip lift within in one year to improve their result.

Discussion: Lip shortening improves facial aesthetics and should be utilized by surgeons treating the aging face. Lip asymmetry is easily improved with this direct surgical approach. A high rate of revisional surgery (approximately one-fourth) was found in this series. The highly visible, delicate, central facial landmarks involved in lip shortening surgery magnify small imperfections and correction is often necessary. Surgeons should be willing to explain the complications to their patients and to perform the associated revisions of lip shortening surgery.





oral presentations

ONE STAGE TOTAL NASAL RECONSTRUCTION WITH AN ISLANDED FOREHEAD FLAP

LeRoux Fourle¹, Daniel Saleh², Einar Erikson³

Pinderfields Hospital Wakefield, UK¹, Newcastle Teaching Hospitals, UK², MCM Hospital, Addis Ababa, Ethiopia³

Total nasal reconstruction remains a common and problematic procedure in Africa. The causes encountered by the Facing Africa Charity are Noma (Cancrum oris), Leishmaniasis and trauma. Lack of expertise, resources and anaesthesia backup leave many patients ostracised as outcasts.

Voluntary surgical missions usually visit hospitals for a limited time. Traditional total nasal reconstruction uses a two-stage pedicled forehead flap technique necessitating division and inset of the pedicle two to three weeks later. If local follow up is not available, this negates the two stage technique. If local surgery is available, the patients have to remain for an extended period with logistical problems re-scheduling surgery and arranging return home.





oral presentations

THE USE OF THE INFERIOR PEDICLE IN MASTOPEXY AND BREAST REDUCTION AS AN EFFICIENT TECHNIQUE FOR AUTOLOGOUS AUGMENTATION AND MAINTENANCE OF UPPER BREAST POLE FULLNESS

Michael Salivaras

Aesthetic Plastic Surgeon Dubai, United Arab Emirates

Goals/Purpose: Common complain after any mastopexy and reduction breast surgery is the long term loss of upper pole fullness and recurrent ptosis of the breast parenchyma especially in older patients. ("bottoming out"). The use of the inferior pedicle (consisted of dermal, fat and glandular tissue) based on the 4th and 5th intercostal arteries, as first described by Dr. Ribeiro in 1969, has been proven a useful ancillary manoeuvre in mammoplasty Pitanguy for breast reduction and Arie Pitanguy mastopexy as it provides an efficient solution in enhancing the conical breast shape and maintaining the upper pole fullness in long term.

Methods/Technique: Mastopexy is based on excess skin resection and breast parenchyma redistribution. Breast reduction is based in excess breast tissue resection. The classic markings of mammoplasty Pitanguy are used to determine the excess of breast tissue (skin and/or parenchyma) and the final desired breast shape and volume. The basic principle of point A is used to determine the future nipple areola complex position (NAC) along with the points B, C, D and E which limit the extends of the resection. The parenchyma redistribution is performed by the creation and formation of the inferior pedicle which is based on the 4th and 5th intercostal arteries at various lengths and widths based on our necessities. The pedicle is created and shaped in a round conical form "implant alike" anchored with permanent sutures to the pectoral fascia. The remaining breast envelope (based on the superior pedicle) is nicely mounted over the pedicle. The NAC is latter transposed based on the eventual breast shape respecting always the 4-5 cm distance from the nipple to the inframammary fold.

Results/Complications: The results are presented focusing apart from patients images also into comments regarding the advantages and disadvantages of the procedure in short and long term. 28 patients in total (16 patients of mastopexy and 12 of breast reduction) have been submitted to breast surgery with the use of the inferior pedicle in a 6 year period (from 2010-2016). No complications have been reported apart from immediate small wound dehiscence (3 cases) and late unaesthetic scars (hyperpigmented, wide) in 2 cases which have been treated with minor scar revisions at the office. The patients who have been followed up on annual basis since their procedure have been kept satisfied with the results.

Conclusion: The use and versatility of the inferior pedicle as firstly described by Dr. Ribeiro, applied on the principles of mammoplasty Pitanguy for maintenance of upper breast pole projection and autologous augmentation has been proven to be an efficient safe technique in long term not only in cases of mastopexy and breast reduction but also after breast implant removal procedures.





oral presentations

SINGLE SESSION OF LIPOMODELING OF BILATERAL HYPOPLASTIC TUBEROUS BREAST IN ADOLESCENT FEMALE (CASE REPORT)

Sahar Al Kazzaz

Emirates Hospital Group, Cosmesurge-Jumeirah Dubai, UAE

Introduction: Tuberos breast is one of the challenging morphological breast anomalies & lipomodeling of breast has become one of its treatment modalities. Family of 16-years old girl consult the surgeon about her breast deformity that causes a significant psychosocial distress.

History: Menarche; age of 11

Height: 147-cm, Bwt.=46.4 kg, BMI=21.5

Diagnosis: Asymmetric bilateral hypoplastic tuberos breasts; Grolleau Type-II. L>R

Vectra 3-D Imaging preoperative assessment:

Approximate volume: Rt.breast = 80.8cc, Lt.breast = 182.3 cc

Breast ultrasonography: No abnormality.

Treatment-Plan: Multi-stages lipomodeling of breast (2-3).

Correction of nipple asymmetry postponed to after adulthood (stabilization breast shape & size) as no significant noticeable herniation of NAC.

Method: Breast: working on skin envelop in the lower pole by rigotomy (Fasciotomy) using gauge 18-needle plus expanding of breast base and shaping the décolleté.

Harvesting fat: using: 1. Coleman-cannula with BD Luer-Lock 10 cc-syringe arms & 2. Tommey-Syringe for flanks.

Fat preparation: Cytori PureGraft™ 250 System.

Injection of Fat: Using COL-I 14-B cannula in 3cc-syringes

Amount of injected fat: Rt-breast: 438cc / Lt-breast: 399cc





oral presentations

Result:

- Up-to-6 months, Satisfactory with shape, asking more size.
- 24-months postop. Satisfaction with size & shape. Breast sonography: total 3 small cysts in both breasts, largest 10 mmX4.5 mm.
- 32-months postop. Family concern about significant enlargement of breast size with increasing Bwt. (Patient has been diagnosed as PCOS which behind the increase of Bwt). First time; Right breast >left.
- 8 times Vectra-3Ds assessment reading over 4.5 years follow-up; the size of breast significantly sensitive to increase BMI but less sensitive to the decrease.
- Ultrasonography fatty echotextural pattern of breast, glandular tissue is scattered as small islands in different locations with one single calcified cyst of 0.5cm.
- Family very concern about the future?? (Middle-East females have high % of obesity & grand-multiparity).

Conclusion: Reast is changeable organ through the female life-time, mostly by hormonal effect. Fat cell is known to be highly active metabolic endocrine organ. Our scientific effort on the safety of the technique & the ways to increase transferred fat survival. We have missed the other end-result "OVERGROWTH". As practicing plastic surgeons and not researchers need better understanding of biological & hormonal changes in the nature of fat cells after grafting it, to have a scientific and ethical answer to our patient about long-term result of the technique.





oral presentations

“OUTCOMES OF EARLY FEEDING PROTOCOL FOLLOWING CLEFT PALATE REPAIR: EXPERIENCE AT AN OMANI TERTIARY CENTRE”

Sheikhan Al Hashmi

Introduction: Palatal fistula after primary palatoplasty is reported in the literature to range from three to thirty percent. Many surgeons believe postoperative feeding regimens may affect the long-term outcomes after repair, hence there are no consensus exist. This retrospective study was done to compare the palatal fistula rate of patients in our institution, who were allowed to feed immediately postoperatively, to the reported rate of postoperative palatal fistula in the literature.

