

32. Skin Scars

WHEN the primary surgery of bilateral cleft lip heals poorly or is planned or executed inartistically, there is *double trouble*, for indeed, inadvertently or on purpose, the same mistake has been made twice!

At the very best there will be two scars, and when they run straight up into the floor of the nose and contract to cause a notching depression, they create what Broadbent rather vividly refers to as the "dirty nose" look.

When triangular, square and quadrilateral side flaps have been transposed below the prolabium or Z-plasties interdigitated into its sides and the columella is plucked out of its center, the main scars become irreversible, unphiltrum-like brands reminiscent of strange alphabetical symbols and Indian signs.



If the sutures were placed too far from the skin edges, tied too tight, bathed in nasal discharge and left too long, there will be stitch marks too. They will appear not just as one ladder running up the lip but as at least two with possible cross ladders forming a truly bewildering maze of scars!

BEWARE DOUBLE EXCISIONS

Secondary scar revisions in bilateral clefts can be handled much as described in unilateral cases. The double-breasted vest and other procedures are available. Here, again, it is well to revisualize the normal position and direction of bilateral philtrum columns and



try to maneuver the scars along these general lines, avoiding any abrupt interruptions that extend directly into the floor of the nose or even across the mucocutaneous junction ridge. There is one *vital* principle to remember: Tension was probably responsible for the need for this revision, and the best chance for secondary success is to *cut your tension odds in half and revise only one side at a time*. An exception to the rule is made when the muscles from each side are to be joined together behind the prolabium, taking up the skin tension on both sides and promising better bilateral healing.

ATTEMPTS TO WIPE THE SLATE CLEAN



When, in addition to stitch marks, transverse relaxing incisions have been placed widely across natural lines, the lip is turned into a tragedy of whiskered scars as seen in this spine-chilling example from Veau's 1938 *Bec-de-Lièvre*.

In 1952 and 1954 Schmid, of Stuttgart, presented a unilateral cleft case with such severe scarring and whisker stitch marks that he was forced into drastic action. He inserted an Abbe flap for relaxation and then excised all skin and scar of the entire upper lip and covered the area with a full-thickness skin graft taken from the submental area, adding:

This procedure has also been satisfactory in men.

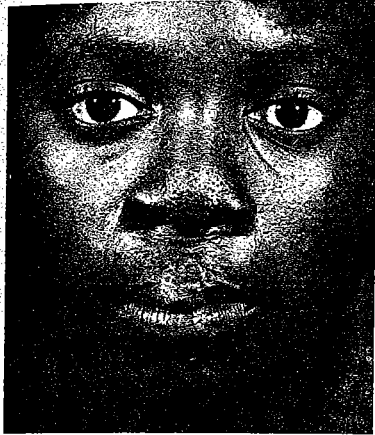
Skin excision of the entire area and total resurfacing with a full-thickness skin graft was also suggested by Broadbent of Salt Lake City in 1957 as a desperate last-ditch effort to salvage a tragedy that was avoidable in the first place.

Musgrave, for Goldwyn's *The Unfavorable Result in Plastic Surgery*, does not give this approach for cat whisker scars much praise and offers a combined alternative:

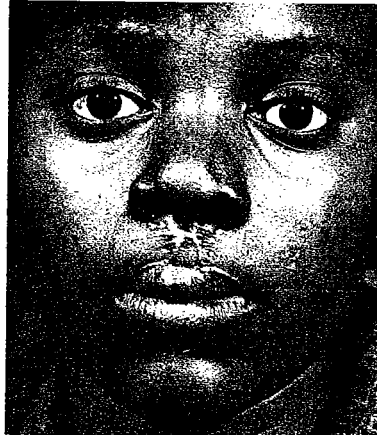
Replacement of the entire area by a skin graft is not very rewarding and gives an artificial appearance. When feasible, a centrally placed lip flap in conjunction with dermabrasion and scar revision may offer some hope.

Here is a personal case which was referred with extremely wide stitch marks, a short columella and alae too flared. A small

lip-switch flap had been merely stuck in the lower half of the lip, rather than being used to advantage to remove a good portion of the scarring. A forked flap reduced much of the lip scarring as it lengthened the columella, but in its wake followed the typical teenage scar hypertrophy.



