

Historical Overview

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The idea of lifting facial skin did not originally come from a surgeon, but from an elderly female Polish aristocrat who, in 1901, asked the Berlin surgeon Eugen Holländer to lift her cheeks and the corners of the mouth. She asked him to cut out the skin elliptically around the ear. It took quite a while before the patient could convince the surgeon. Erich Lexer published in 1931 a remarkable textbook *Die Gesamte Wiederherstellungschirurgie* (The Complete Reconstructive Surgery). He stated to have operated on an aging actress, who constructed reins of rubber bands and stitching plasters to keep her facial skin tight. After years this produced overlapping excess skin, which Lexer excised with S-shaped excisions in 1906. He stated not having known that such a surgery had been performed before. Jacques Joseph, also from Germany, published his first facelift surgery from 1912 in 1921 and 1928.

Charles Miller from the USA wrote in 1906 an article entitled “The excision of bag-like folds of skin from the region about the eyes”. He published in 1907 the first textbook of facial cosmetic surgery under the title *The Correction of Featural Imperfections*. Another American, Kolle, wrote in 1911 the book *Plastic and Cosmetic Surgery*. He published illustrations of lower-eyelid incisions to remove the loose skin.

In France, Passot was first surgeon to describe the submental excision to correct a double chin and multiple facial direct excisions in 1919 in his article “La chirurgie esthétique des rides du visage”. Suzanne Noel was the first female cosmetic surgeon and she tried to emphasize the sociologic aspects of aesthetic surgery in her book *La Chirurgie Esthétique: Son Role Sociale* published in 1926. Other French pioneers in this field were Bourguet and Pires.

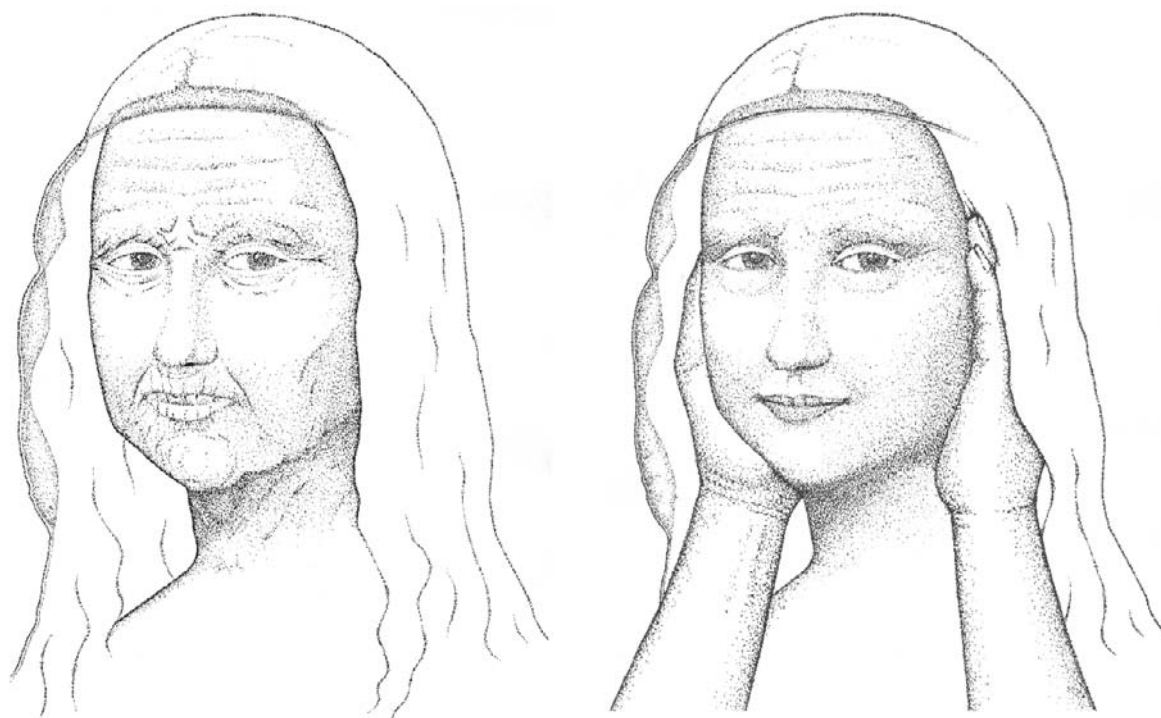


Fig. 2.1. Female manoeuvre in front of a mirror: it was not a surgeon who first had the idea of facelift, but an elderly woman

The Czech plastic surgeon Burian suggested incision lines reaching deep into temporal and retroauricular hair-covered areas which have been used for decades. He also advocated wide undermining to achieve long-lasting results. The periods of World War I and World War II were times when the demand on plastic surgeons was predominantly in reconstructive and not in aesthetic surgery.

