HAIL FROM THE CHIEF
by Seth R. Thaller M.D., D.M.D.

As I have completed over a dozen years as chief, I evaluate our progress and assess how we change. We recruit remarkable residents and train them to become contributors in our specialty. We select these outstanding candidates from a pool of more than 175 applications. From this pool, we select about 3-dozen for on-site interviews that yield three residents for our two-year program. Our program received a favorable site review from the Accreditation Council for Graduate Medical Education this year with full accreditation granted until 2011.

To achieve our academic goals we are fortunate to have energetic and well-trained full-time faculty and one of the most committed and superb voluntary faculty who extensively participate in every aspect of our program.

Our graduates embark upon a variety of career paths. Recent graduates including Carolyn De La Cruz, Jay Granzow, Jeff Hammoudeh, Ricardo Jimenez-Lee and Joe Garri are participating in academic programs at Pittsburgh, UCLA, USC, the University of Puerto Rico and Miami, respectively. Two of our top-flight graduates, Kerry Latham and Chris Dress, are serving our country as plastic surgeons in the United States Air Force.

This year has seen continued expansion of our clinical and academic program. The full-time faculty practice at Jackson South Community Hospital maintains its steady growth particularly in hand and cosmetic surgery. We are well integrated in this hospital and work closely with our community colleagues to provide excellent patient care and provide our house-staff with a unique clinical perspective within a private practice environment. Similarly, at Miami Children’s Hospital, Zubin Panthaki has initiated a pediatric hand clinic that has been an invaluable resource for our plastic surgery residents and hand fellows. We are grateful for Tony Wolfe and Deirdre Marshall’s cooperation in the development of this program. Under the guidance of Drs. Armstrong and Panthaki, we have witnessed unparalleled growth in the quality and quantity of cases for both general plastic surgery and hand surgery at the Miami Veterans Administration Medical Center. Through our close working relationship with the West Palm Beach Veterans Administration Medical Center we have been able to develop an incomparable referral source with two to six new cases per week being referred for surgical management in Miami with follow-up in West Palm Beach. Jackson Memorial Hospital, as usual, remains the mainstay of our clinical practice and educational mission. Our service will always provide the necessary services to our patients and colleagues at this awesome institution. This is an exciting time for further growth and expansion of our division with the purchase of Cedars Medical Center by the University of Miami, UM Deerfield Beach Offices where UM faculty are able to evaluate patients, and UM-FAU Medical School in Boca Raton.

Academically, our division’s productivity has exceeded its size. I have co-edited a craniofacial text with Joe Garri that will be published by Informa. Zubin Panthaki and I have co-edited a special issue on Pediatric Hand Surgery for the Journal of Craniofacial Surgery. A complete list of our departmental publications is printed elsewhere in this newsletter.

I recently completed my term as President of the American Society of Maxillofacial Surgery. During my term, I was privileged to work with some of the best in plastic surgery. During my term the Society accomplished a number of goals including garnering corporate support to initiate The Plastic Surgery Hyperguide, a web based educational tool, and to reinstitute the ASMS Visiting Professor program. One of my most important goals has been to institute mentorship program for our younger colleagues. I carried this model to the ASMS. We were able to appoint younger members to leadership positions within the committee structure and had a more senior member to mentor and help develop our future leaders.

Mentoring has been common thread throughout all of our educational endeavors. We have had a very successful mentorship program for our residents and fellows whereby each resident and fellow has a mentor with whom he meets regularly to review a vast array of significant topics. We carried this concept to our medical school students. We meet regularly with interested students and have formalized their research interests so they can participate with a specific faculty member to develop and hopefully publish a scholarly paper. They attend our weekly grand rounds, indications conferences and didactic sessions. They participate in our research meetings and journal clubs. In collaboration with our community colleagues in the Miami Society of Plastic Surgeons, they attend those meetings as well.
FIRST YEAR RESIDENTS

RAJIV IYER

A Southern California native, Rajiv Iyer attended UCLA School of Medicine, graduating in 1999. He completed his General Surgery training at Wayne State University/Detroit Receiving Hospital. After finishing in 2004, Raj went on active duty in the US Air Force as a Staff General/Trauma/Critical Care Surgeon. He was stationed with the 859th Surgical Operations Squadron at Wilford Hall Medical Center, San Antonio, Texas. Raj is a Veteran of Operation Iraqi Freedom. He was deployed to Baghdad and Balad, Iraq with the 332 Air Expeditionary Squadron Combat Support Hospital, the busiest wartime hospital since the Vietnam conflict. Raj is a Diplomate of the American Board of Surgery. He is joined in Miami by his beautiful wife Andrea and their newborn son, Armen. In his minimal spare time, Raj enjoys spending time with his family, model aviation and astronomy.

