Primary anatomic reconstruction in upper and lower lips: case report
Reconstrução anatômica primária em lábios superiores e inferiores: relato de caso
Reconstrucción anatómica primaria en labio superior e inferior: reporte de caso

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Abstract
Extensive lip injuries reconstructions require a strategy of treatment. First, the strategy can follow the anatomical references in order to closure the injury reestablishing the lip functions. This article report a reconstruction of an extensive lip injury after a convulsion and a fall in height in a male patient. The lip reconstruction by anatomical reconstruction was effective for immediate structural maintenance and allowed a favorable healing for the second surgical stage.

Descriptors: Lip; Wounds and Injuries; Surgery, Oral.

INTRODUCTION
The lips play an important dynamic for aesthetics and functional aspects, as well as communication, sound production, facial expressions, swallowing and preservation of lip sealing

Extensive lip injuries are a challenge for surgical reconstruction due to the need to reestablish the lip competence and many approaches or procedures can be performed. And even minor lip defects require meticulous reconstruction to minimize injury defects because the lips are within the field of observation of the face. Some lip injuries cause significant aesthetic and functional impairment, especially when affecting the skin, lip vermilion mucus, orbicularis muscle and oral mucosa can compromise speech, feeding, mimicry, and expression.

Strategies for reconstruction of these injuries should aim at restoring anatomical and oral functions, as well as the satisfactory restoration of aesthetics, being fundamental for a better quality of life. In lips reconstructions, tissue loss and postoperative limitations should be considered. This article describes a case of lip laceration upper and lower limb caused by falling of its own height.

CLINICAL CASE
A 59-year-old male patient was referred at the Hospital (Santa Casa de Misericórdia de Araçatuba, SP, Brasil) with a history of convulsion and a fall in height, resulting in extensive laceration of the upper and lower lips (Figure 1). The lip injury of total thickness, involvement of the buccal commissure, partial avulsion of the vermilion of the upper lip and laceration of the lower lip on the right side (Figure 2).
After the initial treatment, without further alterations, the lip injury was cleaned and direct closure in the anatomical references (Figure 3). The aesthetic result presented after 30 days revealed a cicatricial contracture, mucocutaneous misalignment and lack of lip vermilion in the region of the right buccal commissure and lip incompetence (Figure 4). The labial functions as speech, mimicry, feeding remained with some limitations. In view of the above, the patient will undergo secondary surgery to correct the resulting deficiencies.

DISCUSSION

The treatment of lip injuries requires delicate and planned manipulation to minimize possible sequelae⁷⁻⁹. In some cases, the loss of substance offer greater difficulty in reconstruction, requiring specialized techniques such as specific flaps or even grafts⁷⁻⁹. Lip reconstructions can be performed by simple or dynamic techniques and the identification of anatomic references such: mucosal, cutaneous, muscular. The anatomical references during reconstruction is fundamental for quality in aesthetic and functional restoration⁸⁻¹⁰.

In this case report, the authors choose the primary closure technique. This technique had the objective of co-optation the edges of the wound, controlling the bleeding and repositioning the flap⁹. Small lip defects can be treated very well through a simple primary closure with excellent aesthetic results⁹. However, the direct closure can provide good functional and aesthetic results in extensive lip injuries⁸⁻¹⁰.

In large defects it is necessary to guide through the anatomical planes to avoid sequelae.¹ In this case, it is important to evaluate the extent of tissue loss because the correction of postoperative defects may be necessary through secondary surgery.² In this specific case, the primary anatomical closure technique was effective for immediate structural and allowed a favorable healing for the second surgical stage and the patient did not want to perform a new surgical procedure. Defects involving the commissure require careful planning and, in some cases, late reconstruction will be necessary¹¹. Many techniques are described in the literature for reconstruction of these defects and offer good results, restoring function and aesthetics¹²⁻¹⁴.

CONCLUSION

Although the correction of postoperative defects is necessary through secondary surgery, in this specific case, the primary anatomical closure technique was effective for immediate structural maintenance and allowed a favorable healing for the second surgical stage.

REFERENCES


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CONFLICTS OF INTERESTS
The authors declare no conflicts of interests.

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