

جمعية جراحي التجميل والترميم اليمنية  
Yemeni Association of Plastic and Reconstructive Surgery



# Second Annual Scientific Conference المؤتمر العلمي السنوي الثاني



جمعية جراحي التجميل والترميم اليمنية  
Yemeni Association of Plastic and Reconstructive Surgery

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Ass. Prof. Nasr H.Al-Qadasi,  
Dr. Saleh Al-Haidhani,  
Ass. Prof. Gamila Al-Sanabani



#### SUMMARY:

Burns & wounds remains a common and difficult challenge to surgeons particularly plastic surgeons, various forms of dressings were introduced & used, however, still the selection & of a particular type is not well established & is rather a matter of personal judgment. Shifts in the age pattern of our society, which suggests an increase in the number of chronic wounds as well as the current budget restrictions in the public health field call for cost efficient, effective treatments.

The higher healing rate by using silver clear helps to prevent follow up costs, the duration of inpatient therapy & may thus be a substantial support for our public health system. The aim of this study, which was done for fifty patients of different ages, sex & cause is to treat difficult cases, especially those who have been treated previously without success.

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**Presented by :**  
**Dr. Al-Siaghi yahya**  
PhD Consultant plastic  
surgeon

## Vertical mammoplasty for sever breast hypertrophy

The vertical approach to breast reduction surgery has achieved increasing popularity. The learning curve can be a problem for surgeons starting to incorporate vertical techniques into their practices; the medial pedicle approach is outlined in detail. Designing and creating the medial pedicle is straightforward and rotating it into position is easy. An elegant curve to the lower pole of the reduced breast can thus be created. Current concepts related to the skin brassiere, breast sutures, and the longevity of results are reviewed. It is important for the surgeon to understand that the skin resection pattern and the pedicle design are separate issues when discussing breast reduction surgery.

I have now performed over 120 vertical breast reductions using the superior medial pedicles. There is no question that in my practice, the medial pedicle has equivalent sensation, is easier to perform, and allows me to give the patient a better shape. Now that I have seen 10-year results with this technique, the improved longevity of the shape can be added to the improved scarring and the improved initial shape (projection and coning) as reasons to continue with the vertical approach.

There are, however, limitations to the medial pedicle vertical technique. It is not applicable to larger breast reductions. It can be harder to perform in reductions over 1500 g per breast. I do still use the vertical approach in these cases to achieve the better coning and increased projection, but I will add a short horizontal scar. I will also

discuss with the patient the possibility of using free nipple grafts if the pedicle is going to be quite long. There are two reasons for this: I don't think that the medial pedicle is quite as robust as the inferior pedicle, and leaving too much tissue in the pedicle will prevent adequate parenchymal resection and will lead to pseudoptosis.

As plastic surgeons, we accept that a certain number of patients will require a revision. A revision rate of 5% is not unusual for many aesthetic procedures (such as rhinoplasty). There are, however, patients who would like a revision but we are unable to help because we do not have much to offer. This is often the case in the inverted T approach where patients ask for a scar revision or some form of correction of the lateral and medial dog-ears. In my hands, the vertical approach has resulted in a revision rate of 5%. This is usually for puckers, asymmetry, or underresection.

### Skin Pattern Versus Parenchymal Resection Pattern

We often talk about the inverted T or Wise pattern<sup>26</sup> approach as if it assumes the use of an inferior pedicle. We need to be careful when discussing breast reduction to treat the skin resection pattern (inverted T, lateral, vertical, circumareolar) as separate from the nipple-areolar pedicle (superior, inferior, lateral, medial, central, or free nipple grafts). There are many available combinations, and an open mind is essential when making choices for a patient who has had previous breast surgery.

## Skin Brassiere Versus Parenchymal Shaping

There has been a long-running controversy about the effectiveness of using the skin to hold the breast shape. Although there is some coning attempted with the inferior pedicle inverted T approach, there is no question that the procedure relies mainly on the skin brassiere to hold the shape. We know that skin and dermis stretch with time (and variably with genetics)—is this why the inverted T tends to bottom out with time? Does the 5- cm rule for the vertical length prevent bottoming out or does it flatten the breast and push it down below the original inframammary fold?

What Role Does the Nature of the Parenchymal Resection Play?

As I watched the inframammary fold rise somewhat with the medial pedicle vertical breast reduction and as I watched the inframammary fold descend with the inferior pedicle inverted T technique, I cannot help but wonder whether the nature of the parenchymal resection is key in improving the longevity of the shape in the vertical approach.

