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ON RESTORATION OF THE UPPER LIP.

BY

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WHILST the lower lip is a common seat of malignant disease, and its removal, in part or in whole, consequently an operation which is frequently performed, the upper lip is rarely the seat of cancer or other disease requiring removal by the knife.

To remedy the deficiency produced by the loss of the lower lip, various modes of operative procedure have been recommended, whilst, from cases of deficiency of the upper lip being comparatively rare, much less attention has been bestowed in attempts to restore the lost parts in this situation.

Blasius, Dieffenbach and others have successfully restored the lost upper lip by flaps, cut in different ways, from the cheeks; and in cases, where the upper lip alone has been destroyed, it will not require much ingenuity on the part of the surgeon to effect the restoration in one of these ways.

In cases of harelip in which the cleft was unusually wide, so as to amount nearly to absence of the upper lip, the edges of the wide cleft have been allowed to be brought into apposition by cutting through the whole thickness of the cheek, in a line curved upwards from each angle of the mouth. I have resorted to this proceeding, and have more than once seen it successfully practised by others, in cases of deficiency of the greater part of the lip, when the soft parts in the situation of the cheek were in a sound condition.

These modes of operation are suited for cases where the upper lip *alone* is deficient, and in which the cheek has not been involved in the injury or disease by which the parts have been destroyed. One

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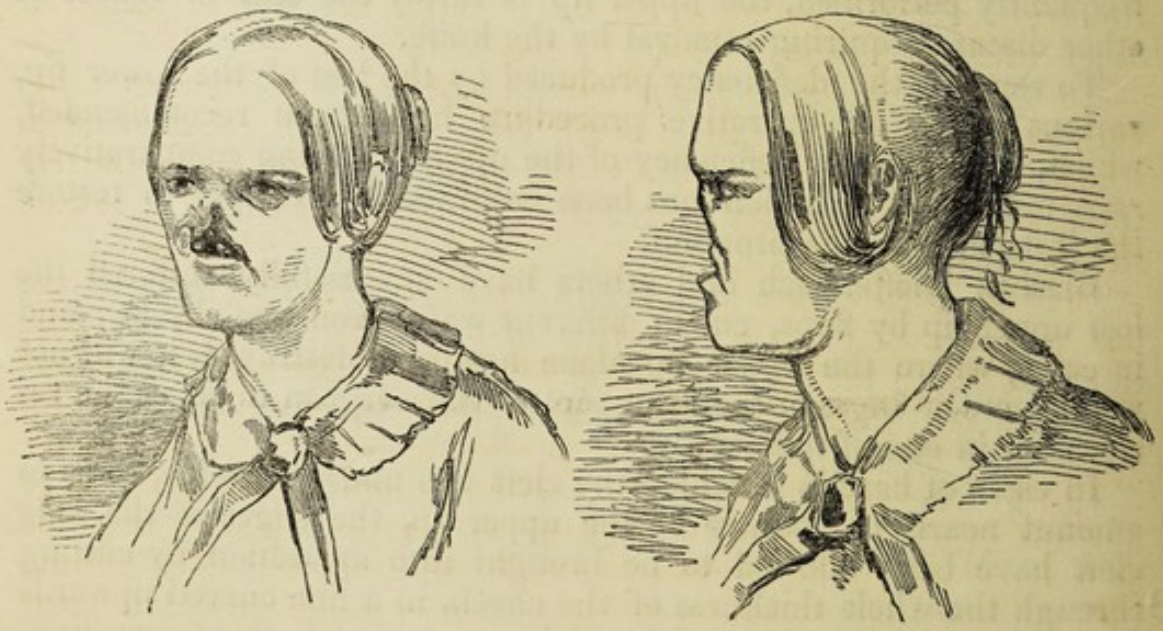
of the most common causes, however, of destruction of the soft pa rts of the face is *cancrum oris*, as well as the mortification which occasionally attacks these parts during fever and the eruptive diseases of children, and in such cases the cheek seems rarely to escape the ravages of the disease.

Two such cases have lately presented themselves in the hospital, in both of which, from the destruction of the cheek which had taken place, it was impossible for me to restore the lost parts by any method, as far as I know, hitherto practised; and it is to the plan which I have adopted in these cases that I am anxious to direct attention. It has proved in the following case successful in removing the extreme deformity which existed, and promises, I think, in similar cases, to answer the purpose in view satisfactorily.

The subject of the first operation was a girl, of eighteen years of age, who, when between two and three years of age, lost her entire nose, nearly the whole of the upper lip, and the greater part of the right cheek, from mortification, the sequela of an attack of fever. She subsequently grew up a strong and healthy girl, and was in the enjoyment of excellent health when she entered the hospital (12th March 1851) with the determination to submit to anything which could be done for the removal of her excessive deformity.

