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Fat Grafting in Primary Cleft Lip Repair

Sir:

We have read with great interest the article entitled "Fat Grafting in Primary Cleft Lip Repair" by Dr. Zellner et al.[1] In the article, the authors hypothesized that immediate fat grafting during primary cleft lip repair may be of benefit and compared patients who underwent primary cleft lip repair with and without immediate fat grafting.

Final scar analysis revealed statistically significant improvement in scar appearance and contour of the fat-grafted cleft lip repair, concluding that immediate fat grafting may be a promising strategy for improving lip appearance, contour, and scarring during primary cleft lip repair. In cleft lip repair surgery, the goal is a normal-appearing lip and nose, with minimal visible stigmata; however, all surgical repairs leave a cutaneous scar, and unpredictable healing may occur despite the incision pattern chosen and the surgical technique performed.

Many authors have reported how autologous fat grafting could modulate scar formation and enable soft-tissue augmentation.[2–4] Fat grafting provides soft-tissue augmentation, enhances contour and structure, and improves skin quality and scar appearance.[5] Actually, we routinely perform autologous fat grafting to improve the contour of the lip and piriform area in patients who were previously submitted to cleft lip repair, especially in bilateral cases where there is more need for soft-tissue volume, because of the increased tension across the approximated lip flaps that can result in a pronounced scar.

In our experience, autologous fat injection performed several months (at least 6 to 8 months) after primary surgery offers the advantage of allowing recognition, with precision, of the depressed areas that are often not easily recognizable during the first stage. Scarring is a constant and unavoidable aspect of wound healing, and several factors likely contribute to scar quality, including suture type, duration of suture placement, tissue tension, and the child's intrinsic healing capacity.

We never use fat graft injection in primary cleft repair, but we think that the use of intraoperative autologous fat injection should be an excellent procedure, to improve not only the contour but also the cicatrization process, because of the benefits of fat in the first phase of the healing process. In conclusion, we think that the innovation introduced by the authors should be taken into consideration and that injecting at the time of surgery offers a chance to optimize healing of the scar.

DOI: 10.1097/PRS.0000000000001665

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DISCLOSURE

The authors have no financial interest to declare in relation to the content of this communication.No funding was received for this work.

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Reply: Fat Grafting in Primary Cleft Lip Repair

Sir:

I thank Dr. Idone et al. for their reply and thoughtful comments relating to our article entitled "Fat Grafting in Primary Cleft Lip Repair." Initially, we espoused