Methods: The study was done retrospectively. Patients with cleft palate with and without cleft lip operated at Khoula Hospital between August 2015 and July 2017 by one surgeon were included in the study. Syndromic cases were also included. Children were allowed unrestricted intake of puree texture soft food on the same night after surgery. Pacifiers were not allowed. Alveolar fistulae intentionally left unrepaired were not included in this study. Pre and postoperative and operative records of 37 cases were extracted manually from the hospital system “Al Shifa 3+”. Then, it was coded and categorized on “Microsoft Excel 2010”. Finally, it was analyzed using the “Statistical Package for Social Sciences” (SPSS) version 19 for Windows.

Results: Of the 37 patients, 19 (51.4%) patients were males while 18 (48.6%) females. 31 cases (83.8%) were nonsyndromic. As per the Veau classification, there were 7 (18.9%) class I, 20 (54.1%) class II, 7 (18.9%) class III, and 3 cases (8.1%) class IV. Myringotomy and grommets insertion was done on 17 patients (45.9%). 21 cases (56.8%) were operated on using von Langenbeck technique, 6 (16.2%) using Veau-Wardill-Kilner, 3 (8.1%) using Furlow technique and 7 (18.9%) using the Hybrid technique. All cases had intravelar veloplasty done. The mean duration of the palatoplasties was 2 hours and 55 minutes. The average hospital stay was 3 days and 9 hours. The mean of follow-up duration was 9 weeks with a standard deviation of the mean of 11 weeks. No late post-op complications were noted on 28 patients (75.7%). The palatal fistula rate in this series was 13.5%, (5 cases), within the rate reported in the literature. Among the five cases, one was a syndromic case that developed tongue edema required intubation and two cases had early surgical site infection. There was a significant association between Veau classes and the appearance of palatal fistula with 4 of them were Veau class III and one with Veau class IV (the case that needed reintubation). Factors that appeared to be more influential on fistula formation than the feeding protocol were noted to be postoperative infection need for reintubation and parental care postoperatively.

Conclusion: Our study supports that early unrestricted soft diet result in a shorter hospital stay without adversely affecting fistula rates after cleft palate repair.





oral presentations

AESTHETIC SURGICAL PROCEDURE ON THE FACE AND MINIMAL INVASIVE TREATMENT

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Abstract: Increasing popularity of aesthetic surgical treatment with MIT has been seen over the last decade.

Aim: The aim of this study is to establish a relationship between the outcome after aesthetic surgical procedure and MIT procedure.

Materials & Methods & Results: According to our research over the period 2013-2017 we have treated 539 patients. We have performed aesthetic surgical procedures to 350 patients (64.9%), and 189 (35.1%) patients have been treated with MIT procedure. Standard surgical interventions are: blepharoplasty 64 (18.2%) patients (40 female 24 male); rhinoplasty 131 (37.4%) (72 female 59 male); cheiloplasty 20 (5.7%) patients (20 female); auriculoplasty 134 (38.2%) patients (81 female and 53 male); congenital malformation-neurofibromatosis 1 (0.2%) female; and 189 patients (59.7%) under MIT (minimal invasive treatment: 113 (59.7%) patients performed lipofilling; 16 patients (8.4%) with PRP; 60 patients (31.7%) that use fillers). Complications (25 patients (4.6%) were with discomfort, 14 patients (2.5%) with seroma, 4 patients (0.7%) with bleeding, 6 patients (1.1%) with infection, 3 patients (0.5%) with hyperpigmentation, 4 patients (0.7%) with wound dehiscence, and 2 patients (0.3%) with keloids.

Conclusion: Surgery is the best option for long term results. When patients are unsatisfied with their physical appearance, they tend to become emotionally unstable. In our experience aesthetic surgical procedures along with MIT, tend to boost patients' self-esteem. We use MIT for camouflaging real congenital and post-surgical defects, although it is with short term effect it gives patients additional support. Undergoing plastic surgery tends to make patients more outgoing, less vulnerable, and more willing to socialize. This type of newly manifested confidence appears in all aspects of the patient's life – social, professional, and personal. Our goal as plastic surgeons is to tend to the needs of our patients and make them feel more confident and socially accepted.





oral presentations

NASAL DORSUM MODIFICATIONS

Yasser Elbadawy, Jin HR, Song Hm

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Correction of the nasal dorsum ranks among the most common surgical procedures in rhinoplasty. Due to the involvement of nasal support structures such as septolateral cartilage and the Key stone area and scroll formation areas, these procedures have both aesthetic and functional impacts.

Reduction of the nasal dorsum height is one of the most critical steps in terms of surgical outcome after rhinoplasty. (1)

In addition to spreader grafts and spreader flaps, the most important surgical methods currently include the split hump reduction technique, cartilage-fascia transplants and cartilage grafts from rib and ear. In addition to serving to correct deformities, the techniques described here help prevent complications such as inverted V, hourglass and saddle nose deformities, as well as nasal valve stenosis. The basic operative principle calls for reinforcement and reconstruction of the anatomical support structures, while avoiding overresection and mucosal lacerations. (2)

In nasal dorsal augmentation, numerous materials including synthetic, autologous, and homologous materials, especially cartilage has been used for dorsal augmentation. (3) Warping remain a primary issue in the use of autologous costal cartilage for nasal augmentation. To mitigate such issues, diced cartilage in fascia has been proposed as an alternative for use in rhinoplasty. (4)

Proper preoperative nasal examination and nasofacial analysis are paramount to maintain cosmetic harmony between the nose and the other facial unites, and to achieve optimum functional recovery in aesthetic and functional surgery of the nose. (5)

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oral presentations

MICROVASCULAR RECONSTRUCTION OF COMPLEX LOWER EXTREMITY DEFECTS; ORTHOPLASTIC APPROACH

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Patients with complex lower extremity defects may not receive the optimum treatment if orthopedic and plastic surgeons do not work together to provide the service. This may lead to prolonged hospital stay, repeated surgeries and delayed rehabilitation of these patients. The use of microsurgical techniques enabled reconstruction of complex defects in a single stage. Also the introduction of modern microsurgical techniques and the concept of perforator flaps enabled reconstruction of severe defects with good functional and aesthetic outcome and also with reduced donor site morbidity.

We reviewed our cases in the last 5 years and included 52 patients with complex defects mostly of the foot dorsum (42%), followed by the pretibial area (27%). The main cause of these defects was RTA (38%) followed by burns (21%). The Latissimus dorsi flap was the most commonly used flap (38%) followed by the ALT flap (29%). The anterior tibial vessels were used as the recipient vessels in (58%) of cases and the arterial anastomoses were done in an end-to-side fashion in (75%) of cases. We present our results and highlight the complications. We recommend the use of microsurgical flaps in reconstruction of complex lower extremity defects and these patients to be managed by co operation between orthopedic and plastic surgeon to improve the outcome.





oral presentations

THE ROLE OF UNDERMINING WITH V-DISSECTORS IN PLASTIC SURGERY

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Abstract: The author discusses his experience with the variety of methods of undermining during different plastic surgeries. He prefers the V shaped dissectors in different length and calibres for cutting the connective and fibrotic tissues. Although Subcision is mostly safe, valuable and practical needs special instruments and skill.

