SCIENTIFIC ARCHIVES OF DENTAL SCIENCES (ISSN: 2642-1623)

Volume 3 Issue 9 September 2020

Editorial

Bichectomy (Buccal Fat Pad Reduction) and Your Implications

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Received: August 18, 2020; **Published:** August 19, 2020

Nowadays, dental and facial aesthetics are increasing and the demand for patients and dental surgeons is increasing. Several clinical and surgical procedures are part of the hall of the current dental specialty known as Orofacial Harmonization. Procedures and techniques such as application of botulinum toxin and facial fillers (hyaluronic acid); facial lifting (polydioxanone thread); autologous blood derivates; percutaneous collagen inducers (micro needling); hormonal regulation; biophotonic procedures and/or laser therapy; facial lipoplasty, by chemical, physical or mechanical techniques; bichectomy (surgical technique of removal of the adipose body of Bichat); and surgical techniques for lip correction (liplifting) are included in this new dental specialty [1].

Among these procedures, we highlight the bichectomy, whose purpose is, by removing the Bichat's ball, the emptying of fat tissue promoting the remodeling and thinning of the inferomedial facial third, which makes the appearance of the face more triangular and elegant, supposedly the effect of facial slimming. The technique is performed by means of an intraoral access in the fornix region of the alveolar mucosa, in the upper 1st molar region, bilaterally [2].

The adipose body of the cheek is named Bichat's ball, first described in 1802 by French anatomist and biologist Marie-François Xavier Bichat (1771 - 1802). The adipose body of Bichat has a cushion function, installed between the musculature that composes the cheek, including the chewing muscles.

In the past, partial removal of the fat pad from the cheek, called buccal lipectomy, was indicated to fill in defects resulting from oral 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 becomes more prominent due to the reduction in volume of the cheeks. Another supposed indication occurs when there is trauma to the buccal mucosa due to biting, caused by the volume of the cheek. However, the indication of the technique has been trivialized and many professionals do not establish the correct diagnosis of changes in facial volume. Additionally, there is failure on the part of professionals in the conduct due to many possible trans and post-surgical complications.

Lesions in the parotid duct or parotid gland, in the buccal branch of the facial nerve are the most common complications of this surgical intervention [2]. Lesions in the glandular parenchyma can cause sialocele or salivary fistula, and lesions in the facial nerve can generate facial palsy (temporary or permanent), in addition trismus, infection, hematomas, ecchymosis, submucous emphysema, facial asymmetry or cheek depressions. It is worth mentioning that all these complications require surgical or pharmacological treatment. Vieira., et al. (2019) [2] reported the need for surgery to repair the creation of a new glandular duct hole in a case with lesions in the parotid gland and oral artery, confirmed by magnetic resonance imaging.

Another important factor to be considered is that, during the course of age, there is bone and soft tissue remodeling caused by aging. From this perspective, when performed in a younger age group, facial volume is considered. Although, in the course of life, with the aging process, the facial area in which the fat pad was removed may present a cachectic and cadaveric aspect, and may in the future, require the application of facial fillers (hyaluronic acid). Due to the region and quantity, facial fillers will not always achieve

satisfactory results. It is important to emphasize that the risks of using facial fillers are still incurred by the patient [3], including legal and litigium problems [4,5].

Resection of the buccal fat pad as an aesthetic improvement of the middle face is described. However, the scarcity of published data regarding the longitudinal follow-up of patients and the possible complications of this procedure further support the controversy of buccal fat pad resection for aesthetic improvement of the midface. Further research on long-term postoperative follow-up of patients, including patient satisfaction rates and the incentive to report postoperative complications is justified. We emphasize the need for the dental surgeon to hesitate to offer this procedure in your practice.

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