ERICK MARTELL

Erick was born and raised in New York City and still considers it his home. He graduated from St. John’s University School of Pharmacy in 1996 and then attended The George Washington University School of Medicine, graduating in 2000. He completed a General Surgery residency at the Tripler Army Medical Center in Honolulu. Erick obtained the rank of Major and was stationed in Heidelberg Germany, where he served in the 212th M.A.S.H., participating in multiple humanitarian missions in Africa and Southwest and Southeast Asia. This year, he completed a combat tour in Afghanistan with the 160th Forward Surgical Team. Erick’s plans include a practice in the Army with a focus on Humanitarian and Field Surgery.

RAMIRO PEREZ

Ramiro Perez is a native of Miami, but left for Gainesville where he graduated summa cum laude from the University of Florida with a degree in Biochemistry. He then went on to Nashville where he was valedictorian in his class at Meharry Medical College and received his AOA key too. Ramiro recently completed his general surgery residency at Jackson where he was named the Burn Resident of the Year and was given the Stanley Dudrick Award in Surgical Nutrition. Ramiro is married to Darlene and they are expecting a baby boy in this year. In his spare time, Ramiro enjoys fishing, scuba diving and basketball.

SECOND YEAR RESIDENTS

JASON ALTMAN

Jason grew up on Long Island with his parents and younger brother. He left Long Island for the freezing winters of New Hampshire where he majored in Biophysical and Chemical Engineering at Dartmouth’s Thayer School of Engineering. Following graduation, He returned to Long Island to attend the State University of New York at Stony Brook School of Medicine, earning his M.D. in 2001. Jason completed his surgical internship and residency in Otolaryngology – Head and Neck Surgery at Mount Sinai Hospital in New York City and is now board certified. Miami has allowed him to pursue some of his favorite activities in his spare time including SCUBA diving (He has an advanced open water certification and is working slowly towards becoming a rescue diver). He is engaged to Carla Munoz and is planning to marry her in the summer of 2008. InterPlast has awarded the prestigious Jerome P. Webster Fellowship to Jason and he will be spending twelve months traveling throughout the third world with different InterPlast missions.
MICHELLE DE SOUZA

Michelle was born in New Jersey and raised in Leavenworth, Kansas. After earning her bachelors degree in biology and doctorate in medicine at the University of Kansas, she returned to New Jersey for her general surgery residency at Cooper University Hospital. As a child, she learned to play tennis and snow ski, which she still enjoys. In college, she began training in the martial arts, earning gold and silver medals at national competitions and ultimately her black belt. However, with her chosen career she has all but abandoned karate in order to protect her hands. In residency, she discovered golf, which is her current pastime. She became board certified in general surgery in 2007. Michelle hopes to practice in the San Francisco area after leaving Miami.

CASSIDY MITCHELL

Cassidy was born in Jacksonville, Florida, but he grew up in Omaha, Nebraska. The son of a veterinarian, Cassidy obtained his bachelors degree in Chemistry and medical degree from Creighton University in Omaha. Cassidy completed his general surgery residency at the University of Iowa Hospitals & Clinics in June 2005 and remained on the faculty in the division of trauma division of trauma covering general surgery, trauma and occasionally burns. While at the University of Iowa, Cassidy met his wife, Melanie, who works as a clinical dietician. They have one son, Rowen, who was born May 15, 2005 and are expecting another child this year. Cassidy became board certified in general surgery in 2007. In his spare time he enjoys playing with his son, soccer and reading – particularly history. When he leaves Miami, Cass plans to practice either somewhere in the Midwest or in California.

HAND FELLOWS

DENIZ DAYICIIOGLU

Deniz was born in Kayseri, Turkey. She has one sister who is an architect. Her parents now live in Istanbul. Deniz obtained her medical degree from Istanbul University in 2001 followed by plastic and reconstructive surgery residency training at Vakif Gureba Hospital from 2002 to 2007. She passed her Turkish Plastic, Reconstructive and Aesthetic Surgery specialty training certification test in 2007. Deniz’s personal interests include sailing, scuba diving, volleyball, swimming, and piano. Her future plans are open, but she hopes to stay busy.