Surgical undermining (Subcision) is a technique used mostly to manage depressed scars, Cellulitis, Nasolabial folds. It has also a common use during the face and neck lifts, Circumareolar breast surgery brachio-, abdomino- and thightoplasties. By means of an undermining the surgeon will be able to reduce the tension on the flaps and prepare a pocket for the implants, surgical materials and autologous fat transfer.

Introduction: Various treatment modalities have been introduced to eliminate the skin folds, scars, adhesions, fibrotic connective tissues and flaps, all of which have pros and cons. The author uses for this purpose a "V" shaped Toledo knife (dissector) which is also commonly used by other surgeons. This simple and easy subcision instrument has been used over twenty years and reported to be effective for all kind of correction, with minimal complications.

Description of the technique: The area to be subcised must be outlined preoperatively. A 1% lidocaine solution containing 1:100,000 epinephrine must be infiltrated subcutaneously under the operative fields regardless to a general anesthesia to achieve an optimal vasoconstriction and a postoperative painlessness. A Toledo knife (Tulip. Co, USA) will be inserted through the subdermal plane. Afterwards the subcutaneous connective tissue will be undermined with a "back and forth" motion. While performing the "back and forth" motion, resistance could often be felt at the modulus. After completing the procedure, compression is applied for 10 minutes.

The author has applied undermining with a Toledo V-Knife during various types of plastic surgeries and treatments to facilitate the release of fibrotic tissue. The dissector was inserted from the wound opening with beveled tip upwards and nearly parallel to the skin surface. First lancing motion (linear inserting-withdrawing instrument motion) must be performed sufficiently to release the superficial fibrotic tissue and afterwards sweeping the dissector in a fan- shaped motion (also sweeping the knife side-to-side) will end up with total undermining and release of the scar or flap tissue.





oral presentations

Results and Conclusion: Considering the points discussed in this abstract and results of diverse plastic surgeries to be shown during the presentation with a V-Dissector undermining technique is a highly effective method for treatment of scars, folds, cellulitis and especially during the tightening operations such as face and neck Lift, breast reductions, abdominoplasties, brachioplasties, gynecomastia's and during the re-done liposuctions (Saylan Liposhifting operation surgery against post-liposuction irregularities).





posters

P-1

REAL-TIME NAVIGATION ASSISTED ORTHOGNATHIC SURGERY

Hoseong Shin

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Background: One limitation of orthognathic surgery is the narrow surgical field, which makes it difficult to view the operative site directly. Thus, many perioperative complications can occur. In this study, we evaluated the usefulness of computer-aided navigation techniques in orthognathic surgery.

Materials and methods: Patients ; We enrolled 23 patients with facial deformities who were treated between July 2010 and February 2013 at the Plastic and Reconstructive Surgery Unit of Soonchunhyang University Hospital, Bucheon, Korea. After a preoperative evaluation, all patients underwent orthognathic surgery, and all patients were operated on by the same surgeon. The surgical simulation, performed by the same researcher, was mapped in all patients with the eNlite Navigation System by Stryker (Freiburg, Germany), using the iNtellect Cranial Navigation platform in each operation. Intraoperative navigation immediately before surgery, we obtained CT images with 1-mm slices of the entire face with a LightSpeed Ultra CT scanner (General Electric Company, Fairfield, CT, USA). The CT images were loaded into the navigation software. A marker or head rest was attached. After the navigation system was positioned properly, surface registration of the patient was performed. Registration is an important step and an essential preliminary procedure in the navigation technique, which consists of enabling the navigation software to visualize the patient and her/his orientation in the space of the operating theater using the same coordinate system as the preoperative CT images. However, given its mobile nature, markers cannot be fixed at the mandible reliably, which compromises the accuracy of navigation. As a promising solution for accurate repositioning, extraoral reference points were fixed. Three positioning screws were implanted in the mandible as navigation markers.

This method orients the patient according to the CT images using identifiable points on the face and relating them to the virtual patient image shown on the navigator screen. The preregistration process consists of identifying these points on the virtual model of the patient's face. The registration procedure consists of identifying the identical points on the real patient's face (point-to-point registration). The procedure is improved with surface registration by making the points on a patient's face consistent with the points on a virtual model.

We confirmed the accuracy of the registration procedure with checking the anatomical landmark on the patient's face, such as the teeth of the maxilla and eyelid canthus. In addition to the use of a pointer device, this navigation system also allows registration of other devices, such as saws or chisels.





posters

Results: All patients were treated successfully using the computer-assisted navigation surgery. Using the navigation system, instruments were visualized on a monitor in real time, and all maneuvers were performed safely.

Conclusions: Orthognathic surgery, such as a Le Fort 1 osteotomy, SSRO, and reduction malarplasty, can be performed safely under the guidance of a surgical navigation system. Navigation systems enable surgeons to carry out preoperative plans accurately without injuring important anatomical structures, because the positions of the instruments can be visualized on site in real time.

P-2

LIPOFILLING IN THE TREATMENT OF FATTY DYSTROPHY OF THE FACIAL TISSUE

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National Scientific Center of Surgery Named after A.N. Syzganov, Reconstructive, Plastic and Aesthetic Microsurgery Department, Kazakhstan

Objective: To provide quantitative objective data demonstrating the longevity and amount of volume augmentation in the fatty dystrophy of the facial tissue obtained with autologous lipofilling.

Methods: In our clinic had been operated 8 patients for last 2 years with fatty dystrophy of the facial tissue. A prospective analysis of all patients who underwent at our private practice and were followed up for at least 1,5 year. Surgery was performed under general anesthesia it is necessary for clear results tissue correction. We based on the literature has seen numerous clinical reports highlighting the benefits of autologous fat transfer for face from that areas, fat was collected from the abdomen (most frequently used donor site), hips, outer thighs (saddle-bags), internal knee or thigh, with quantitative volume measurements evaluating the amount of postoperative volume change.

Results: Twenty eight patients were included in the study. The mean follow-up time was 18 months. The mean amount of autologous fat injected into each face region was 10-70 mL. Hypercorrection was performed after 3 months and it was 20-50% of the initial injected fat volume.

Overall, the mean absolute volume augmentation measured at their last (after 6 month) post operative visit was 10-25%.

There was variability between patients in the volume amount and percentage that remained. The resorption process was observed in two patients after 6 month. We made correction with hyaluronic acid and silicone implants.





posters

Conclusions: To our knowledge, this study is the first clinical quantification in our practise of autologous fat transfer and/or grafting in the literature that provides definitive evidence on the amount as well as the resultant longevity in the face. Autologous fat transfer to the face has definite long-term volume augmentation results. On average, approximately 25-35% of the injected volume remains at 18 months. However, some variability exists in the percentage of volume that remains that may require a touch-up procedure.

P-3

LIPOATROPHY AFTER INSULIN INJECTIONS CAN BE TREATED WITH LIPOFILLING, A CASE REPORT

Pernille Lund, Helle Sjøstrand, Steen Matzen

Roskilde Plastic Surgery, Denmark

Lipoatrophy is a known, albeit rare, side effect of insulin injections.

