



Congenital macrostomia: a case report

Doğuştan makrostomi: Olgu sunumu

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Macrostomia is often associated with the first and second branchial arch syndrome. Depending on the involvement area, appearance may vary. In isolated cases of macrostomia, the cleft usually terminates at the medial border of the masseter muscle. The goal of macrostomia reconstruction is to achieve functional, symmetrical and accurate mouth commissure with minimal scar. In this article, we present an eight-year-old girl case with isolated bilateral macrostomia treated with vermilion-square flap method. We recommend this method for patients with mild to moderate macrostomia.

Key Words: Macrostomia; vermilion-square flap; W-plasty.

Makrostomi genellikle birinci ve ikinci brankiyal ark sendromu ile ilişkilidir. Dış görünüş tutulum alanına bağlı olarak değişebilir. İzole makrostomi olgularında, yarık genellikle masseter kası medial sınırında sona erer. Makrostomi rekonstrüksiyonundaki amaç, fonksiyonel simetrik ve doğru ağız komissürünü en az yara ile elde etmektir. Bu makalede, izole iki taraflı makrostomisi olan ve vermillonu-kare flep yöntemi ile tedavi edilen sekiz yaşında bir kız olgu sunuldu. Biz hafif ve orta derecede makrostomili hastalarda bu yöntemi önermekteyiz.

Anahtar Sözcükler: Makrostomi; vermilion-kare flep; W-plasti.

Congenital macrostomia, also called transverse facial cleft, is a rare anomaly and accounts for every one of 100-300 cases of facial cleft.^[1] The cleft is thought to result from interruption of mesoderm migration, which enables union of the maxillary and mandibular processes in the fourth and fifth weeks of embryonic development.^[2] Macrostomia usually accompanies the first and second branchial arch syndromes, though it may rarely appear as unilateral or bilateral isolated deformity.^[3] The clinical picture of macrostomia

ranges from a slight dislocation of the commissure to a cleft extending towards the temporal bone and absence of ears in patients with the first and second branchial syndromes, while isolated macrostomia is characterized by a cleft extending from the mouth commissure to the anterior edge of the masseter muscle.^[4]

The treatment of macrostomia varies with severity and extension of the cleft, and presence of accompanying deformities, but is directed towards reconstruction of the commissure with

