

Scoring of the Vermilion Lip for Optimal Post-Surgical Realignment

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Surgical reconstruction of the lip remains a challenge for dermatologic surgeons and plastic surgeons alike.¹ In facial cosmetic reconstruction, careful attention to aesthetic subunits is crucial, and, for repairs of the lip in particular, precise approximation of the vermilion border is of utmost importance. Standard methods of identifying the vermilion border after administration of local anesthesia are often inadequate.

SOLUTION

To reduce the risk of misalignment of the vermilion border during surgical reconstruction, scoring of the vermilion border adjacent to the defect bilaterally is performed prior to the repair. After administration of local anesthesia, the surgeon cannot rely on color differential between the cutaneous and vermilion lip. Additionally, traditional inked margin often is blurred with administration of local anesthesia and cleansing preparation of defect prior to repair. We recommend the use of a blade to lightly score the vermilion border on either side of the surgical defect (Figure 1).

FIGURE 1. Mohs micrographic surgery defect on upper cutaneous lip demonstrating scores along vermilion border on either side. Blurring of prior inked margin is evident.



In the case of a complex linear repair, the initial intradermal suture is placed in order to properly align the vermilion border, after which the repair is performed as usual (Figure 2).

FIGURE 2. Post-operative repair with precise approximation of vermilion utilizing scores.



The score heals by secondary intention with no adverse events. This scoring technique enhances efficiency and enables precise approximation of the vermilion border and thus optimal cosmetic outcome (Figure 3). This technique may be utilized for complex linear repairs as well as repairs involving adjacent tissue transfer or interpolation flaps.

FIGURE 3. Six-month post-operative follow-up with well healed scar, and excellent cosmesis.



DISCLOSURES

No relevant conflicts to declare.

REFERENCES

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