Mayer and Swanker were the first to use the term “rhytidoplasty” in the journal *Plastic and Reconstructive Surgery* in 1950. This term would be later exchanged for rhytidectomy, which means excisions of wrinkles and folds, but this definition is not applicable to our contemporary facial styling.

In the following period, innovative contributions to facial rejuvenation were made by González-Ulloa from Mexico, Gillies from the UK, Millard from the USA, and Pitanguy from Brazil.

In the 1970s one went into the deeper planes of the face. Skoog of Sweden wrote in his book *Plastic Surgery: New Methods and Refinements* in 1974 about the subcutaneous layer with its fascia and muscles attached at skin to be repositioned to obtain more sustainable results. Tessier of France was also a pioneer who noticed the importance of the deep structures of the face. Mitz and Peyronie from France made important anatomic studies (1976) and defined the new age in facelift surgery: superficial musculo-aponeurotic system (SMAS) of the face. Connell, Owsley, Lemon, and Hamra – all from the USA – developed further the usage of SMAS in their clinical practice.

Many other surgeons have merit for the development of different variations of rejuvenative procedures going deeper into the face, like Krastinova-Lolov from France, Psillakis from Brazil, and Hinderer from Spain.

After the 1980s and into the 1990s, the subperiosteal plane was reached and was rearranged in order to produce rejuvenation. Ramirez and Little, both from the USA, stepped over into the third dimension of the face by different manoeuvres like skeletal augmentation, soft-tissue transplantation and reassembling and imbrication of facial structures, not only tightening and stretching of tissue, but also adding volume to the facial framework in order to beautify the face.

Parallel lipofilling, suggested first by Miller from the USA and reinvented by Illouz of France, further developed by clinical and histological studies in large series by Guerrerosantos from Mexico and Coleman from the USA, produced a remarkable improvement in facial surgery alone or in combination with other

procedures. The separated transplanted cylinders of autologous fat tissue could augment some dimpled, atrophic parts of the face and give more youth to the facial appearance.

The most superficial layer of skin – the epidermis – could be treated by mechanical, chemical, radiosurgical, or laser peel. The first known article is that of Bames (1972) “Truth and fallacies of face peeling and face lifting” and indicated this development of additional possibilities to be added to the surgical procedure to improve the final appearance. But they are overlapping dermatologic activities as the wrinkle fillers are. Baker’s peel and Fintsi’s Exoderm peel as well as Obagi Blue peel are just a few that can be mentioned. Similar results could be achieved, however, with classic dermabrasion, and the much more expensive tool – resurfacing ultrapulsed lasers – and more recently by high-frequency low-temperature radio waves.

Since the early 1990s the subperiosteal plane with endoscopic microcameras and special endoscopic instrument has been reached. This microinvasive surgery is less traumatic. The minimal skin incisions enable us to perform something like keyhole surgery. Forehead surgery and elevation of the eyebrows have experienced special advancements. Vasconez, Ramirez, and Nahai are only a few of the pioneers to be mentioned.

Recently, many other authors made their contributions to the evolution of rhytidectomy, such as Mendelson from Australia, Baker, Stuzin, Gordon, Biggs, Aston, and Massiha from the USA and all co-authors of this book. Every one of these distinguished authors and excellent surgeons has contributed remarkably to the development of achieving better results with lower risks.

There has also been a trend in the last few years for less invasive surgery. To mention only a few names: Hoefflin, Roberts, and Massiha from the USA, Marchac from France, Tonnard and Verpaele from Belgium, Ansari, Saylan, and Panfilov from Germany, and Wu from Singapore.

From the tree of medical sciences many branches give us different fruits. Combining them in a reasonable manner, we can offer our patients a cocktail which is pleasant and will not bowl them over.

Bibliography

Please see the general bibliography at the end of this book.