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LETTER IN REPLY Aesthetic

Response to Letter: Sadati et al.'s "Anatomical Concerns and the Use of the Term Preservation in Referring to Procedures" A Scientific Defense of the Preservation Facelift Approach

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Dear Editor:

We read with great interest Dr. Gentile's recent letter[1] addressing the terminology and conceptual underpinnings of the "Preservation Rhytidectomy" described by Roskies *et al*.[2] and implemented in our recent clinical practice. While we welcome scientific discourse, we feel compelled to clarify the foundation, objectives, and results of this technique, as presented in our recent publication: *"Advancements in Face Lift Techniques: Preservation Face Lift With a Rotating Pedicle Flap"*.[3]

The Preservation Facelift is not a superficial rebranding of established techniques but a deliberate anatomical refinement of deep plane rhytidectomy. Our retrospective study of 134 patients comparing Preservation Facelift to Extended Deep Plane Facelift showed statistically significant improvements in complication rates and drainage duration, with no compromise in aesthetic outcomes.[3]

The core of the technique lies in minimizing unnecessary skin delamination to preserve both the subcutaneous vascular networks and the dermal–SMAS fibrous septa. This limited undermining maintains the integrity of perforating musculocutaneous and direct cutaneous vessels, along with their anastomotic connections in the hypodermis,[4] thereby reducing the risk of ischemic complications such as skin necrosis and promoting improved postoperative healing. Cadaveric studies by Rohrich and Pessa on facial fat compartmentalization have highlighted the presence and structural role of vertically oriented bilaminar fibrous septa spanning from the SMAS to the dermis.[5] These septa are critical in transmitting vector forces and maintaining facial soft-tissue stability. Their preservation, as emphasized in the limited undermining approach, promotes more efficient vector suspension and reduces disruption of vascular perfusion and lymphatic drainage pathways. This, in turn, allows for enhanced flap biomechanics and safer manipulation of the SMAS-platysma unit. The rotating pedicled SMAS flap, anchored along the mandibular ramus, provides precise definition of the gonial angle while avoiding the trauma of wide subcutaneous dissection. The cervicomental angle is addressed through a purse-string platysma suspension, inspired by Jacono's hammock concept,[6] but modified to reduce tear risk.

Contrary to Dr. Gentile's assertion that such techniques inadequately address the midface and SMGAR, we emphasize that controlled dissection into the prezygomatic

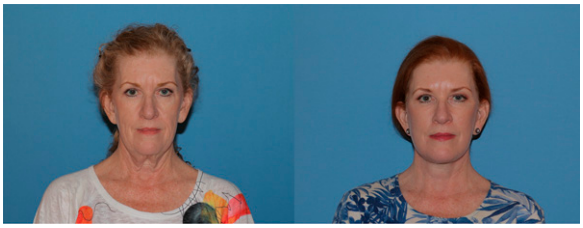

Fig. 1. Frontal view of a 62-year-old patient before (left) and 1 year after (right) a Preservation Deep Plane Face and Neck Lift. Note the significant improvement in midface fullness, nasolabial contour, and lower facial definition.

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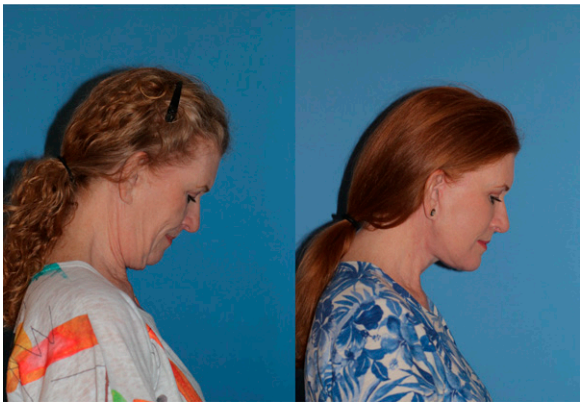

Fig. 2. Right profile view with the head tilted downward, before (left) and 1 year after (right) surgery.

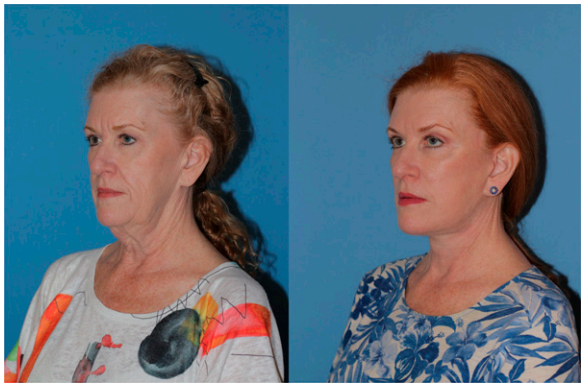

Fig. 3. Left oblique (3/4) view before (left) and 1 year after (right) Preservation Deep Plane Face and Neck Lift.

space, release of the zygomatic ligaments, and vector fixation above the zygoma provide vertical repositioning of the malar fat pad and improved nasolabial contouring. This is achieved without significant risk to the facial nerve, thanks to a precise finger-assisted malar elevation performed in an avascular gliding plane.

The effectiveness of this approach is illustrated through the clinical results presented (Figs. 1, 2, and 3), which clearly demonstrate vertical midface elevation and improved gonial angle contouring 1 year postoperatively. The limited dead space and high-definition suspension observed support the claims made in our article and by Roskies *et al.* regarding recovery, reduced bruising, and preservation of skin quality.

Regarding the concern over terminology, the term "preservation" should not be dismissed as semantic. Much like in preservation rhinoplasty, it reflects a deliberate shift in surgical philosophy—one that emphasizes anatomical precision, structural conservation, and vascular integrity rather than reduced technical rigor. Far from being misleading, this terminology encapsulates a meaningful evolution of composite rhytidectomy, offering a balanced approach that prioritizes both surgical safety and aesthetic predictability.

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