JOSEF HADEED

Josef Hadeed was born and raised in Pittsburgh. He obtained his Bachelor of Science degree in biology from the University of Michigan, and following this, he earned his medical degree from Temple University. Josef has completed his general surgery residency at Cooper University Hospital/Robert Wood Johnson Medical School in New Jersey. After finishing this fellowship, he will go to Duke University for his plastic surgery residency. In his spare time, Josef enjoys golf, snow skiing and roller hockey. Ultimately, Josef plans to settle somewhere in the Southwest.

FULL-TIME FACULTY FACTS

MILTON B. ARMSTRONG M.D.

The year 2007 has been an interesting one for me. I continue my administrative activities as Chief of Plastic Surgery at the Miami Veterans Medical Center. The Hand Fellowship continues to flourish. This year we have two fellows, Deniz Dayicioglu and Joe Hadeed. Deniz has successfully completed her training in Plastic Surgery in Turkey. She recently defended her thesis describing “Bone Transport in Open Grade III Tibial Injuries after Free Tissue Reconstruction.” Joe comes to us from UMDNJ after completing five years of General Surgery training. He is slated to begin his Plastic Surgery residency at Duke in July 2008.

I presented some of the preliminary data while serving as guest Lecturer at the “4th Annual Cerraphasa Plastic Surgery Symposium,” June 1–3 in Istanbul, Turkey. This presentation came on the heels of the publication of my book, “Lower Extremity Trauma” published by Informa Healthcare.

Current academic projects include a recently completed chapter for the Transplantation in Composite Tissue Allografts, published by Springer-Verlag. Also I recently completed a chapter on Congenital Vascular Anomalies of the Upper Extremities for the latest Hand Surgery Update, published by the American Society for Surgery of the Hand. Additionally, several other upper extremity manuscripts are in the works for publication in a special edition of the Journal of Craniofacial Surgery.

ZUBIN J. PANTHAKI M.D.

As Associate Program Director for the University of Miami Plastic Surgery Residency Program, I was very pleased that our program received a favorable site review from the Accreditation Council for Graduate Medical Education (ACGME) this year; with full accreditation granted until 2011.

My academic responsibilities in the Division of Plastic Surgery have gradually grown over the last few years. In this regard, with resident feedback, I have continued to refine our didactic lecture program, the biannual mock orals examinations, the hand surgery journal clubs and the Objective Structured Clinical Exams (OSCEs).

At the University of Miami, I serve on the Medical School Admissions Committee after serving two full terms on the Honors Committee in Medical Education.

Continues on next page...
The title of this column is “Intrinsic and Extrinsic Function.” If you think that because a hand surgeon writes it, it must be related to the muscles of the upper extremity you would be wrong.

Rather, “Intrinsic and Extrinsic Function” refers to the functional activities of the faculty of the Division of Plastic Surgery. Other articles in this newsletter describe what the faculty is doing intrinsically at the various institutions affiliated with the University of Miami. I am taking the editor’s prerogative to opine on the extrinsic activities of the faculty make the world a better place.

Elsewhere in this issue, the faculty’s you will find recent publications, but the important editorial function that some members of the faculty play is unmentioned. In alphabetical order, the three leading journals in plastic surgery are: Annals of Plastic Surgery, Journal of Plastic Reconstructive and Aesthetic Surgery (JPRAS), and Plastic and Reconstructive Surgery (PRS). The Division is well represented on the editorial boards of these journals with Milton Armstrong serving on the Annals, I have been appointed to a second term on JPRAS, and Jim Stuzin and Tony Wolfe holding forth on PRS.

Organized medicine outside of plastic surgery has benefited from the contributions of the faculty. Stephan Baker has completed his term as president of the Dade County Medical Association, but continues to represent our interests as a member of the board of governors of the Florida Medical Association and as a delegate to the American Medical Association. I have been deeply involved with the reformulation of practice guidelines in the upper extremity for the American College of Occupational and Environmental Medicine.

Many members of the faculty have traveled abroad to teach and perform surgery, but Seth Thaller probably has had the greatest impact on improving the quality of cleft care abroad. During his term as president of the American Society of Maxillofacial Surgeons, he instituted refresher courses in cleft surgery for plastic surgeons wishing to bring first world plastic surgery to the third world.

John C. Oeltjen M.D. Ph.D.

As the youngest member of the Division, I have spent the year establishing my own practice while working with the residents to improve their educational experience and patient care at Jackson Hospital.