The following sketches give a good representation of the appearance presented by her face. The hard palate was widely cleft from



exfoliation of the superior maxillary bones, which had taken place in nearly the whole extent of the roof of the mouth. Her articulation was very indistinct, and, as she spoke, her tongue protruded through the opening of the alveolar arch. The remains of the right cheek were drawn in by a thin cicatrix, which adhered to the superior maxillary bone above the angle of the mouth. The integuments of the brow were ample, and in excellent condition for the formation of a new nose; and the only difficulty lay in the restoration of the lip,

which evidently could not be effected by incisions, however extensive, through the remains of the cheek.

The only plan by which it appeared to me the lost parts could be restored was, *the transposition of the lower lip to the situation of the upper*, whilst, at the same time, by extending the incisions under the base of the jaw, the integuments in that situation might be brought up to replace the lower lip, according to the plan recommended and successfully practised by Mr Syme. The incisions required to effect this were pretty extensive; but it appeared to me that any measures, however severe, were warrantable, if they held out the prospect of at all effacing the hideous appearance which the girl presented, whilst she herself was most willing to submit to anything which was likely to effect this end.

The operation was performed (19th March) in the following manner:—After removing a slice from the free border of the remains of the upper lip on the left side (Fig. 1, A A), and freeing this part from its adhesions to the gum, I made a curved incision

Fig. 1.

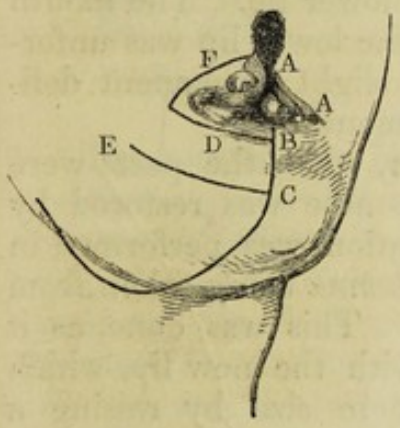


Fig. 2.

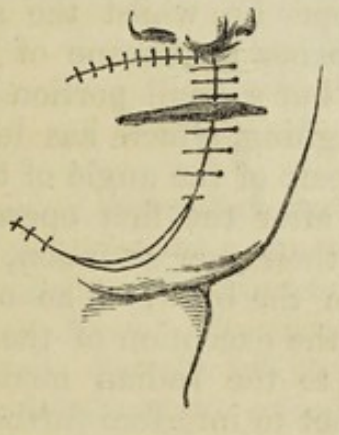


Fig. 3.

(E C) from about an inch outside the angle of the mouth through the whole thickness of the lower lip to about its centre, and parallel with the border of the lip. A second incision (B C) was then made, at right angles with the termination of the first, and prolonged downwards under the base of the jaw, in the manner practised by Mr Syme in the restoration of the lower lip. The *prolabium* of that part of the lip included in the incisions was then removed, and a cut surface (F) made in the natural situation of the base of the upper lip, by removing the cicatrix from the nostril to the right angle of the mouth. The two flaps formed by these incisions were then dissected fully back, and the bleeding vessels were secured by ligature. The upper flap was then raised and united (as shown in the diagram, A A, to B C, and D to F) in the situation of the upper lip, whilst the lower and larger flap was brought up and united to the cut surface of the lower lip and chin.

The right half of the lower lip was thus made to occupy the situa-

tion of the upper, whilst its place was supplied by the flap from beneath, and the right side of the mouth was now formed by the incision (E C) between the two flaps.

Fig. 2 explains the position of the parts when united in their new situation.

The operation was tedious and embarrassing from the unsteadiness of the patient, owing to the extreme difficulty of bringing her under the full influence of chloroform,—a difficulty which was experienced previously in removing two projecting teeth, and equally so afterwards in the operation for the restoration of the nose. She suffered from very little constitutional disturbance, however, and perfect union of the parts was obtained in the course of a few days.

A new difficulty, however, presented itself in the contraction of the mouth, which, in spite of all endeavours to prevent it, went on till the entire granulating surfaces of the two flaps had united. This contracted state of the mouth was afterwards obviated to a considerable extent by an incision, in which the integument and mucous membrane were divided at different levels. The mucous membrane was then everted and united to the skin, so as to form a *prolabium* for the upper lip, whilst the skin was similarly inverted and united to the mucous membrane of the lower lip. The mouth was thus enlarged; but a small portion of the lower lip was unfortunately lost by sloughing, which has left a slight permanent deficiency at the lower part of the angle of the mouth.

