

Restoring perioral harmony with the “Bull’s-Horn” Lip lift. A case report

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Case Report

General Surgery



Background: The perioral region is an important determinant of facial attractiveness and a prominent indicator of aging. With age, the upper lip undergoes volume loss, vertical elongation, flattening of the Cupid’s bow, reduced dental show, diminished definition, philtrum elongation, and vermilion thinning. A youthful appearance is generally associated with a relatively short upper lip and adequate soft-tissue projection. These features may also occur in younger individuals due to hereditary factors.

Lip lift surgery aims to shorten the upper lip while enhancing vermilion show, height, and eversion, potentially increasing upper incisor visibility and restoring the natural philtral curvature. Several techniques have been described, including subnasal skin excision and vermilion advancement, with emphasis on achieving aesthetic results while minimizing scarring.

Suitable candidates generally present with a philtrum exceeding 20 mm, upper lip length greater than 22 mm, and upper incisor show below 1–2 mm. Patient selection may be supported by a classification system incorporating philtral-labial height, the philtral-labial score, and dental show.

KEYWORDS

Lip lift, bull’s horn lip lift, perioral rejuvenation.

The perioral region plays an important role in facial attractiveness and serves as a prominent indicator of aging. With advancing age, the upper lip undergoes several morphological changes, including decreased volume, elongation in the vertical dimension, flattening of the Cupid’s bow, reduced dental show, and diminished lip definition. Additional age-related changes, such as philtrum elongation and vermilion thinning, further contribute to alterations in overall facial aesthetics. (1)

In the centrofacial region, the upper lip represents the primary anatomical structure susceptible to downward displacement with aging, whereas other facial landmarks remain relatively stable. In this context, reducing the distance between the nasal base and the vermilion border of the upper lip plays a fundamental role in restoring facial proportions and achieving a more harmonious and youthful appearance. (1)

A youthful and aesthetically pleasing perioral region is typically characterized by a relatively short upper lip accompanied by adequate soft-tissue projection. In contrast, the most prominent age-related changes include elongation of the upper lip and alterations in its contour and morphology. Similar features may also be present in younger individuals as a result of hereditary factors, potentially leading them to seek aesthetic procedures aimed at improving the appearance of the perioral region. (3)

Various lip lift techniques have been described in the literature, ranging from nonsurgical approaches to surgical techniques such as subnasal skin excision, and vermilion advancement. Each technique aims to

achieve an aesthetically pleasing result while minimizing scar formation. (1)

Lip lift surgery is an aesthetic procedure involving the selective excision of tissue from the philtral region, with the primary objective of shortening the upper lip while enhancing vermilion show, height, and eversion. This modification may increase the visibility of the upper incisors and reestablish the natural curvature of the philtrum, thereby contributing to a more youthful and harmonious perioral appearance (4).

Based on the available literature, suitable candidates for lip lift surgery generally present with an elongated philtrum exceeding 20 mm, an increased total lip length greater than 22 mm, and limited visibility of the upper incisors, typically less than 1–2 mm. Other considerations include an age preferably below 60 years, a history of favorable wound healing and scarring, and adequate skin quality and elasticity (4).

Lip lift surgery is an appropriate option for patients presenting with a noticeable distance between the nasal base and the vermilion border of the upper lip, regardless of lip thickness. However, a classification scale has been proposed to determine which patients are most likely to benefit from this type of procedure (Table 1) (1).

This system classifies patients based on their labial and philtral height and it is supported by two diagnostic tools: A philtral-labial score, which measures the ratio of philtral height to upper lip height at the midline, and dental show, which indicates the visibility of the upper incisors when the lips are

Type	Philtral height	Labial height	Philtral-labial score	Dental show (mm)	Treatment
0	Normal	Normal	<3	1-2	None
1	Normal	Short	3-5	≥ 1	Lip augmentation
2	Tall	Normal	3-5	0	Lib lift
3	Tall	Short	>5	0	Lip augmentation and Lip lift

Table 1. The classification system for the upper lip, diagnosis, and surgical management, presuming the absence of maxillary deformities

slightly parted at rest. The utilization of this system helped in identifying suitable candidates for this surgery. (1)

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Preoperative marking

The preoperative markings are drawn prior to the injection of any local anesthetic. Several vertical lines of reference are measured to facilitate symmetry and to aid in determining the extent and height of the incision.

Five points on the base of the nose are marked: (a) The center of the columella; (b) the center of the right nostril sill; (c) the center of the right ala; (d) the center of the left nostril sill; (e) the center of the left ala. (Figure 1). Lines are drawn from the White roll of the upper lip to these points. Point “a” is drawn to the mid-point of the philtrum at the White roll, and the other four points are dropped vertically to the White roll.

