Avulsion of the Corrugator Supercilii Muscle through a Closed Rhinoplasty Approach

Sir:

Patients presenting for rhinoplasty are generally young and do not need standard procedures for elimination of glabellar skin furrowing. Treatment of muscles was 14.0 ± 2.8 mm and 18.7 ± 2.42 mm from the nasion, respectively. Miller et al. demonstrated that all supratrochlear branches are located more than 1.6 cm from the midline. Thus, our extent of dissection had no risk of nerve injury and avulsed most of the origin fibers. The transpalpebral approach to the corrugator supercilii and procerus muscles has become a standard procedure for the treatment of glabellar frown lines after its description by Knize and Guyuron et al. Although complete resection of the corrugator muscle is advocated for a long-lasting and complete improvement in frown lines, its weakening through avulsion of its origin can be all that is needed in young rhinoplasty patients.

Kalantar-Hormozi and Beiraghi-Toosi proposed “rhinometry” for outcome assessment after rhinoplasty using actual measurements of the nose, but an objective yet simple and practical method for evaluating frown lines is not available. We used a scaling method similar to what Guyuron et al. used for evaluation of results of corrugator supercilii muscle resection through blepharoplasty incision. This method demonstrated a significant decrease of the scale of severity of frown lines following the operation. Avulsion of corrugator supercilii and procerus muscles through a closed rhinoplasty approach is a simple and valuable adjunct to rhinoplasty for treatment of minimal frown lines or, potentially, prevention of their progression.

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REFERENCES