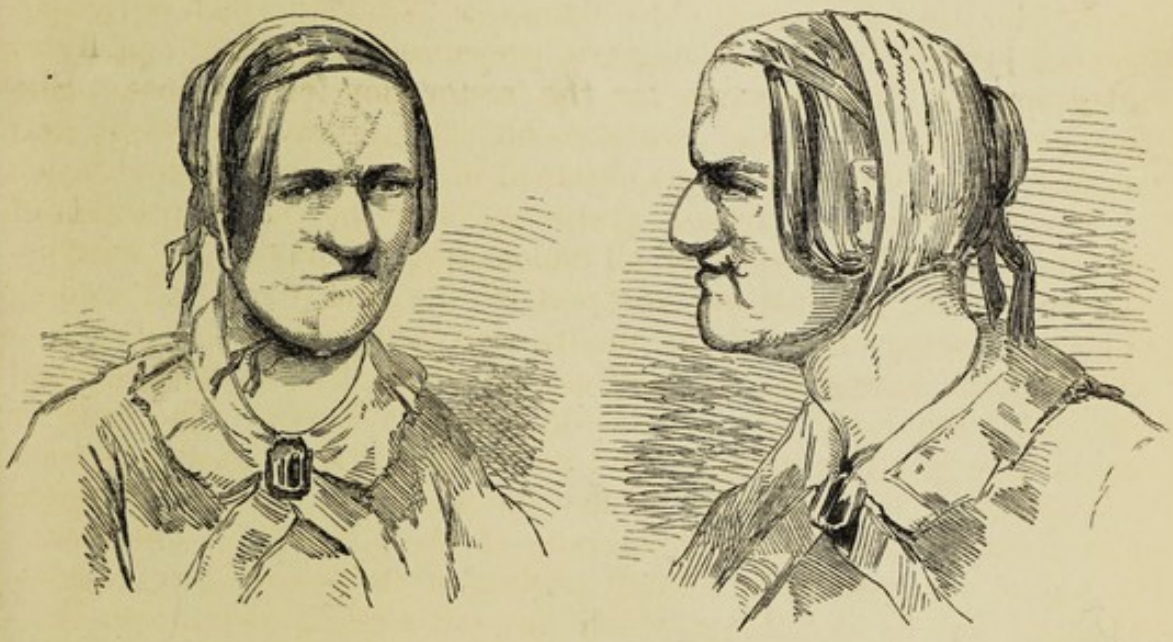
About ten weeks after the first operation, when the parts were firmly cicatrised in their new situation, the nose was restored by bringing a flap from the brow. The operation was performed in the usual way, with the exception of the *columna* being taken from the scalp, according to the Indian method. This was done, as it was thought better not to interfere further with the new lip, which would have been considerably diminished in size by raising a *columna* from its centre.

About a month after the formation of the nose, the collateral circulation of the new organ being well established, I divided the twisted neck of the flap, and attached it in the usual way.

The sketches at p. 5 show the result of these operations. The front face is from a daguerreotype, which, with a sketch of the profile, was taken five months after the formation of the lip, and three months after the restoration of the nose. The nose appears large,—a fault which, I need scarcely add, is unlikely to be permanent.

The chief difficulty met with in the progress of the case arose, as I have observed, from the obstinate contraction of the mouth; and the error committed in the operation, which gave rise to this difficulty, consisted evidently in the removal of the *prolabium*. This inconvenience, I have since found, may be avoided by preserving the *prolabium* of the lower lip in its situation, and uniting it to the flap brought up from over the base of the jaw.

The lines in Fig. 3 will serve to explain the situation of the incisions by which this object is attained; and if the method of operation I have described is thought worthy of performance, this modification of it (the preservation of the *prolabium in situ*) will be found of the greatest advantage in obviating the contracted state of the mouth.



The second case, in which a somewhat similar operation has been performed, was that of a girl, of eight years of age, who, when two years old, suffered in a similar way to the preceding case, from mortification of the face during fever. The same parts were destroyed as in the case I have related; but the left half of the upper lip had retained its vitality. The whole of the soft parts, however, between the eye and the lower lip had been lost, a small portion of the lower eyelid at the outer angle only remaining. From the contraction during cicatrisation, the remains of the angle of the mouth had been drawn upwards close to the eye. The nose, too, had been entirely destroyed. In this case I attempted to restore the lost parts by bringing up a large flap, consisting of the lower lip (saving the *prolabium*, as in Fig. 3), and integuments over the base of the jaw, so as to fill up the whole gap at once; but the result of the operation was unsuccessful, from an unforeseen accident. From the effects of the chloroform, which had been administered pretty freely during the time of the operation, the poor child vomited, with little cessation, for thirty-six hours. From the long-continued drag thus made on the sutures, union failed in the entire extent of the wound, and the flap, in spite of all means used to keep the edges together, gradually retracted and receded from the surface to which it had been attached. By a second operation, however, the flap was united to the remains of the upper lip. The upper lip has thus been completely replaced, and, from the preservation of the *prolabium* (as

shown in Fig. 3), the natural size, position, and appearance, of the mouth has been entirely restored.

The restoration of the eyelid and a small part of the cheek, which are still deficient, may in this case be accomplished without much difficulty; whilst no obstacle exists to the formation of a new nose by a future operation.

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