When we use the inferior pedicle, we remove the superior, superolateral, and superomedial breast tissue. In the medial pedicle, we remove the inferior, inferolateral, and inferomedial breast tissue. Does the inverted T inferior pedicle procedure drop out more than the medial pedicle vertical procedure because we are removing what we want to leave and leaving what we want to remove?

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# Parental Allografts in Treating major burn

**Dr. Saleh Alhitani**  
**Dr. Naser Al-Qadsi**



## INTRODUCTION

Large burns covering over 50% of TBSA leave insufficient skin for autologous skin graft coverage even after meshing.

One way of dealing with this problem is serial autografting and use of cadaver allograft to cover the remaining areas temporarily while awaiting healing of autograft donor sites for reharvesting.

Another option is the use of parental allografts intermingled with the autograft.

The parental skin persists for a longer time without rejection even in the absence of deliberate immunosuppression.

Although the cellular elements of the parental skin do not survive, the parental dermis contributes to the final skin.

Other benefits include psychological benefits to the parent, who feels that he or she is contributing to the child's care, and elimination of the risk of HIV transmission with other allografts.

I think this study is the first in Yemen.

# Efficiency of Transfer Flexor Carpi Ulnaris and Plmaris Longus Tendons for Reconstruction of Hand Deformity in Persistence Radial Nerve Palsy.



Abdullah Y. Naeem<sup>1</sup>,  
Yasser Abdulmughny<sup>2</sup>  
Abdullrageeb Alshuga'a<sup>3</sup>

1 Department of Surgery, Faculty of Medicine, Tamar University, , Tamar, Yemen.  
2 Department of Surgery, Faculty of Medicine, Sana'a University, Sana'a, Yemen.  
3 Tamar University , Republic of Yemen

## Conclusion ;

The aim of our study was to restore the wrist , fingers extension and thumb extension and abduction by transfer the FCU to EDC and PL to EPL in 10 patients . The goal of our study were achieved nearly completely , regarding to wrist and fingers extension . Regarding to thumb extension and abduction , the range of movement were good restored . but extension of the thumb were only partially restored. Regarding to abduction of the thumb , the abductor polli-

cis brevis also provide strong enough abduction of the thumb to tackle routine work which supplied by median nerve . The FCU & PL tendons transfer has some advantages over the other techniques in simplicity, short duration of operation time , less morbidity and less surgical scares .

## Keyword ;

Persistence Radial nerve palsy , FCU and PL tendon transfer , minimal technique .

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Reference:

Juwa A, Alfehri BS, Alabdulh RA, et al. Pharmacological modulation of wound healing in experimental burns. Burns 2007; 33:892.

## Gold weight implant for management for lagophthalmus in facial nerve palsy

**Dr. Basheer Othman**  
Specialist Plastic surgeon

### Abstract

- Facial nerve palsy result in paralysis of orbicularis oculi muscle.
- This result in symptoms of ocular irritation due to inadequate eyelid closure.
- The primary objective of the surgeon is to protect the eye, via surgical or non-surgical methods.
- Surgical methods involve trasrrhaphy, golds weights or springs as well as lower lid procedures.
- Four such cases where Gold Weights were implanted in the upper eyelid wit good results, are presented.

## The advantage of scarpa fascia preservation during abdominoplasty

**Dr. Basheer Othman**  
Specialist Plastic surgeon



### Conclusion

Within the limitations of our study we have concluded that scarpa fascia preservation during abdominoplasty seems to reduce the total amount of drain output, the time of drain removal and the incidence of postoperative seroma and complications. It produces a safe and less eventful postoperative period.

## Bilateral Tessier clefts number 3: The significance and surgical repair

**Mohammed M. Alkulaibi**  
Department of Oral and Maxillofacial Surgery,  
Faculty of Dentistry, Sana'a

**Karam A. Allam**  
Sohag Cleft-Craniofacial Unit, Plastic  
Surgery Department, Sohag University, Egypt.

### Abstract

The Tessier cleft, number 3 is one of the rarest congenital anomalies and displaying the most destructive craniofacial clefts. It often extends from the upper lip superiorly through the alar groove and nasolacrimal duct to the medial canthus. It presents surgeons with a difficult task for reconstruction and to obtain an acceptable outcome is



difficult. Only a few cases have been reported in the literature and there is no standardized method for the surgical treatment. We present two patients with this rare cleft focusing particularly on describing the surgical procedures and techniques. Further treatments needed for the cleft-associated deformities throughout later growth also are discussed in detail.

1) The versatility of the hatchet flap in soft tissue reconstruction and a proposed new classification.

2) Treatment of the mid-palatal fistula by the inter-positional cartilage graft versus temporalis fascia.



