

Important Facts and Risks of Bichectomy

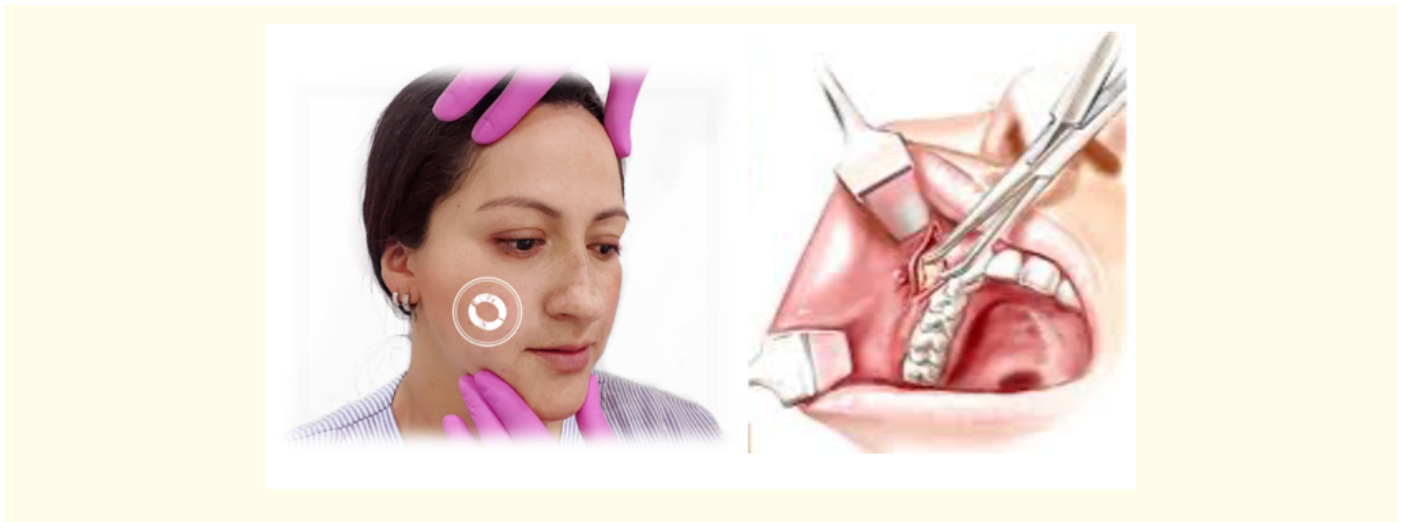
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Today, the demand of patients to improve their facial and dental aesthetics is increasing. Several clinical and surgical procedures in the field of dentistry are part of the new Orofacial Harmonization. Procedures such as the application of botulinum toxin, facial fillers, facial lifting with threads, autologous blood-derived fillers, or percutaneous collagen inducers, biphotonic procedures, laser therapies, surgical techniques for lip correction and bichectomies are now included in this new dental peculiarity.

We are going to touch on the topic of bichectomy, whose purpose is to remove the Bichat ball, emptying the fatty tissue, promoting remodeling, and therefore generating the subsequent thinning of the inferomedial facial third, making the appearance of the face more triangular, less round, and more exotic, supposedly for the effect of facial slimming.

The conventional bichectomy technique is performed through an intraoral access in the region of the bottom of the alveolar mucosal groove, in the region of the upper first molar, bilaterally. The fatty body of the cheek is called Bichat's pouch, first described in 1802 by the French anatomist and biologist Marie-François Xavier Bichat (1771 - 1802). The Bichat adipose body is located between the masseter and buccinator muscles, it acts as a cushion during chewing movements, facilitating the sliding of these structures. There is a bag on the right side and another on the left, each of them has a volume of 10 cm³ and a weight of 9 grams, approximately.

Partial removal of the cheek fat pad, called buccal lipectomy, is indicated to fill defects resulting from oro-antral communications and/or maxillary resections. Recently, this technique has become popular in facial aesthetics because it provides patients with the sensation

of a more delicate face, in which the zygomatic bone appears more prominent due to the reduction in volume of the cheeks. Another indication occurs when there is trauma to the buccal mucosa due to a bite, caused by the volume of the cheek. However, the indication of the technique has been trivialized, many professionals do not establish the correct diagnosis of changes in facial volume. Additionally, iatrogenesis commonly occurs due to possible trans- and post-surgical complications, such as injuries to the parotid duct or parotid gland, trauma to the buccal branch of the facial nerve, these being the most frequent complications of bichectomy.

Lesions in the glandular parenchyma can produce sialoceles or salivary fistulae, injuries to the facial nerve can generate facial paralysis (temporary or permanent), as well as trismus, infections, bruises, ecchymoses, submucosal emphysema, facial asymmetry, or depressions in the cheeks. It is worth mentioning that all these complications require surgical or pharmacological treatment for their solution.

Another important factor to consider is that with the evolution of age, bone remodeling occurs and mainly of soft tissues caused by natural aging. From this perspective, when the bichectomy is performed on young patients, the physical change is notorious and possibly increases the easy aesthetics, since it outlines the features of the middle third of the face; but not all professionals share with their patients the evolution of this long-term cosmetic surgery, generally when the person is over 40 years old, as a result of the reduction of facial volume due to the extraction of the fat pad or Bichat bag. It can present a cachectic and cadaverous appearance, requiring in the future the application of facial fillers to improve the facial appearance and give volume that simulates a more youthful appearance.

It is important to emphasize that the risks of using facial fillers are still borne by patients, including legal and litigation issues.

Buccal fat pad resection is popularly described as a cosmetic surgery to improve the lower middle third of the face. However, the paucity of published data on longitudinal follow-up in patients and potential complications of this procedure further support the controversy of buccal fat pad resection for midface cosmetic improvement.

It is important to inform patients of the many possible side effects and complications that usually occur after bichectomy. I don't want to say that It shouldn't be performed or that always left sequels, I just want us to have the conscience to guide potential candidates for this type of surgery; and that as oral professionals we must be ethical.

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