The Corner of the Mouth Lift and Management of the Oral Commissure Grooves

Stephen W. Perkins, MDa,b,*

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One of the many features that contribute to the aging appearance of the perioral region is the downward turn to the oral commissures [1]. This downward turn, which often extends to a significant oral commissure groove and “marionette” appearance, gives a sad, tired, almost angry look in some patients. This senility can be extreme and causes lateral oral commissure drooping and angular cheilitis in some patients.

The downward turn to the corner of the mouth can be the single remaining aging factor that “spoils” an otherwise excellent rejuvenative surgical effort (Fig. 1). In fact, in many cases, this is the area patients are most bothered by and wish that their facelift had corrected. In preoperative evaluation and consultation, one must show patients the improvements in the marionette groove by lifting the jowl tissues, but specifically point out that the corner of the mouth does not lift and that the downward turn and groove persist. Alternatively, one can also show that, if you pull the skin tissues taut enough to lift the corner of the mouth, the face then has an unnatural, pulled, operated appearance. In addition, one must point out that with standard rhytidectomy techniques, the fold of tissues at the modiolus, just lateral to the oral commissure, is minimally effaced.

Therefore, physicians must offer consultative, prospective patients adjunctive procedures to correct the downward turn and help efface the deep oral commissure grooves. Augmentation filling of this area is the mainstay for correcting and maintaining ongoing improvement (Fig. 2). Fat has been used with variable success to fill this area and is readily available from submental liposuction. The problem with fat in this area of motion is that it usually absorbs eventually. Otherwise, a lump of fat occasionally remains or even enlarges, creating a visual lumpy deformity.

Injectable fillers are the best and most commonly used treatment for filling and effacing the oral commissure groove [2]. With proper techniques, one can achieve an actual lift to the oral commissure, even though temporary. The most commonly used fillers that are effective for 6 to 12 months are hyaluronic acid or calcium hydroxypatite. The latter has more of a tendency to clump and form lumps or become visible because it is white in that area. Using small amounts of Botox (botulinum toxin)—two to three units on each side—to

a Meridian Plastic Surgeons, 170 West 106th Street, Indianapolis, IN 46290, USA
b Department of Otolaryngology-Head and Neck Surgery, Indiana University School of Medicine, Indianapolis, IN, USA
* Correspondence. Meridian Plastic Surgery Center, 170 West 106th Street, Indianapolis, IN 46290.
E-mail address: sperkski@aol.com