**Dr. Jamal Al-Jaradi**  
Plastic surgeon Specialist  
USTH

## BENEFITS OF ABDOMINOPLASTY ASSOCIATED WITH THE REPAIR OF ABDOMINAL HERNIA



**Dr. Jamila Al-Sanabani**  
Plastic surgeon Consultant  
KUWAIT HOSPITAL

### Abstract

The aim of abdominal wall surgical repair is to rebuild the structural integrity of the wall while minimizing morbidity by primary closure or alloplastic materials (mesh). Abdominoplasty performed by a transverse lower abdominal incision and the resection of excess skin consent succeeds by incorporating these

aspects into hernia repairs in achieving both a safe procedure as well as improved outcomes.

Abdominoplasty contemporary with abdominal wall repair is a safe technique with good metabolic, functional and aesthetical outcomes.

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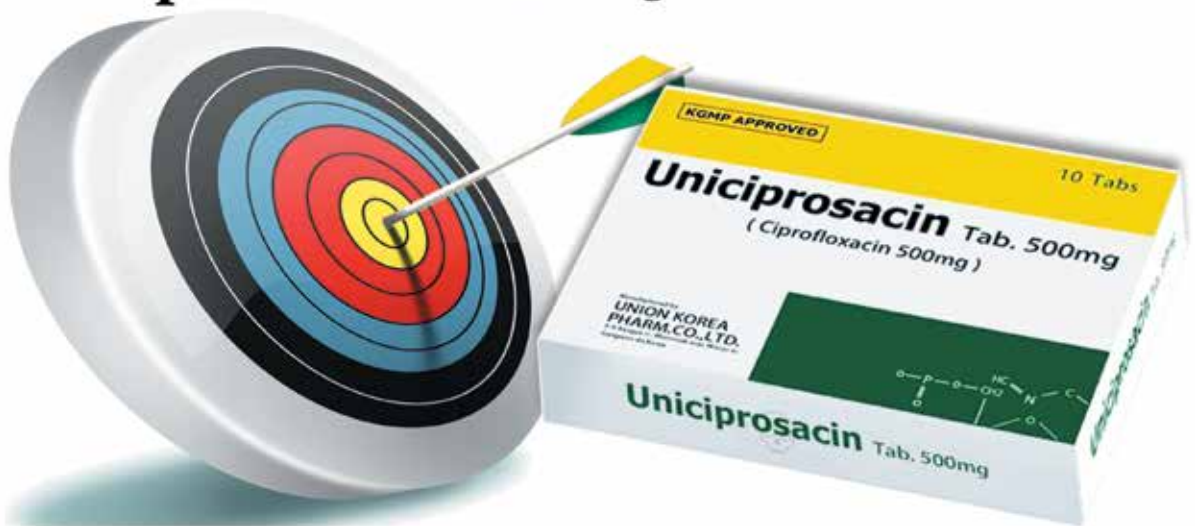


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# Rhinoplasty our experience in Yemen during 2005-2014

**Dr. Al-Siaghi Yahya**

Consultant plastic and maxillofacial



## Abstracte

Our country Yemen locates the south of Asia and in its occupation is near to Africa so the people in our country have the shape which is mixture between Arab and African people.

Also we have another factor which is the climate in Yemen is cold at the mountains but hot at the peach.

All these factors play a role in the form of the nose of people. So the Yemeni people have the nasal form of Arabian and African peopl.

In Yenem we use deffirent principles of the renoplasty technice for correctio many types of nasal problemes as nasal hump, sadle nose, big tip, and defiated nose.

During 2005-2014 underwent 52 renoplasty. 34 male and 18 female , different ages from 18 y to 45 y.

Most cases were with nasal and septul defiatios which causes by trauma or cleft lip. The septul defiatio was with air way obstructio.

In this paper I will show yuo how resolve the nasal deformity by tip correction, hump redectio, sadle nose correction by using cartilage grafting. This procedure done open methed. Most cases with osteotomy.

# Delayed Reverse Sural Artery Flap with Skin Pedicle Technique Versus Standard Island Sural Artery Flap for Reconstruction of Lower Leg, Ankle and Malleoli



Abdullah Y. Naeem<sup>1</sup>,  
Albhloly Saeed<sup>1</sup>,  
Ahmed Almalahy<sup>1</sup>,  
Yasser Abdulmughny<sup>2</sup>  
and Taher Aitha<sup>1</sup>

<sup>1</sup> Department of Surgery, Faculty of Medicine, Thamar University, , Thamar, Yemen.  
<sup>2</sup> Department of Surgery, Faculty of Medicine, Sana'a University, Sana'a, Yemen.

