

Discussion: Subbrow Blepharoplasty Combined with Periorbital Muscle Manipulation for Periorbital Rejuvenation in Asian Women

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This is an interesting article on subbrow blepharoplasty by Wang et al., who retrospectively studied 66 Asian female patients who underwent the procedure and reported both subjective and objective outcomes.¹ They nicely presented their modification of this previously described approach by combining it with periorbital muscle excision to reduce wrinkles. In addition, they performed more skin-muscle undermining, orbicularis overlapping, and periosteal fixation to the supraorbital rim to improve the longevity of their results, reduce muscle tension, and stabilize brow position. They reported a 96 percent patient satisfaction rate and showed improvement in pretarsal show along with a stable brow position. There was also a significant improvement in the crow's feet and glabellar wrinkle scores postoperatively. The complication rate was negligible, with inconspicuous scarring.¹ This is another clinical study that supports previous literature on subbrow blepharoplasty as a safe and effective approach in the Asian population with very good cosmetic outcomes and excellent scarring. Although the authors claim that the addition of periorbital muscle manipulation is a new technique to correct the shortcomings of previous techniques, I would refer them to articles by Kim and Ichinose et al., where excision or "destruction" of the lateral orbicularis and corrugator resection along with subbrow blepharoplasty, respectively, are clearly described.^{2,3} However, I believe that the value of this article is in detailing the technical steps of orbicularis oculi muscle incision, lift, fixation, and overlapping, in addition to providing objective outcome measures. I congratulate the authors for reporting standardized measurements of brow position and pretarsal height in addition to wrinkle and scar assessment scores, further validating this approach in Asian eyelids.

Subbrow blepharoplasty can be a powerful technique for addressing lateral hooding despite its counterintuitive scar placement. Because the incision extends significantly more laterally compared with a conventional upper blepharoplasty crease incision, it provides a direct vertical lifting access to the lateral orbital skin. Intuitively, however, this would require the brow to be in a good position to start with. In addition, the subbrow incision provides access to the lateral orbital orbicularis for manipulation and excision, not offered by a conventional crease incision, which exposes the preseptal orbicularis medial to the lateral orbital rim. Weakening the lateral orbicularis results not only in improving the crow's feet wrinkles, but also in vertically expanding the lateral orbital area, which is a desirable cosmetic outcome. Earlier publications report that subbrow blepharoplasty²⁻⁴ was intended for a select group of patients presenting with hooding, good brow position, and the desire to maintain their natural crease. The initial concern with the operation was its lowering effect on brow position; however, as the procedure evolved over the years from a skin-only excision to skin and muscle excision, to orbicularis lift and periosteal fixation, affecting brow position became less of a concern. In this article, patient selection seems to be less of a focus, and the authors concluded that subbrow blepharoplasty combined with periorbital muscle manipulation is simple, effective, and comprehensive for improving periorbital aging in Asian women, except perhaps those who desire double eyelid surgery.

However, there are a few conceptual and technical issues that are worth mentioning as we discuss this article. Performing routine corrugator muscle excision with upper blepharoplasty without addressing the temporal brow can make

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