I have worked with the surgical oncologists and medical oncologists to establish a breast reconstruction clinic on Tuesday afternoons at the Jackson Hospital Breast Center. This streamlines the consultation process for the breast cancer patients and cares for the patients within the familiar surroundings of the Breast Center. Also, as opposed to the previous Friday afternoon clinic, this is truly a dedicated breast clinic. The clinic with improved consents, improved photograph storage, and working closely with the new Plastic Surgery ARNP, Henry Villarreal, has brought the resident clinic to a higher standard of care.

At Jackson Hospital I have been asked to serve on the Wound Care Subcommittee, which reviews the care standards at the hospital while investigating new avenues for improved care.

EDITORIAL: INTRINSIC AND EXTRINSIC FUNCTION

by M. Felix Freshwater M.D.

Bench Research

by David J. Pincus M.D.

Currently, there are many developments in the surgical laboratory. We hypothesize that the wound healing effects of topical estrogen will overcome the inhibitory effects of Tamoxifen in the wound. We feel that this study will be relevant to diabetic women who are prescribed Tamoxifen and have wounds from surgery or diabetic complications.

A pilot study is underway using nine db/db (diabetic) strain female mice. In the study we will attempt to elucidate, whether or not Tamoxifen inhibits wound healing. These mice will be grouped into three groups that include three control, three pre-treated estrogen pellet and three Tamoxifen only. If proven that Tamoxifen does indeed inhibit wound healing, a large-scale study will begin. This study will utilize twenty-four db/db mice, and will concentrate on the effects of topical estrogen on mice pre-treated with Tamoxifen pellets in diabetes.
These are all the faculty publications that have been indexed by PubMed in 2006 and 2007. They are listed alphabetically by the first author:

Cohen MN, Evans GR, Wexler A, Thaller SR, Sadove AM.

The use of decellularized dermal grafting (AlloDerm) in persistent oro-nasal fistulas after tertiary cleft palate repair.  
Cole P, Horn TW, Thaller S.

To assess the efficacy of decellularized dermal grafting as an adjunct to the closure of recurrent oro-nasal fistulas. Five consecutive patients with recurrent oro-nasal fistulas were repaired with decellularized dermal grafting sandwiched between oral and nasal flaps of a von Langenbeck palatal repair. All patients had previously undergone a minimum of three prior palatal repairs with the recurrence of their oro-nasal fistula in the post-alveolar area. Decellularized dermal graft was placed between the nasal mucosa and the levator veli palatine muscle. Patients were followed postoperatively and assessed for infection, dehiscence, signs of rejection, and fistula recurrence. All patients were followed for an average of three months. Clinical examination revealed no recurrence of their oro-nasal fistula nor associated symptoms of nasal reflux. Decellularized dermal grafts were not rejected nor extruded from the site of surgical repair. Decellularized dermal graft should be considered for use in the treatment of recurrent oro-nasal fistula after cleft palate repair. We would also like to encourage further clinical study.

Posttraumatic mandibular deformities.  
De Souza M, Oeltjen JC, Panthaki ZJ, Thaller SR.

In covering the Emergency Department, the Plastic Surgeon can be faced with the mandibular fracture patient. Although the timely repair of the fracture usually leads to normal function and appearance, occasionally the surgeon is faced with the untoward sequelae of the mandible fracture. Post-traumatic mandibular deformities include non-union, malunion, malocclusion, TMJ dysfunction, and facial asymmetry. The difficulty in treatment of these deformities can be compounded by edentulous mandibles, substance abuse, and approach controversies such as the timing of the repair and surgical versus non-surgical management. Knowledge of the post-traumatic mandibular deformities by the treating physician not only assists in their management but may also allow for their prevention.

Infantile midline facial hemangioma with agenesis of the corpus callosum and sinus pericranii: another face of the PHACE syndrome.  
Drosou A, Benjamin L, Lинфante I, Mallin K, Trowers A, Wakhloo AK, Thaller SR, Schachner LA.