## ABSTRACT

### Background and objectives:

Standard reverse island sural artery flap is the most common usage for distal third defects of the leg. However many authors reported 36 % complication rate mainly partial or complete flap loss , that is attributed to venous congestion. Delayed reverse sural artery flap in two stages with skin pedicle technique is reliable and less complicated. In this study was compare between the results of both techniques.

### Patients & Methods:

The study included forty patients presented to AL-Wahda University Hospital and 48 Military Hospital , after trauma of lower leg with complete loss of soft tissue and exposure of underlying structures ,within periods Oct 2013 to May 2017. The patients were thirty male and ten female , their age ranged between fifteen to sixty years old . Reverse island sural artery flap was used in twenty patients, while delayed sural artery flap was used in twenty patients too.The results of both techniques were compared.

## Results:

In our study the standard reverse island sural artery flap is good option for reconstruction of lower leg , ankle and malleoli defect ,which is performed in twenty patients , the partial necrosis occur in 20% patients and three cases with flap failure ,the venous congestion occur in 35% of patients In this study, we performed reconstruction of the lower leg, heel , and malleoli in another twenty patients by delayed reverse sural artery flap with skin pedicle technique, the flap necrosis occur only in one case and partial flap necrosis occur in two cases only, in comparison with standard technique of reverse island sural artery flap, the venous congestion occur only in four patients 20% , two cases recovering the congestion by leg elevation and improving the patients hydration , and two cases of venous congestion progressive to partial flap necrosis. Partial necrosis occur in two cases, complete flap necrosis occur in one case and 95% of patients satisfaction in discharge.



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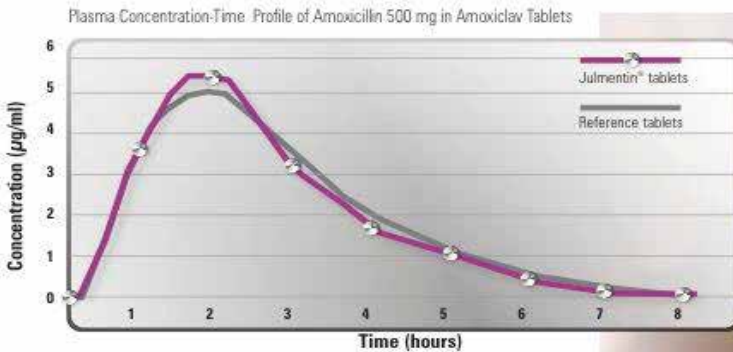
References:

(1) Mertz-PM; Ovington-LG; Wound healing microbiology; Dermatol-Clin, 1993 Oct; 11(4): 739-47.

(2) The Lancet, 1990; 335-867

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# Facial reconstruction experience during eight years

Presented by : Dr alsiahi yahya  
PhD Consultant plastic surgeon



**Abstract** in this article will show you our experience in facial reconstruction from 2004 to 2015 in sana'a yemen . throughout this period we are doing 144 cases in facial reconstruction which have different Aetiology with different age using all types of reconstructive method for all facial zone .

## Reconstructive goals and principles;

- Rapid reconstruction with optimization of function.
- Attempt to restore symmetry.
- Attempt to restore contour and projection of the region.
- Replace entire anatomic subunit.
- Protection of vital structures.
- Permit uneventful healing.

## Difficulties of The Facial Reconstruction

- Contour and projection of region.
- Symmetry and mimetic facial expression.
- Many organ in the face (eye, nose, mouth) which need aesthetic and functional reconstruction.
- Internal and external coverage (skin and mucosa) which need double reconstructive material.
- In small and thin area all type of tissue.

## Reconstructive ladder

- Direct tissue closure.
- Local tissue transfers.
- Skin graft.
- Free tissue transfers.
- Tissue expansion.

1. Advanced aesthetic breast, body contouring
2. Complications in rhinoplasty

**Dr. Mohammed Al-Shargabi**  
consul. Plastic surgeon



## The use of (Calcaneal Stop) in surgical treatment of flat foot of children



**Dr. Said Bamashmus**  
Orthopedic Surgeon

Flatfoot is a condition that can affect both adults and children. In children, it is called “pediatric flatfoot.” When a child has pediatric flatfoot, the arch of the foot shrinks or disappears when he or she stands.

Most children who have pediatric flatfoot are born with the condition, though it may not appear for a few years. Children will usually outgrow pediatric flatfoot on their own by the age of five.

