

Lip lifting as a Supporting Technique in the Facial Feminization Process of Transgender Patients: Case Report

Oriental Luiz de Noronha Filho^{1*}, Luiz Gustavo de Almeida Larcher², Dayane Cristina Inácio³, Adolfo de Oliveira Azevedo⁴, Afonso Leone Pinto⁵ and Talita Ribeiro Ricardo⁶

¹Oral and Maxillofacial Surgeon and Traumatologist and Specialist in Orofacial Harmonization. Master in Collective Health. Doctor in Biomedical Sciences. Coordinator and Professor of the Specialization Course in Orofacial Harmonization - UNIFACVES - Brazil

²Dental surgeon. Specialist in Implant Dentistry and Specialist in Orofacial Harmonization

³Dental surgeon. Specialist in Implant Dentistry and Specialist in Orofacial Harmonization. PhD student in Biomedical Sciences. Professor of Orofacial Harmonization - UNIFACVEST - Brazil

⁴Dental surgeon. Specialist in Orthodontics. Specialist and Master in Pharmacology. Professor of Orofacial Harmonization - UNIFACVEST - Brazil

⁵Dental surgeon. Specialist in Orofacial Harmonization. Professor of Orofacial Harmonization - UNIFACVEST - Brazil

⁶Dentist surgeon. Specialist in Orofacial Harmonization. Specialist in Orthodontics. Professor of Orofacial Harmonization - UNIFACVEST - Brazil

***Corresponding Author:** Oriental Luiz de Noronha Filho, Face Equilibrium Institute. Rua José Luiz de Mesquita, 54 - Downtown. Tres Pontas - Minas Gerais. Brazil.

Received: February 15, 2023; **Published:** February 28, 2023

DOI: 10.55162/MCMS.04.112

Abstract

The human face presents great variability, resulting from evolution, which allows each individual to be unique and easily recognizable, thus becoming one of the most important and natural means of transmitting individual information. Several male and female craniofacial differences can be observed, in particular the anthropometric distances of the lower third, whose distance between the subnasal and the lower border of the upper lip is on average 20-22 mm in women and 22-24 mm in men, and when this distance is greater than 15 mm, the lip is considered to be long. During the transition process, transgender individuals can opt for facial aesthetic modifications, seeking to increase the characteristics corresponding to their gender, that is, trans women seek to increase the femininity of their traits. The "lip-lift" procedure consists of the surgical removal of a tissue strip with the aim of minimizing the nasolabial distance, evertting the upper lip, showing a greater portion of the red lip, and increasing the exposure of the upper central incisors, enhancing female characteristics. the face. This work aims to present a clinical case on the lip-lift technique in the facial feminization of a transgender patient.

Keywords: Feminization; lip-lift; transgender patient

Introduction

The proportion of individuals who identify as transgender or gender diversity has increased in recent years, with a growing demand for aesthetic procedures, from minimally invasive ones to facial transformation [1, 2]. Recent studies suggesting that 521 out of

100,000 men and 265 out of 100,000 women have gender dysphoria [3].

Transgender patients are individuals whose gender identity differs from the sex they were defined at birth. Until 2018, the WHO classified the situation of transgender people as having a mental illness.

The human face presents great variability, resulting from evolution, which allows each individual to be unique and easily recognizable. Thus becoming one of the most important and natural means of transmitting individual information. Formed by a set of tissues, such as bones, cartilage, muscles and skin, among others, the face also has texture and varied colors, and these differences make each individual unique, different from the others [4, 5].

Consequently, a set of information is formed that will help in the recognition of people [6]. Transgender women often suffer emotional disturbances related to the incongruity between their internal and external gender manifestations. As a result of the need to minimize the impact of her transition, the ability to be seen by others as a woman becomes of utmost importance. During the transition process, transgender individuals can opt for facial aesthetic modifications, in the search for an appearance corresponding to their gender [1, 7], as they want their facial appearance to show how they feel about themselves. present different structures, proportions and features, some Orofacial Harmonization procedures appear as one of the main options for this adaptation, attributing more feminine or more masculine characteristics. The increased nasolabial distance attributes an aged and masculinized face aspect, although it can also occur in young individuals as a phenotypic alteration [8].