We describe a case concerning a 17 - year-old woman with insulin-dependent diabetes, treated with an insulin pump. Subcutaneous lipoatrophy occurred in the areas surrounding the injection point.

Subcutaneous lipoatrophy is of cosmetic importance, and may incur glycaemic imbalance due to altered and unpredictable absorption of insulin in the atrophied areas.

With no spontaneous regeneration of the atrophied areas observed, the patient was treated with lipofilling in the atrophied areas, with a positive result.

P-4

PRACTICAL STEPS IN BRAZILIAN BUTTOCKS LIFT EVOLUTION

Mansour Bendago

Toronto Cosmetic Clinic, Plastic Surgery Dept., Canada

Introduction: Over the last couple years, body contouring, especially buttocks enhancement has grown immensely in popularity, as we have experienced in our cosmetic surgery practice. Our talk today is to share our experience with perfecting the Brazilian Butt Lift surgical techniques

Clinical Experience Our experience with fat transfer first started in about 2010 when we started with small volume fat transfer. We used a very basic anecdote technique of handling the fat and injecting as little as 200mL to each buttocks.





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We started with very conservative amounts when doing liposuction and fat transfer, by taking a little bit of fat out, and then injecting only a little bit of fat back in.

Back in 2010 there were not many resources and lack of equipment to assist with fat transfer. There was a paucity amount of literature that pertained to techniques of how to inject fat and sculpt the buttocks. We mainly referred to Mendieta's principle to help guide us. Also back then, patients were conservative with the volume of fat that they wanted injected, as they wanted their procedure to be more private. Along the way we encountered a few problems, such as: There was no adequate equipment to process the fat, thus we went back to basic principles and used a stainless steel bowl, with ice underneath to keep the fat cool and preserved for transfer. We also had to manually

suction the undernatant, and manually fill up each syringe of fat, that would be later transferred into the buttocks, also manually by hand. The end result, months later, were lumpy, and aesthetically unacceptable results.

Not too long after, the word BBL or Brazilian Butt Lift became more popular and the trend of larger buttocks and contoured figures appeared all over social media. The influences of Kim K and JLo most certainly helped this along, as patients started to demand specific looks of what they desired their final outcome to look like. We noticed this a lot in 2014 as patients would bring in their "wish photos" of what they are hoping to achieve. Many

patients would want more curve / hourglass shape, more posterior projection (we call them double "P" or the perfect projection) , heart shaped buttocks, or an

"athletic shape" -flat laterally but larger posterior projection. We also saw more male clients coming to us wanting to enhance their buttocks. This lead us to concentrate more on sculpting the figure, rather than just placing fat in the buttocks. Thus we had to increase the amount of fat being removed and find a way to expedite this process during surgery. Our "goal" was to now optimize the fat cell survival rate and decrease time between harvesting the fat and transferring the fat.

New changes that we had adopted, included:

- sculpting the flanks to emphasize the waist
- "diamond technique" - liposuction of the sacral area which helps achieve excellent buttock and waist enhancement
- we started using a central fat pump transfer technique (this was found to be practical and inexpensive).
- In addition to using conventional liposuction machine we also used a Body Jet System





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/ and Microair system. This however was found to have no difference in final results, only saving time during surgery.

-post surgical seat pillow- we designed her own cushion to assist patients in putting pressure off the buttocks, post-surgery

- detailed education videos for patients to watch on how to sit and sleep properly, post-bbl

This link displays before and after photos of some of the BBL results.

<https://www.dropbox.com/sh/yzvptxgfv4k1sd/AADRxvif4pn9VRsHdhF2GJHga?dl=0>

Conclusion: Over the last two years we have performed just over 250 Brazilian Butt Lifts. We strongly believe that the BBL is a technique in evolution. More knowledge is needed along with better technology to help perfect the BBL technique.

P-5

AUTOLOGOUS FAT GRAFTING AND RHINOPLASTY

A Alaslawi, Ps Nguyen, J Niddam, G Magalon, D Casanova

French Aesthetics Clinic Dubai

Revision rhinoplasty can be very challenging especially in cases of thin skin.

Autologous fat graft is utilized in numerous applications in plastic surgery;; however, its use relative to the nasal region remains uncommon. Adipose tissue, by virtue of its volumetric qualities and its action on skin trophicity, can be considered to be a gold standard implant. From 2006 until 2012, we have treated patients by lipofilling in order to correct sequelae of rhinoplasty. The mean quantity of adipose tissue injected was 2.1cm(3) depending on the importance of the deformity and the area of injection:

irregularity of the nasal dorsum, visible lateral osteotomies, saddle nose. Following the course of our practice, we conceived micro-cannulas that allow a much greater accuracy in the placement of the graft and enable to perform interventions under local anesthesia. These non-traumatic micro-cannulas do not cause post-operative ecchymosis and swelling which shorten the recovery time for the patient. On patients who have undergone multiple operations, lipofilling can be a simple and reliable alternative to correct imperfections that may take place after a rhinoplasty





posters

P-6

TRICKS AND TIPS IN PREOP MANAGING OF MASSIVE WEIGHT LOSS BODY OUTOURING SURGERY

A Alaslawi, J Niddam, Ps Nguyen, D Casanova

French Aesthetics Clinic Dubai

Advances in bariatric surgery associated with the multidisciplinary care of obese patients, lead us to a better treatment of morbid obesity.

By obtaining a solid and lasting weight loss, it created new aesthetic and functional expectations.

For even if the decrease of the incidence of many comorbidities significantly improves the physical and psychological well-being of patients, skin excess is a residual side effect of weight loss which remains a major concern.

From a physiological, psychological and aesthetic point of view, these patients represent a real challenge for the medical community in general and for the plastic surgeon in particular.

We would like to share with you the tricks and pitfalls we learned about this particular field of our specialty over the last 10 years, while performing the body contouring surgery in massive weight loss patients in the university hospital of Marseille, and also in one the biggest privates hospitals of the city.

The key points of the way we work with these difficult patients are based on :

- First consultation: patient's expectations, nutritional status, risk factors, physical examination, patient's information.
- Surgical planning : personal goals, stabilization of BMI, smoking cessation, nutritional monitoring, combined procedures, surgical team
- Surgical principles : adaptation, scar position, high tension sutures, marking, temporary stiches, pich test, intraoperative verifications





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P-7

LOWER BODY LIFT COMBINED WITH GLUTEAL FAT GRAFTING

A Alaslawi, J Niddam, Ps Nguyen, D Casanova

French Aesthetics Clinic Dubai

Buttocks volume is a major consideration in body lift surgery. We will present a video about gluteal augmentation during body lift surgery using fat grafting.

This video shows step by step the technique we use to harvest, refine and transfer the fat from the lateral regions to the center of the gluteal area. In particular, we'll illustrate how to organize the different steps of the procedure in order to keep the global duration of the surgery as short as possible, even though a large amount of fat has to be transferred to achieve the result.

Amount of fat ranging from 250cc to 850cc can be refined in one stage, while another step of the lifting procedure can be performed. Once the buttocks are lifted, the purified fat is placed in the central region of each.