BACKGROUND: In the majority of cases, infantile hemangiomas are not associated with any other abnormalities. Occasionally, they may indicate the presence of systemic malformations. PHACE syndrome includes the coexistence of hemangioma, posterior fossa brain abnormalities, arterial anomalies, coarctation of the aorta, cardiac defects, and eye abnormalities. We report a case of a 2-month-old female with PHACE syndrome who also had sinus pericranii. CLINICAL CASE: A 2-month-old girl was seen for a plaque-like, segmental, midfacial hemangioma, with recurrent hemorrhages, noted at birth. As part of the PHACE syndrome, she had a midline facial hemangioma, absent corpus callosum, hypoplastic internal carotid artery, and an abnormal tortuous dysplastic basilar artery. Digital subtraction angiography showed sinus pericranii. The patient underwent successful endovascular embolization of the hemangioma that prevented further bleeding. CONCLUSION: Sinus pericranii is a rare finding that has not, to our knowledge, been previously associated with PHACE syndrome. Central nervous system, not only posterior fossa, abnormalities are frequently encountered in PHACE syndrome. Endovascular embolization of the facial hemangioma in our patient was a useful therapy.

5: **Plast Reconstr Surg. 2007 Nov;120(6 Suppl):5S-7S.**  
Injectable soft-tissue augmentation: the present and the future.  
Fagien S, Stuzin J.

Melanocytic neuroectodermal tumor of infancy: excision and primary palatal repair at 7 months of age.  
Latham K, Podda S, Wolfe SA.

Melanocytic neuroectodermal tumor of infancy is a rare pigmented tumor generally occurring in the head and neck region in children 12 months of age or younger. The true incidence is unknown and fewer than 200 clinical case reports have been reported to date in the literature. The tumor itself is locally aggressive. It does not have a tendency to metastasize but carries a high risk of local recurrence. This report describes one patient’s care, including primary palate reconstruction, and provides a review of the literature. A 7-month-old boy was found in a Haitian orphanage with a growing, very large mass originating from his right maxilla.
Pediatric breast deformity.
Congenital breast anomalies represent a relatively common set of disorders encountered by pediatric plastic surgeons with a spectrum of severity that ranges widely from the relatively benign polythelia to the very complex disorders such as Poland's syndrome and tuberous breast deformities. While the former can be treated in a single surgical setting with minimal morbidity, the more complicated disorders often require a staged reconstructive algorithm. Some disorders also require a multidisciplinary management for both workup and management. Although rarely a source of functional morbidity, these physical deformities are often a significant source of psychological stress for the adolescent male or female who feels alienated from their peers. The purpose of this article is to review the most common congenital breast disorders including the diagnosis, workup, and management especially the timing of surgical intervention as guided by normal developmental milestones.

Nasolabial aesthetics.
Mitchell C, Oeltjen J, Panthaki Z, Thaller SR.
Orthognathic surgery, as it relates to the maxilla, attempts to correct underlying skeletal deformities as well as improve function. In addition, it has the potential to significantly alter the central aesthetic unit of the face, the nasolabial region. A key to achieving a good functional as well as aesthetic result involves both comprehensive surgical planning and an understanding of the effects that orthognathic surgery of the maxilla will have on the soft tissues within the nasolabial region. The LeFort I osteotomy is one of the most commonly performed techniques to correct maxillary dentofacial deformities. The effects of nasal and labial changes after a LeFort I osteotomy, including widening of the alar bases of the nose, changes in the nasal tip, and flattening and thinning of the upper lip, have been previously reported by other authors. This article will discuss the nasolabial region and discuss steps involved in performing a comprehensive aesthetic evaluation, as well how the LeFort I osteotomy may produce specific changes related to the external nasal morphology. In addition, emphasis will be given to the lips, and the effects of reduction and augmentation procedures will be discussed as they relate to the nasolabial region.

Sturge-Weber syndrome and associated congenital vascular disorders: a review.
Nathan N, Thaller SR.
Sturge-Weber syndrome (SWS), Klippel-Trenaunay syndrome (KTS), and Parkes-Weber syndrome (PWS) represent a wide range of congenital vascular abnormality syndromes. Although many of the diagnostic criteria overlap for these syndromes, there are important differences among these diseases that carry important prognostic and therapeutic implications. This review attempts to clearly distinguish among SWS, KTS, and PWS, although loosely categorizing them as a family of congenital vascular disorders. A review of literature reveals that a variety of diagnostic tools exist that can help differentiate between the syndromes and assess risk for certain complications, which may help tailor various treatment modalities for a particular patient.

Endoscopic brow lift, upper and lower blepharoplasty, retinacular canthopexy: personal approach.
Stuzin JM.