16 years



After forked flap



20 years

Later, a high transverse elliptical lip excision shortened the lip and lifted the lip-switch flap into better philtrum position. Then bilateral vertical scar excisions flanking the central flap further improved the lip. Advancement and fixation to the septum of the denuded tips of alar base flaps reduced the nasal width. Time has brought improvement, but there is still too much scarring.

SCARS IN "HAIR" LIP

One problem of upper lip scars in the male is their effect on the hair-bearing area, for scars are hairless and stand out like brands even on a cleanly shaved lip. Extensive scarring actually prevents the production of a mustache or at least renders it ineffectual.

The ability to grow a mustache offers a means of camouflage. Then, too, some men just look better with a mustache. My father did. They need not have had a cleft or be scarred; to a lip that is slightly short or recessed a mustache can bring both body and distinction. There was a time when the black mustache automatically designated the villain, invoking in the audience an immediate conditioned reflex for hissing. Mafia gangsters are



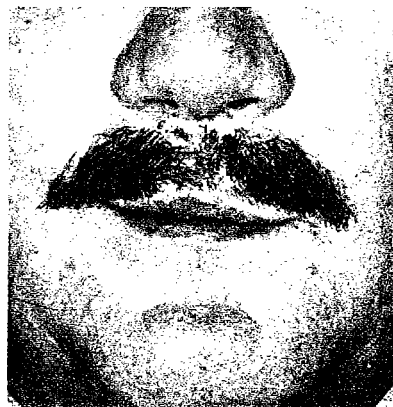
often referred to as the "mustaches." Yet today, whether it is because villains have been glamorized into ridiculous half-heroes or because the mustache is the most masculine part of the male hair pattern, the mustache has become popular in every level of society. The fashion is fanned further by such stars as Larry Csonka on the gridiron, John Newcombe on the tennis court, and Burt Reynolds on the screen and centerfold. In fact, Schick had to pay Joe Namath \$10,000 to shave off his Fu Manchu mustache on television!



In the bilateral cleft one evidence of a successful treatment is the construction of a lip that can produce a respectable mustache. This is not a cop-out nor is it as easy as it may seem, for in the bilateral cleft there is a double dose of scars, and the original isolated prolabium is seldom able to sprout a luxuriant growth of hair in the first place. When the prolabium is hairless, the trick again is to have it philtrum width so that any baldness lies less noticeably between lateral bushes.



Even the Abbe flap, so often called upon in secondary correction of bilateral clefts, does not solve the mustache problem completely. When the lower lip flap is transposed into the upper lip, its normal hair growth, of course, proceeds after transplantation but in upside-down direction as shown. Some patients become infuriated with this disorganization of hair, but with training by brushing and clipping, order can be brought to the chaos and an enviable soup strainer or handlebar can be cultivated. Here are two more examples of a mustache augmented by an Abbe flap.



Several of my bilateral cleft lip patients shown throughout this book, who have results good enough to enjoy clean-shaven lips, are at present sporting mustaches. They are merely capitalizing on the fashion of the day, which also provides them the ultimate in camouflage.

Here is a cleft lip patient at Rooksdown House, Hampshire, England, during my time with Gillies, in whom the lip scarring was rather severe and the maxilla retroposed. Either the patient had seen so many forehead-scalp flaps dangling about the wards that he had requested one himself or a surgeon in desperation had swung a rather cavalier, hairy scalp flap over the scarred lip to cover the problem once and for all with a truly swashbuckling mustache!



PROPHYLACTIC BETTER THAN ANAPHYLACTIC

If the bilateral cleft lip is handled as described in the primary section with mucosa and muscle approximated to each other in the midline behind the prolabium, taking all tension off the skin scars of union, the infant will heal these scars superbly. Then, if the prolabium has been reduced to philtrum dimensions and tissue for the columella shifted out of the lip, reentry and rescarring of the lip will never be necessary. If this course has not been followed primarily, then its use secondarily may be the best way out, leaving the teenager to heal it the best he can.

SECONDARY SCAR REVISIONS ARE OFTEN SECONDARY

When there are other, more severe labial deformities in addition to the scars, then as an added dividend the scars are simultaneously revised and often even repositioned during the process of sculpturing the contour or correcting the lip length, width or tightness. Examples of this action are scattered throughout this entire secondary section.