Recent technical improvements in refinement and transfer during fat grafting procedure allowed the use of large amount of fat, which is interesting in breast and buttock surgeries. It led us to use fat grafting as a step of some of our body lift procedures, keeping the duration of it as short as possible.

P-8

AUTOLOGOUS BREAST AUGMENTATION IN MASTOPEXY AFTER MASSIVE WEIGHTLOSS

A Alaslawi, J Niddam, Ps Nguyen, D Casanova

French Aesthetics Clinic Dubai

Bariatric surgery created new aesthetic and functional expectations by obtaining a solid and lasting weight loss.

Breast ptosis following massive weight loss is a challenge for the plastic surgeon, because skin excess is generally associated with a volume loss.

Classically, the strategy to treat empty ptotic breast consists in a breast lift associated with implants. This technique might expose patients to the drawbacks of implants and suffers of a lack of results in the lateral thoracic area when the post-~ bariatric patient presents a lateral migration of the Infra-~mammary Fold (IMF).

Considering that those cases are generally associated with a thoracic and dorsal excess of skin and fat.





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We developed a modification of vertical bi-pediculed mastopexy technique.

We are going show you step by step illustrated technique for autologous breast volume augmentation using latero-thoracic fascio-cutaneous depithelialized flap.

This technique leads to breast augmentation and also to IMF lateral stabilization which in our opinion is the key of the reparation of the post-bariatric breast deformity

P-9

NOSE JOB WITH FILLERS. NON-SURGICAL RHINOPLASTY

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Objectives: Noses with dorsal hump and plunging tip are the main nasal deformities which brings the patients to the cosmetic surgeons. After operating noses for more than 100 years we surgeons know that every incision to the nasal tissue will end up with damage of the connective tissue ending up with a dropping /sagging) nose after few years. Also following a Rhinoplasty during the first years the cartilage and the nasal bone tissue is intact but afterwards due to the decreased blood supply necrosis of the cartilage with hollows and other deformities may occur.

Methods: Since 2 years, 105 patients; 90 females (%86) and 15 males (%14) were treated using the so called "Medical Rhinoplasty" a non surgical approach for aesthetic disorders of the nasal structure.

38 cases (%36) were posttraumatic, 13 cases (%12) of large noses were hereditary, 29 cases (%28) had a rhinoplasty once and the other 25 patients (%24) had multiple rhinoplasties. Fillers were used in all 105 cases and Botulinum Toxin was applied in only 11 cases (%11) combined with the fillers. A Botulinum treatment without using fillers was not performed. As fillers double cross-linked hyaluronic acid was used in 62 (%59) of the cases. Calcium hydroxyapatite was used in 25 cases (%24) and permanent filler with Metacrill was used in 18 cases (%17). The materials and their comparison will be discussed during the presentation. Metacrill has no approval in the US but available in Europe (CE approved) and in South America.

Results Only three cases (%3) of visible hardening was observed in the cases with Metacrill injections which has to be taken out through a small stab incision. No other complications were observed. The hyaluronic acid fillers were diminished after 6-9 months. The CAHA showed a satisfactory result for 12 to 18 months but mostly was gone after 14 to 15 months. Metacrill consisting fillers had an ideal result even after 18-24 months and longer. The patient satisfaction index was about %68. The unsatisfied patients were namely the





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patients who have received only Hyaluronic acid fillers or had surgeries several times before the application.

All Noses were swollen during the first day, Most of the patients had no claims at the end of the second day, only 19 patients (%18) suffered from swelling and bruising longer than 3 days.

Conclusion: The medical rhinoplasty of the deformed nose is a simple and very effective technique with immediate results. This procedure has indication only in the correction of minor nose defects. The major deformities must be operated unless the patient refuses the surgery. The author also recommends this technique to the nose surgeons as an alternative procedure to the postoperative surgical corrections.

Most of the results were satisfactory (%68) and no major complications have been observed during our applications. This new approach for rhinoplasty fits in totally with realistic patient expectations with less downtime and safety. The main inconveniences of this approach are the procedure repetition and the short to medium durability of results (except the permanent fillers).

P-10

PHENOL PEEL: MASTER OF THE DEEP FACIAL PEELINGS

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Objectives: The author shares his 15 years of experience with a modified phenol peel called, Exoderm. Phenol peels penetrate the skin deeper than TCA peels addressing more serious imperfections such as blotchiness, coarse wrinkles, and acne scars. Compared to medium depth peels, deep chemical peels have more dramatic results, and requires only a single treatment. However, deep (phenol) chemical peel recovery is lengthy and uncomfortable compared to milder chemical peels. Because a phenol peel uses carbolic acid to treat the skin, the procedure is not suitable for partial treatments. It must be used on the full face to avoid color differences.

Methods: Phenol peels are performed under carefully monitored conditions, at a hospital. The patient is put under sedation, and local anesthesia is used to ease the discomfort associated with this advanced chemical peel. As a side effect arrhythmia and tachycardia may occur so the author gives as a premedication beta blockers routinely.

A deep chemical peel with Phenol usually needs two sessions to complete. After the patient is sedated, the chemical solution is applied to the skin. After the phenol solution has been on the skin for the appropriate amount of time, a white color appears (freezing) and the face





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is covered with occlusive tapes to avoid air contact. After 12-18 hours the second smelted skin is removed (scrubbed) with a gauze. The acne scars will be derma braded separately following a second application of the phenol. A special powder applied which remains for the following 8 days. The patient remains in a clinic ward for two nights.

Anyone considering a phenol peel should be aware that after the treatment the new skin will be unable to tan. Therefore, a patient must take proper precautions against possible sun damage after undergoing a deep chemical peel. The patient should avoid exposing the treated skin to the sun and always use sun block. If you decide to undergo a phenol peel, your physician can give you further advice about proper sun protection and can recommend cosmetics to camouflage the treated area during your healing period. The recovery after treatment lasts 8 – 10 days. After this time, the face is treated with PRP, stem cells, Zinc oxide and Kligman crèmes.

Results: Exoderm (Phenol) peels are the ones that present the most surprising and dramatic results, but with a larger degree of difficulty in the procedure and in the Post-Peeling. Although the healing process could take several months, the effects will last for years – even decades. However, it is important that as a cosmetic surgeon before applying this treatment you must be aware of the side effects and their management. In Europe, Phenol Peel (Exoderm) is also called "The Chemical Face Transplantation".

P-11

RECENT ON S-LIFT (MINIMAL INVASIVE RHYTIDECTOMY), S-LIFT EXTENDED AND S-LIFT PLUS

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Objectives: After performing S-Lift (Short Scar Face Lift) for almost 20 years the technique is now more improved and performed differently in comparison to the early cases. In older population, the minimal incision facial surgery does not always fulfill our expectations so that we have combined the conventional face-lift with purse string formed plication of the SMAS and named it as "S-Lift extended. An extended S-lift does not lift the upper face and the lateral eyebrows so that we have combined the S-Lift and S-Lift extended in such cases with a "Temporal Lift" calling it all together "The S-Lift plus".

Methods: S-Lift is a procedure where the soft tissue (SMAS and Platysma) is plicated like a purse string and fixed to the zygomatic bone, a deep dissection is not necessary. The suspension achieved is much more stable compared with the conventional facelifts. The S-Lift is a safe, quick and a simple procedure with effective results suitable for younger





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patients with very satisfactory aesthetic results.