When the child has symptoms, treatment is required. The surgeon may select one or more of the following nonsurgical approaches:

Activity modifications, Orthotic devices, Physical therapy, Medications no steroidal anti-inflammatory drugs (NSAIDs) and shoe modifications.

Surgery is needed in cases to relieve the symptoms and improve foot function. The surgical procedure or combination of procedures selected for a child will depend on his or her type of flat foot and degree of deformity. A new technique we use is a Calcaneal Stop to correct the deformity.

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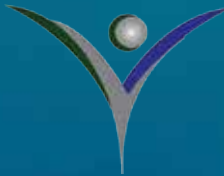
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# Some Applications of Latissimus Dorsi Flap

Edited by: Dr. Salah Al-Mahbashi

Supervised by: Dr. Al-Siaghi yahya



## Overview of Latissimus Dorsi Flap

- Landmark
- Size
- Insertion
- Function
- Composition
- Flap Type
- Dominant Pedicle
- Minor Pedicles
- Nerve Supply

## Case Reporting No. 1:

65 years old, male patient complaining of recurrent tongue Squamous Cell Carcinoma.

Operation totally Excision of remnant tongue, flour of mouth borders of mandibule and right submandibular Salvery gland.

## Reconstruction:

Through left latissimus dorsi flap.

## Case Reporting No.2:

16 years old, male patient complaining of high voltage electrical burn leading to exposed distal part of humorous bone and left elbow joint.

## Operation:

Debridement and reconstruction through left latissimus dorsi flap coverage, the exposed bone and elbow joint and split thickness skin grafting for others raw areas.

# Cleft lip and palate

Presented by : Dr alsiaghi yahya  
PhD Consultant plastic surgeon



Cleft lip and cleft palate are facial and oral malformations that occur very early in pregnancy, while the baby is developing inside the mother. Clefing results when there is not enough tissue in the mouth or lip area, and the tissue that is available does not join together properly.

A cleft lip is a physical split or separation of the two sides of the upper lip and appears as a narrow opening or gap in the skin of the upper lip. This separation often extends beyond the base of the nose and includes the bones of the upper jaw and/or upper gum.

A cleft palate is a split or opening in the roof of the mouth. A cleft palate can involve the hard palate (the bony front portion of the roof of the mouth), and/or the soft palate (the soft back portion of the roof of the mouth).

Cleft lip and cleft palate can occur on one or both sides of the mouth. Because the lip and the palate develop separately, it is possible to have a cleft lip without a cleft palate, a cleft palate without a cleft lip, or both together.





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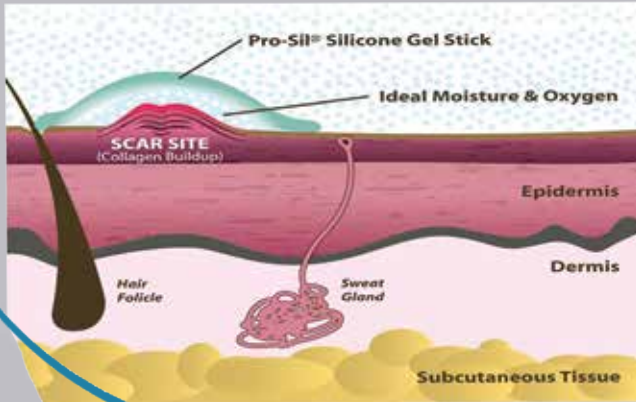


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# Converse scalping flap for nasal reconstruction in yemen

Al-Siaghi Yahya Ahmed  
PHD first consul. Plastic surgeon

Al-Ajaly Mohaned Yahia  
senior specialist general surgery

Nasal reconstruction was major challenge especially large nasal defects for any cause history of nasal reconstruction first described 2600 years ago in india, many modification for nasal reconstruction was developed from time to time one of this modifications is converse scalping flap {axial pattern flap}.....scalping flap has valuable method for providing tissue for nasal reconstruction since 1942 after second world war.

## Case studies

From period of 2017 to 2019 we do (8) cases for reconstruction of the nose by converse scalping flap , (4) cases post trauma,(3) cases with nasal malignancy,(1) case post infection (leishmaniasis) give us good result functionaly and aesthetically for nasal reconstruction ,,one of the cases.

## Conclusion

For large nasal defect either total or sub total ,converse flap was safer and less disfiguring flap than another,,,so converse scalping flap remain attractive option in nose reconstruction And is madndatory for all plastic surgeon to put in decision method of converse scalping flap in difficult cases for major



destruction of nose because of good outcome of procedure functionally and aestheticaly.

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**جمعية جراحي التجميل والترميم اليمنية**  
**Yemeni Association of Plastic and Reconstructive Surgery**