The “lip-lift” procedure consists of the surgical removal of a small strip of tissue, in order to reduce the nasolabial distance, evertting the upper lip, highlighting the red portion of the lip, exposing a greater amount of the incisal edge of the upper teeth. The objective of this work was to review the literature about the “Lip-lift” procedure as one of the Orofacial Harmonization procedures capable of promoting feminization and facial rejuvenation of transsexual patients, illustrating with a clinical case.

Case Report

The patient L.S.F. 29 years old, black, transsexual making her transition 5 years ago using Cyproterone Acetate 50mg + Estradiol 2mg daily, hairdresser and digital influencer; entered the Specialization course in Orofacial Harmonization at the ISE (Institute of Health and Education) in Juiz de Fora - MG, with the main complaint of her disharmonious and disproportionate nasolabial distance, which, according to her, gave her face an aged and masculinized appearance (Figure 1 and 2).



Figure 1: Initial appearance.

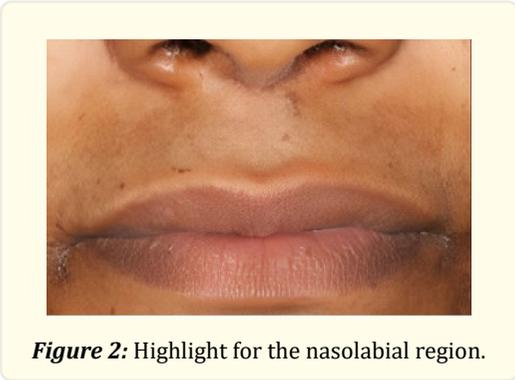


Figure 2: Highlight for the nasolabial region.

The patient underwent a clinical examination in which measurements were taken of the lower third of the face 76mm and the distance between the columellar base and the lower edge of the upper lip 24mm (Figures 3 and 4) which found such alterations, with the proposal of “ Lip-lift”, which consists of surgically reducing this distance by removing a small tissue strip.

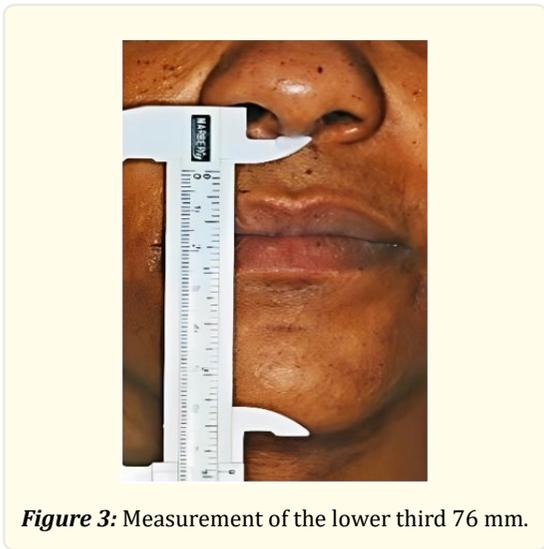


Figure 3: Measurement of the lower third 76 mm.

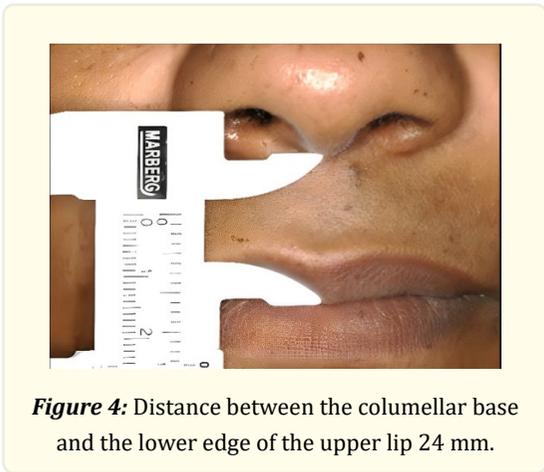


Figure 4: Distance between the columellar base and the lower edge of the upper lip 24 mm.