Results: Although more than 2500 cases have been operated with S lift by us, the latest 246 cases will be reported. In our patients the results of the S-Lift at the lower face and neck were noticeably better than all other conventional and radical face-lift methods. Of the total 246 patients, 121 had S-lift extended (49%), 12 had S-Lift plus (4,9%) and the rest (113) of patients had undergone the classical S-Lift with minimal incision. More specifics and numbers will be given during the presentation.

Conclusion: Aesthetic Facial surgery is a continuing frontier, and the S-Lift with limited skin and SMAS dissection often demonstrates that less can yield more. This procedure is not for every patient and is probably not for those who want a face "As tight as possible".

Complementary surgeries to the Face lift such as Gore Tex Neck Sling, Platysma Notching, Posterior Neck Lift and Buccal Fat Extraction will be also presented.

P-12

CHIN AUGMENTATION WITH FILLERS OR AUTOLOGOUS FREE TISSUE GRAFTS

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Objectives: Many different options are available for the treatment of microgenia, including augmentation using fillers, implants and autologous tissue grafts. The author reports on the use of fillers and the tissue excised facial dermis for autologous chin augmentation.

Profiloplasty is to give harmony to the face by means of a chin augmentation. The procedure improves the characteristics of a face with fillers, with a chin implant or an alloplastic free tissue graft. Most often a non-surgically corrected profile may appear even more natural compared to the original one. It is often the case that a weak and receded chin may make the nose appear smaller and the neck thicker.

Methods: The purpose of a Profiloplasty consists in the harmonization of the facial outlines through a combination of multiple facial filling and surgical procedures. These procedures are; the augmentation of the mandibular angle and the chin profile. The fillers we used for tissue augmentation are commercially available products approved by the FDA. In our cases the fillings are done also with Hyaluronic acid, Ca-HA and also with PMMA, a synthetic material which is approved in Europe. The injection of autologous fat was initially thought to be a promising technique. However, during the injection process, a significant number of adipocytes are ruptured or reabsorbed, and probably the final result leaves only 10% of the fat cells intact.

Exposure of the chin region was accomplished using a dermal free graft harvested from the





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preauricular region during facelift surgeries. After desepithelisation of the free skin graft and a submental approach, mentalis muscle fibers were sharply incised by electro cautery and a pocket was prepared for the autologous implant a Subperiosteal plane. The excised tissue from the face lift was formed into a suitable shape and transplanted into the mental region.

Results: The procedure was performed in 46 patients with an average age of 26 years. Follow-up ranged from 5 to 48 months. Cephalometric profile film and 3-dimensional computed tomography revealed undesirable levels of autologous tissue implant resorption in 3.9% of cases, with complete resorption in only 1 case and only 2 cases showed minor resorption which was corrected with long lasting fillers.

The chin augmentation with fillers is done in several sessions and in a serial mode which gives the patients more possibility to decide about the need of the correction themselves. In our series of 102 patients (mean age; 44.4 years) we have observed % 67 (68) patient satisfaction, %19 (18) did not show up for the controls and % 16 (16) were not satisfied with the results. With regard to the chin enhancement with fillers, 76 subjects (77.5%) showed increases of 1 cm or more at 12 months after the injection. The patients filled with long lasting fillers were much more satisfied.

Conclusion: Chin augmentation in this form of augmentation with fillers or with free tissue grafts is an alternative to chin implants. The biggest disadvantage was the short survival of the fillers which can be eliminated by using semi-permanent fillers with PMMA additives. Those worried about going under the knife may be able to enlarge their chins without surgery by using fillers or the patients who are against artificial chin implants can profit from the autologous free tissue grafts.

P-13

THE NOVEL USE OF EXTENSIVELY MOBILISED ISLAND PEDICLE FLAP PEXED TO THE NASAL BONE PERIOSTEUM FOR RECONSTRUCTION OF THE MEDIAL UPPER CHEEK/ LOWER EYELID DEFECTS

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Reconstruction of the medial upper cheek/lower eyelid defects presents as a surgical challenge. Cheek rotation flaps are poorly suited for reconstruction of the medial upper cheek/lower eyelid defects. In this presentation, I will discuss the novel technique of using the quite extensively mobilized island pedicle flap pexed to the periosteum of the nasal bone as a fantastic solution for this challenging situation. This technique, if well done, totally eliminates the risk of ectropion formation. The presentation will include some of my own cases.





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ROUND MINI-LIFT - A SIMPLIFIED MINI-LIFT FOR ELDERLY AND SMOKERS PATIENTS

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Goals/Purpose: The MACS lift (minimal access cranial suspension lift) was described by Patrick Tonnard and Alexis Verpaele, from Belgium, in 2001.

The objective of this abstract is to present a new simplified version to be used in smoking patients, elderly patients and to retouching those patients that already have their face-lifting done, some years ago, or even the ones that, for physical reasons, can't be submitted to a larger surgery.

Methods/Technique: Like the MACS lift the incision is limited to the skin hairline junction above and anterior to the ear. There is no extension behind the ear. The area of undermining, is very small so, the blood supply to the skin is much more robust and the technique is therefore safer in smokers. There is almost no risk of skin necrosis. Permanent suspension sutures pass down from the temporal aponeurosis to the neck and jowls and then return to the starting point, making a circle (purse-string suture). When the threads are tied up the SMAS (superficial musculoaponeurotic system) is elevated in a vertical vector.

The operation is performed under local anesthesia and no hospitalization is required. The procedure generally takes about 1 hour and in nearly all cases should be combined with elevation of eyebrows with threads (Curl lifting) and liposuction of submentonian region, to remove the excess of fat.

During the first post operatory night, the patient is placed in a light bulky woolen bandage. The bandage is removed the following day. Following this, the patient usually looks fairly reasonable. In the forehead region a micropore tape is placed for three days. Stitches in front of the ears and alternate stitches in the hairline are removed at five days and the remaining sutures in the hairline at ten days.

We have been using the Round Mini-lift Technique since April 2005, in more than 500 patients from 39 to 83 years.

Results/Complications: Once the undermining and dissection are very limited there are no expressive swellings or complications.

Conclusion: The operation is easy and fast to perform, accompanied by inconsiderable injury to the tissues and a short-term rehabilitation period.





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PITFALLS OF LASER LIPOSUCTION

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Introduction: Laser liposuction was developed as an alternative to the manual method used in tumescent and traditional liposuction.

Laser liposuction, which is also known as liposculpture and laser lipolysis is somewhat different than traditional liposuction. In some techniques of laser liposuction, suction is used, while in others no actual suction is used. Instead of using the cannula to remove fatty deposits beneath the skin, the cannula houses a laser and the laser is used to literally melt the fat of the target area away.

The heat of the laser is responsible by contracting the tissues which causes the skin to tighten and become smoother.

Purpose: The purpose of this work is to present our results in 80 patients using two different laser liposuction devices which different wave lengths in one single probe. One device, the Palomar SlimLipo™ uses 924 nm and 975 nm wavelengths and the second, the Deka SmartLipo™ uses the 1064 nm wavelength, both aiming in the same target: shrink the skin!

