Submandibular and Parotid Gland Reduction in Facelift Surgery
Francisco G. Bravo, MD, PhD

Abstract

Background: Two important components in the surgical enhancement of the face and neck region are: (1) a well-defined jawline and (2) a sharp cervico-mental angle. In thick and heavy necks these objectives are difficult to attain and patients may present with hypertrophied salivary glands, which frequently are further accentuated after superficial fat removal around the neck or SMAS/Platysma tightening is performed. The purpose of this study is to evaluate the benefit of reducing the submandibular and/or parotid glands in order to achieve improved results in patients undergoing facelift surgery.

Methods: 27 consecutive facelift patients (21 female, 6 male) were evaluated in regards to the treatment performed on either their submandibular or parotid glands. 23 of these patients (6 male, 17 female) (ages ranging from 34 to 81 years old) had glandular reduction at the time of their facelift procedure, with 56 salivary glands being partially resected. 15 patients had only their submandibular glands partially removed (30 glands), 6 had both their submandibular and parotid glands reduced (12 submandibular glands and 12 parotid glands) and 2 had only their parotid glands partially resected (2 glands). Submandibular gland reduction was performed through a submental approach after adequate release of its capsule. Partial parotid gland resection superficial to the facial nerve was performed through a periauricular facelift approach in all cases. Patients were followed for a minimum of one year. Results were evaluated after considering postoperative complications, patient satisfaction and digital image analysis of the results in terms of achieving a well-defined jawline and an acute cervico-mental angle (Figures 1 and 2).

Results: Two patients presented a sialocele in the submandibular region after submandibular gland reduction at one week postoperatively. Both of them required transcutaneous drainage in the office. One patient had a salivary fistula through the retroauricular incision after parotid reduction, which healed spontaneously after two weeks. One patient presented with weakness of the depressor anguli oris after parotid tumor removal, which resolved spontaneously after 6 months.

Conclusions: Parotid and submandibular gland reduction through the use of partial resection techniques is a safe and reliable procedure and may be considered a significant adjunct for maximum contour control in selected face and necklift surgery patients.
References

Disclosure/Financial Support
The author has no disclosures and has not received any financial support to carry out the study presented.