The patient underwent an initial photo session for proper follow-up, and her skin surface was cleaned with a 2% Chlorhexidine solution. Measurements were made with the aid of a caliper, as well as the markings that guide the incisions and the direction of the sutures. (Fig. 5).



Figure 5: Marking of the tissue strip to be removed and vertical markings to help with the sutures.

In the anesthesia protocol, Articaine with Epinephrine (1:200,000 - DFL) and Lidocaine with Epinephrine (1:100,000 - DFL) were used to guide the incision made with a scalpel blade nº 15 (Swann Morton). The incision was started in the subalar region, going around the entire upper margin, passing through the subcolumellar region towards the other side. Then the lower incision until the communication with the upper incision, and with the aid of a “rat tooth” forceps (Hu-Friedy), the fragment was removed from the base, taking care to maintain the same anatomical plane, which did not include the muscle plane. At the end, a divulsion was performed below the incision sites, both superior and inferior, in order to release the tissue so that it was not sutured under tension (Figure 6).



Figure 6: The base of the fragment is removed, preserving the muscle plane.

The suture was initiated by the central part, followed by the subalar regions using 5.0 mononylon thread, obeying the vertical markings, promoting adequate closure by first intension, making it possible to verify the “lift” of the upper lip, the evidence of a greater amount of the upper lip, redness of the lip, and greater exposure of the upper incisors. An antibiotic ointment (neomycin sulfate + bacitracin) was applied with gauze and a bandage using microporous tape (Micropore Nextcare - 3M). (Figure 7).



Figure 7: Immediate postoperative period Suturing by 1st intention with 5.0 mononylon thread.

The sutures began to be removed 4 days after the operation, starting in the subalar region. After 10 days, the rest were removed. After 15 days we noticed an excellent scar appearance. (Figure 8).



Figure 8: Result after total removal of stitches after 15 days.

Discussions

Recently there has been an increase in the prevalence of transgender women seeking surgeons to perform changes to facial features through Facial Feminization Surgery (FSC). CFF, in turn, is defined as a combination of bone and soft tissue surgeries of the face that aims to modify the main differences related to sexual dimorphism, with the aim of improving the patient's self-esteem and contributing significantly to the development of their quality of life in society [9-13].

When talking about transvestites and/or transgenders and transsexual women [14, 15], seeking an “adequacy” of the body to gender identity through the feminization of body appearance, they can use various resources throughout the transition process, such as hormones, plastic surgery, laser hair removal, use of industrial liquid silicone (SLI); which, in turn, can result in various health problems, such as infections, migration of the product to other areas of the body, deformities, siliconomas, tissue necrosis, pulmonary embolism and even death [5, 8, 16].

In this sense, the use of Hyaluronic Acid becomes more advisable, since it has greater biocompatibility, non-toxicity and the induction of a transient pro-angiogenic behavior [17-19].

Orofacial Harmonization, the most recent dental specialty, has been growing nowadays, being increasingly performed by dentists and more desired by patients. This is mainly due to the dissemination of procedure results on social media and also to the acceptance of facial beauty as a means of promoting quality of life, self-esteem and psychosocial well-being [20-22].

Conclusion

Feminization procedures are indispensable options for transgender individuals to adapt both their facial and body image to their gender identity. Being well with oneself is extremely important in terms of acceptance by society. There are several procedures capable of making a male face more feminine, these procedures range from hormonal therapies and facial fillers to plastic surgery. The increased nasolabial distance (greater than 15mm) attributes a masculine and aged pattern to the face. Lip-lift surgery aims to reduce this distance, evert the upper lip, increase the red band on the lip and expose the upper incisors. The association of all these factors, harmonizes and promotes a greater feminization of the face, with a good postoperative period, according to the patient’s own reports, who felt satisfied and more feminine with the result obtained.