Restoring facial shape in face lifting: the role of skeletal support in facial analysis and midface soft-tissue repositioning.
Stuzin JM.
Aesthetic analysis in facial rejuvenation has traditionally been subordinate to technical solutions. While concerns regarding correction of facial laxity, a reduction in the depth of the nasolabial fold, and improvement of both the jowl and the jawline are worthy goals in rhytidectomy, the aesthetic concept of restoring facial shape to a more youthful appearance is equally important. Restoring facial shape in face lifting requires an understanding of how the face ages and then the formulation of a treatment plan that is individualized for the patient. Re-establishment of facial contour is significantly influenced by the re-elevation of descended facial fat through superficial musculoaponeurotic system manipulation; it can be approached through a variety of technical solutions. Underlying skeletal support affects not only the appearance of the face in youth but also how the face ages and influences the operative plan in terms of the requirements for fat repositioning. Formulating a treatment plan that is patient specific and based on the artistic goals as influenced by skeletal support is the key element for consistency in restoring facial shape in face lifting.

High-flow orbital arteriovenous malformation in a child: current management and options.
Trombly R, Sandberg DI, Wolfe SA, Ragheb J.
Vascular malformations of the orbit cause significant morbidity such as chronic pain, diplopia, amblyopia, and cosmetic disfigurement. They are rare lesions, which require multidisciplinary care, and in the modern era, results of treatment have been greatly improved with
the assistance of endovascular therapy. Other treatment options include laser therapy, percutaneous embolization, open surgery, or a combination of these modalities. Nevertheless, some patients suffer poor results despite modern medical advances. A case of an orbital arteriovenous malformation (AVM) initially treated independently by a dermatologist, a plastic surgeon, and a neuroendovascular interventionalist is presented. When treating patients with these rare but disabling lesions it is of the highest importance to coordinate efforts between all pertinent specialists in order to promote the best possible result.

Chin deformities.
Ward J, Podda S, Garri JI, Wolfe SA, Thaller SR.
Facial analysis for chin deformities evaluates the perioral structures independently and their relationship to the entire face. Chin deformities in the absence of malocclusion can be treated by a genioplasty. Patient evaluation and preoperative planning and the operative technique for an osseogenioplasty are outlined with clinical reports to illustrate.

The osseous genioplasty.
Ward JL, Garri JI, Wolfe SA.
Despite its existence for nearly half a century and its versatility in solving a complex range of chin deformities, osseous genioplasty through an intraoral approach remains a rusty tool in many surgeons' armamentarium. The osseous genioplasty is not solely within the domain of the maxillofacial or craniofacial surgeon; it is well within the reach of any surgeon whose practice involves facial aesthetics. The surgeon who masters this relatively simple procedure can solve a broad range of chin deformities that an implant cannot solve: a chin that is too long, too short, or asymmetric.

Posterior movements of the maxilla.
Ward JL, Garri JI, Wolfe SA.
A wide range of facial proportions of the profile are considered normal, but extreme bimaxillary protrusion and retrusion are very unattractive. Maxillary setback in the right occlusal setting represents a good option that should be part of the armamentarium of the orthognathic surgeon. The surgical technique for one-piece maxilla repositioning is outlined and representative cases described.

Discussion.
Wolfe SA.

Wolfe SA.

The genioplasty and beyond: an end-game strategy for the multiply operated chin.
Wolfe SA, Rivas-Torres MT, Marshall D.
BACKGROUND: Genioplasty has been a useful and frequently employed technique. In previous publications, the authors discussed the benefits and versatility of the genioplasty. Here, they briefly examine the entire experience of the senior author, from 1975 to the present. METHODS: The authors examined a series of 580 genioplasties performed in 567 patients over a 28-year period by the senior author. This was done by chart review, which involved collection of demographic data and tabulation of the number of operations and type of genioplasty, as well as inspection of operative notes and clinical photographs. The focus was on the subgroup of patients who required multiple procedures to obtain a final satisfactory result. In one subgroup of patients, largely those with severe developmental or syndromic retrogenia, staged procedures were part of the original plan. A second subgroup included patients who had had problems with alloplastic chin implants; for these patients, further operations were not part of the original plan. RESULTS In the first group of patients, with severe developmental or syndromic retrogenia, an osseous genioplasty was often associated with orthognathic surgery and could be repeated later as a staged procedure. In the second group of patients, who had multiple problems with alloplastic chin implants, an osseous genioplasty often provided the solution to difficult problems. CONCLUSIONS: In both groups of patients, an autogenous costal cartilage graft may be of great help after one has accomplished as much as one can with an osseous genioplasty. In rare cases, microsurgical free tissue transfer may be required.

Timing of otoplasty for prominent ears.
Wolfe SA.
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