Methods/Technique: We evaluated the results obtained in these 80 patients who were treated with the SlimLipo™ and the SmartLipo™ Laser liposuction devices. All patients were operated from November 2010 to March 2013 and evaluated 90 days after the procedure. This is, according with the manufacturers, the “peak” moment of the “shrinking” of the skin.

Results/Complications: The main complication of laser liposuction is the burn, which occurs from the inside to outside and is always a third-degree burn. The biggest difficulty is the early diagnosis if an area is being subjected to excessive heat.

In our series of 80 patients we had 4 burns (5,7%), all with the SlimLipo™ liposuction device (total of 42 patients). None with the SmartLipo™ liposuction device (total of 38 patients).

In our opinion the disposable probe of the SlimLipo™ device is responsible for the high risk of burns, once there is no security mechanism to avoid the probe to go through the dermis. The SmartLipo™ optic fiber goes through a non-disposable probe and, if it touches the dermis the tip goes back through the cannula.

Conclusion: We can say that both devices can achieve excellent results shrinking the skin, but the disposable probe of the SlimLipo™ device is responsible for a high risk of complications (burns).





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EYEBROWS ELEVATION - A NEW, EASY AND CHEAP TRICK

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Introduction Redeeming a technique published in 1967 by Dr. René Guillemain, “the Curl lift”, we find a very easy and a long-lasting result procedure to elevate the eyebrows, in a fast resolution ambulatory intervention.

Purpose: The “Curl lifting” technique for eyebrows elevation consists in soft tissues elevation using smooth threads tied up in the level of the hairline. The threads are inserted under the skin, in two different surgical plans in order to avoid the “undermining effect” when the threads are tied up.

Methods/Technique: In all cases, local infiltrative anesthesia is used.

A 15’ blade scalpel is used to stab the skin in each corner of the preliminarily marked square contour. Then, a blunt Reverdin needle is inserted through the external superior orifice in a deep plan, until it goes out across the external inferior orifice and pick up the smooth thread. Then the needle returns bringing the thread. After this the needle is inserted, again, through the internal inferior orifice, in a superficial sub-dermal plan until goes out across the external inferior orifice and pick up again the smooth thread. Then these maneuvers are repeated till the square is completed and the thread’s ends are tied up, cut and buried under the skin, using a delicate hook. The last step is a bandage with Micropore at the forehead, for three days, to immobilize the region.

Results: The routine operation is easy and quick to perform with a very short learning curve. The obtained outcome proves to remain for a long time. We are using the Curl-lifting technique for eyebrows elevation, above described, since May 2003, in more than 800 patients from 35 to 82 years (average of 58,5 years).

Conclusion: The “Curl” lifting technique using smooth threads for eyebrows elevation is one more excellent tool in the therapeutic arsenal of ancillary procedures for the correction of facial aging. This is a minimal invasive ambulatory procedure which has as main advantages no visible scars and a short learning curve.

This technique has the advantage of no visible scars, like the Castañares technique and the forehead lifting, easy equilibration of both sides which is difficult with Aptos threads, has a very short learning curve and is a low-cost procedure, the opposite of the endoscopic techniques.





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AUGMENTATION GLUTEOPLASTY - THE XYZ TECHNIQUE

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Introduction: A woman with small breasts but proportionate waist and hips still has a feminine body, but one with flat buttocks and large shoulders or narrow hips will never have a totally feminine body, regardless of how beautiful her breasts are. So, the most important detail of a feminine body is the balance of its contour.

Goals/Purpose: The objective of this work is to share our experience performing the XYZ technique for buttocks enhancement described by Raul Gonzales, in 2004.

With this technique we can easily insert an implant into the gluteus maximus with no risk of sciatic nerve compression and no limitations in the size of implant.

Methods/Techniques: The incision is done directly over the intergluteal crease, preserving the sacral cutaneous ligament.

After the skin drawing, of an inverted heart, the subcutaneous tissue is undermined just over the muscle fascia till the end of the drawing. Next step is a 6 cm muscle incision in the same direction of the muscle fibers.

The undermining should split the muscle at the middle, and the same amount of muscle should be left in front of and behind the implant. The point X is found introducing a finger into the muscle incision 2-3 cm deeper. This is half of the thickness of the muscle and this is our plane of undermining. Point Y is in the iliac crest 5 cm beyond the upper-posterior iliac spine and is our superior limit of undermining. The point Z, the lower limit of the undermining, is reached rotating the underminer from point Y towards the femur trochanter. Usually this pocket is enough to accept relatively large round implants as well as 350 or 400 cc in a medium-sized patient.

Once the implants are placed into the pockets the incision is closed from the muscle fascia till the skin, avoiding communication between the intramuscular pocket and the supra-facial subcutaneous one, to avoid seroma formation.

Results: We have been using this technique routinely since 2006 in more than 300 patients.

Conclusion: With this technique we can easily find the 3 stop points of the undermining to insert an implant into the gluteus maximus avoiding the most common complication: the palpable implant for a too shallow pocket in the lateral areas.





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A 4 STEP NON-SURGICAL RHINOPLASTY: FILLING AND BIOFILLING FOR TEMPORARY AND LONG-TERM ENHANCEMENT

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Introduction Rhinoplasty is one of the most common plastic surgery procedures and surgery has been the gold standard for years. The term “non-surgical rhinoplasty” has been used over the past few years to characterize the use of fillers to correct aesthetic deformities of the nose.

Post rhinoplasty asymmetries, contour irregularities, and even saddle nose deformities may be treated in patients reluctant or unable to undergo further surgical revision.

Material & Methods: A retrospective study was performed on all patients having the 4 step non-surgical rhinoplasty with fillers or millifat to address pyriform/nasal base and tip projection; Columella injection for non-surgical strutting and tip elevation with natural tip break; Dorsal nasal augmentation, symmetry and/or smoothing; and glabellar and superior orbital rim augmentation.

Results: We performed the non-surgical rhinoplasty with fat on 15 patients and with Hyaluronic Acid fillers on 5 patients. All patients were very satisfied with their results almost immediately following injection. Satisfaction rates remained greater than 90% up to one year after either using synthetic fillers or fat. Some patients with irregular nasal skin surface irregularities had marked improvement in nasal tissue thickness with fat grafting, but this was not seen in patients having fillers. Improvement in shape and texture was noted at 1, 3, 6 and 12 months after the procedure and no complications occurred.

Discussion: The 4-step non-surgical rhinoplasty is a novel approach which may sculpted different anatomical zones, and show good to high rates of satisfaction. The primary advantage of this procedure is that it does not require an operation. A careful, slow and retrograde injection may be done with a HA-filler or fat, with a blunt cannula. Indications are specifics and surgery may still be required for some deformities.





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RELIABILITY OF THE PEDICLED PERFORATOR FLAPS

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Objectives: Pedicled perforator flaps with good skin texture, reliable vascularity, good arc of rotation, and minimum donor site morbidity are the most desired option for coverage of soft tissue defects. The aim of this study was to show our experiences with pedicled perforator flaps for reconstruction of soft tissue defects at various anatomical locations.