References

1. Ginsberg BA. “Dermatologic care of the transgender patient”. *Int J Womens Dermatol* 3.1 (2017): 65-67.
2. Lai YC., et al. “Historical and current state of dermatologic care for sexual and gender minority populations”. *Dermatol Clin* 38.2 (2020): 177-183.
3. Foreman M., et al. “A Genetic Link Between Gender Dysphoria And Sex Hormone Signalling”. *The Journal of Clinical Endocrinology & Metabolism* (2018).
4. Sanders R. “Human faces are so variable because we evolved to look unique”. *Politics & Society, Research, Science & Environment*. Berkeley News (2014).
5. Rho N-K., et al. “Lip Lifting Efficacy of Hyaluronic Acid Filler Injections: A Quantitative Assessment Using 3-Dimensional Photography”. *J. Clin. Med* 11 (2022): 4554.
6. Verzé L. “History of facial reconstruction”. *Acta Biomed* 80.1 (2009): 5-12.
7. Dhingra N., et al. “Medical and aesthetic procedural dermatology recommendations for transgender patient undergoing transition”. *J Am Acad Dermatol* 80 (2019): 1712-1721.
8. Dang BN., et al. “Evaluation and treatment of facial feminization surgery: part II. lips, midface, mandible, chin, and laryngeal prominence”. *Archives of Plastic Surgery (APS)* 49.1 (2022): 5-11.
9. Canner JK., et al. “Temporal Trends in gender-affirming surgery among transgender patients in the United States”. *JAMA Surg* 153 (2018): 609-616.
10. Ousterhout DK and Zlotolow IM. “Aesthetic improvement of the forehead utilizing methylmethacrylate onlay implants”. *Aesthetic Plast Surg* 14 (1990): 281-285.
11. Tugnet N., et al. “Current management of male-to-female gender identity disorder in the UK”. *Postgrad Med J* 83 (2007): 638-42.
12. Spiegel JH. “Challenges in Care of the Transgender Patient Seeking Facial Feminization Surgery”. *Facial Plastic Surgery Clinics of North America* 16.2 (2008): 233-238.
13. Tirrel A., et al. “Facial Feminization Planning and Outcomes”. *PRS Global Open* (2022).

14. Pelúcio L. "All broken in plastic": corporeality and the construction of gender among transvestites from São Paulo. Campos: Revista de Antropologia Social 6 (2005): 97-112.
15. Benedetti, M. "All done - the body and gender of transvestites". Rio de Janeiro: Publisher: Garamond;. (Collection Sexuality, Gender and Society) (2005).
16. Lobato MI., et al. "ICD-11 field study: transgender people in Brazil". Braz J Psychiatry 41.4 (2019).
17. Ciccone V., et al. "Comparison of the Effect of Two Hyaluronic Acid Preparations on Fibroblast and Endothelial Cell Functions Related to Angiogenesis". Cells 8.12 (2019): 1479.
18. Cabral LRB., et al. "Effect of Hyaluronic Acid and Poly-L-Lactic Acid Dermal Fillers on Collagen Synthesis: An in vitro and in vivo Study". Clin Cosmet Investig Dermatol 13 (2020): 701-710.
19. Cannella V., et al. "In Vitro Biocompatibility Evaluation of Nine Dermal Fillers on L929 Cell Line". Biomed Res Int (2020): 21.
20. Mckeow DJ. "Impact of Minimally Invasive Aesthetic Procedures on the Psychological and Social Dimensions of Health". Plast Reconstr Surg Glob Open 9.4 (2021): 3578.
21. Ramalho Leite TN., et al. "Orofacial harmonization as a new specialty in dentistry: legal aspects". Research, Society and Development 11.2 (2022).
22. Albuquerque MCP., et al. "Analysis of a Brazilian cross-cultural adaptation of the FACE-Q SFAOS in facial harmonization in dentistry". Braz. Oral Res 36 (2022): e050.

Volume 4 Issue 3 March 2023

© All rights are reserved by Oriental Luiz de Noronha Filho., et al.