Materials and Methods: Fifty two pedicled perforator flaps were performed at the Department of reconstructive, plastic and hand surgery, University Hospital Foca, during the period from January 2010 to December 2015 year. The defects were located in head (n=11), trunk (n=9), upper limb (n=8), lower limb (n=15) and ischial/sacral (n=9). One patient had bilateral reconstruction of soft tissue defects with thoracodorsal artery perforator flaps after excision bilateral axillary hidradenitis suppurativa. Defect etiology, the size of the flaps, donor site closure, partial and complete flap necrosis and venous congestion were recorded. Pedicled perforator flaps were based on single perforator of facial artery, transverse facial artery, submental artery, thoracodorsal artery, posterior intercostal arteries, superior gluteal artery, radial artery, anterior and posterior tibial artery, peroneal artery, second and third dorsal metacarpal arteries. Minimum follow up was 1 year (mean 2 years; range 1-5 years).

Results: The flaps were accepted without complications in forty patients. Complete flap necrosis appeared in three patients while there was marginal flap necrosis in four cases. In five cases we had transient venous congestion. The donor site was closed directly in thirty five patients. Seventeen patients had partial primary closure complemented by skin grafting. The flaps were advanced, transposed or rotated to cover the defects. Twenty five flaps were advanced, seventeen flaps rotated to 180° and ten flaps rotated to 90°. The size of the flaps was from 6x3 to 23x15 cm.

Conclusions: Pedicled perforator flaps are very reliable in covering soft tissue defects at various anatomical locations. They permit excellent "like to like" replacement with minimal donor site morbidity. These flaps are a simpler alternative to the more sophisticated free flaps because they require microsurgical procedures, but without microvascular sutures.



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COMBINED USAGE OF LIPOSUCTION FAT GRAFTING AND SKIN TIGHTENING TECHNIQUES IN TOTAL BODY CONTOURING PROCEDURES

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Objective: To improve the contouring effects of different patients in total body contouring procedures

Materials and Methods: Various manifestations such as fat accumulation and skin laxity are found in obese patients who seek for an improvement of body shape. Fat grafting and laser assisted liposuction (LAL) or radiofrequency assisted lipolysis (RFAL) techniques are usually combined with the traditional liposuction in individual patients in order to improve the final contouring outcomes.

Results: From Jan 2012 to Jun 2017, more than 1500 cases have been treated with traditional liposuction procedures, fat grafting to breasts, buttocks and the other body regions were simultaneously applied in some patents, and laser assisted liposuction or radiofrequency assisted lipolysis were used in patients with loose skin and in revisionary procedures. Mini-abdominoplasty was combined in patients with obvious abdominal skin ptosis and descent. The smooth body shape can individually be obtained after combined usage of different techniques in different patients. 98% of the patients have satisfactory results. No major complications were observed.

Conclusions: Combined using of fat grafting and LAL or RFAL skin tightening techniques as well as dermolipectomy based on the traditional liposuction procedure can produce better body contouring outcomes with smooth skin, less irregularities occurring as well as better skin retraction.

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FAT AND FAT-CARTILAGE GRAFT AS RHINOFILLER

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One of the main sequela of the rhinoplasty surgery, specially when they are very aggressive, without special attention to a carefull dissection of the right level is a reduction of the thickness and vascularization of the soft tissue of the nose. This produces unhealthy results and above all evidence of every small irregularities. To solve these problems we used the autologous fat graft alone, or sometimes combined with autologous cartilage graft.





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We treated 12 patients, 9 rhinoplasty sequelas and 3 congenital deformities of the nose.

The fat injection in the nose can improve the thickness, the skin quality, the softness of tissue by angiogenesis with reduction of the fibrosis and in the cases of severe rhinoplasty sequelas, allows to prepare the nasal tissue to next surgical dissection. Which is easier. The addition of the cartilage gel graft allows to obtain more building.

The nasal correction with fat graft or fat-cartilage graft is a simple and natural procedure that can avoid or anyway makes simpler secondary rhinoplasty.

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TREATMENT OF TEN (SY LYELL) – OUR EXPERINECE

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Toxic epidermal necrolysis (Syndroma Lyell) (TEN) is a rare but very serious skin lesion that is characterized by the sudden appearance of fever, symptoms of systemic toxicity and extensive mucocutaneous exfoliation.

The pathophysiology of this disease is still not completely clear, although it is assumed that the underlying immunological basis is present.

It occurs as a disease associated with infections, autoimmune diseases, malignancy, hypersensitivity to drugs. It occurs most often in response to the medication.

The incidence in the general population ranges from 1 to 1.3 cases per million people per year. Mortality is very high and varies in the range of 25 to 70%.

In this study we present our experience on 6 patients we treated in the Clinic for plastic surgery and burns. We used conservative and active surgical treatment with multidisciplinary approach according to the complexity of disease.





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MICROSURGERY IN THE TREATMENT OF BURNED PATIENTS

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Applying of the free flaps in the treatment of the patients with burn could be in the phase of covering of the burn wounds, or in the phase of correction of the postburned sequelas. We operated eight patients with burns by using free flaps in Military Medical Academy.

The treatment of the deep burn wounds implies excision and skin grafting. The burned surfaces with exposed vital structures should be covered with skin flaps

In eight burned patients (one with deep facial burn, four with lower leg burns with exposed bones and one with deep electrical burns of the both forearms) it was impossible to cover those defects neither with skin grafts nor with local flaps due to tissue destruction. The tissue defects were covered by using microvascular flaps as a delayed or secondary procedure. For the defect of the whole half of the face we used free scapular flap, and for the lower leg defects we used latissimus dorsi musculocutaneous flaps in three cases and free scapular flap in one case. For the defects on forearm we applied latissimus dorsi flap and a week later scapular flap on the other forearm. In two patients with burns of the face and neck we applied scapular and parascapular flaps. We covered the remaining exposed mandibular bone in one patient. After four correction of the contracture of the neck with skin graft, in second patient we applied preexpanded scapular and parascapular flap and obtain permanent correction of the neck's contracture.

Our experiences in the treatment of these burned patients indicated the possibility of applying the free flaps in the early phase of the covering of the exposed deep structures, and also in later reconstructive phase for corrections of postburned sequelas.





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MICROSURGERY IN HEAD AND NECK RECONSTRUCTION

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The head and neck region's defects presents a great challenge for reconstructive surgeons. We report our experience in the treatment of 54 patients with head and neck free flap reconstruction (15 tumor resection, 2 with burns, one with postburned neck's contracture, and 36 wounded patients).

We applied six fibular, four scapular, three radial forearm, one dorsalis pedis and one latissimus dorsi free flaps. Fibular and radial forearm flaps were used for reconstruction of the mandibular bone, while scapular, dorsalis pedis and latissimus dorsi flaps were used for filling the defects of the mouth floor, orbital or maxilar region. We used scapular free flaps for covering the burn of the face, scapular and parascapular flaps for the covering of the neck and exposed mandibular bone and preexpanded scapular and parascapular flap for correction of the neck's postburn contracture.

We treated extensive wartime tissue defects of the lower third of the face with composite free flaps: seven scapular, nine radial forearm and twenty fibular flaps. Length of the mandibular defects varied from 5-16 cm. The bones were fixed by wire, miniplates or external fixation. The skin parts of the flaps were used in reconstruction of lower lip, chin and/or cheek, respectively. Vascular pedicles of the flaps were microsutured to either the superior thyroid, facial or external maxillary and carotid vessels.

Our experience and results in microvascular reconstruction in the head and neck region support the use of this reconstructive method in peace-time pathology and in treatment of war wounds with complex tissue defects, also.





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