The “bull’s horn” is drawn beneath the nasal base. The lateral marks are about 1 mm from the alar crease and not directly within the crease. The “horn” is widest directly beneath the ala to create a superomedial lift in this area. (Figure 1)

Technique

The patient is anesthetized using 5-7 cc of lidocaine with 1:100,000 epinephrine injected into and just over the orbicularis oris muscle. The whole surgery is performed using 3.5X magnification. The marked skin is excised, with the incision to the depth of the muscle. It curves around the ala, coming to a point on the center of the nostril sill, then crossing the columella at its junction with the philtrum. The shape of the incision is balanced with the center of the columella as the dividing line, unless we are compensating for asymmetry. It is important not to make the incision within the alar-facial groove, since this can heal with hypertrophy or webbing. The resection is widest inferior and lateral to the ala, decreasing in width below the columella (Figure 3). When the inferior edge is advanced toward the superior edge, the difference in width of the excision

gives superomedial lift to the lip. This allows the center of the upper lip to have a more natural appearance, with the center being more wide and full in comparison to the lateral portions of the lip. If the excision were wider at the center or equal in width to the lateral portions, the patient would assume a “hare-like” appearance. (5,6, 7)

The inferior incision is undermined for 3 mm, advanced, and sutured to the superior incision. This allows eversion of skin edges during closure. We use deep dermal sutures of 6-0 PDS. The key sutures are placed first at the middle and then at the nostril sills. Interrupted cuticular sutures of 6-0 or 7-0 PDS are placed 3 mm apart. Tiny strips of adhesive tape are placed over the incision. The position along the natural folds of the skin below the nose as well as the shape of the excision itself allow the scar to be well concealed. (4, 5, 7)

The patient was a woman in her sixth decade of life who presented to the clinic with aesthetic concerns regarding the nasolabial region. Physical examination revealed the following measurements of the nasolabial region: a distance of 20 mm between the center of the columella and the Cupid’s bow, and 25 mm from the center of the right and left nostril sills to the upper vermillion border.

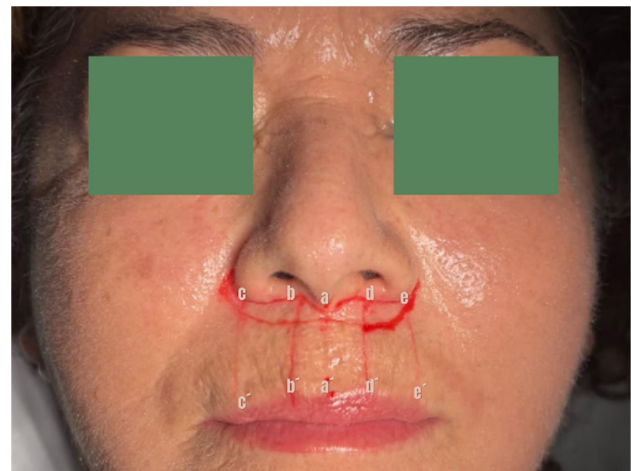


Figure 1. Five preoperative measurements are taken: a-a', b-b', c-c', d-d', e-e'. “a” is the columellar-labial junction, “b” and “d” are the right and left nostril sills, and “c” and “e” are the right and left alar facial junctions. The upper lip appears long. The vermilion is thin and Little.

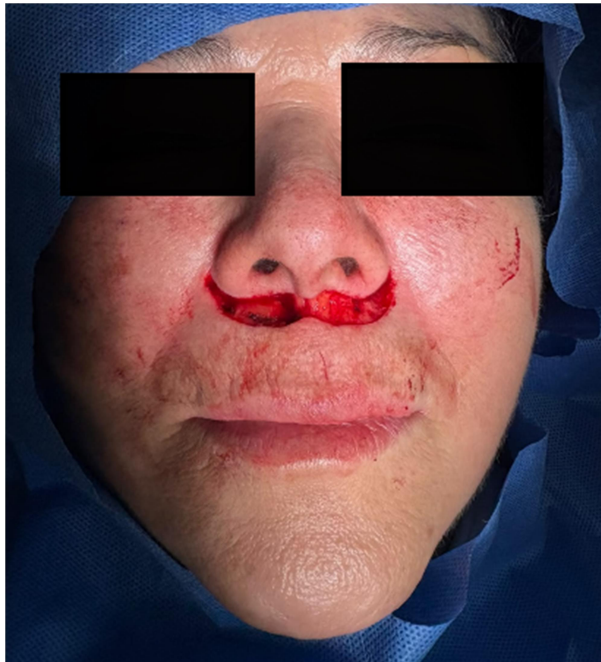


Figure 2. The shape of the resected skin resembles the horns of a bull. The width of the strip is about 5 mm.

A surgical procedure was planned to perform a lip lift using the “bull’s-horn” technique, as shown in Figure 1 y 2.

Measurements of the nasolabial región: columella-Cupid’s bow 15 mm, center of the right and left nostril sills – upper vermillion border 20 mm. A symmetric reduction of approximately 5 mm was achieved, resulting in a more youthful and aesthetically pleasing appearance of the nasolabial region. Figure 4.

Discussion

The perioral region represents a fundamental component of facial harmony and undergoes significant morphological changes associated with aging. These include vertical elongation of the upper lip, philtrum lengthening, decreased lip and vermillion volume, and reduced dental show. These changes may alter the proportions of the middle and lower thirds of the face and contribute to an aged facial appearance. In this context, reducing the distance between the nasal base and the vermillion represents an important objective for restoring perioral proportions.

The subnasal lip lift is a surgical alternative for addressing these changes through selective excision of philtral skin. The “bull’s-horn” technique allows shortening of the upper lip while simultaneously promoting vermillion eversion and exposure. A fundamental aspect of the procedure is the design of the excision, with greater width in the lateral and inferior regions allowing a superomedial lifting vector. This distribution aims to preserve a natural

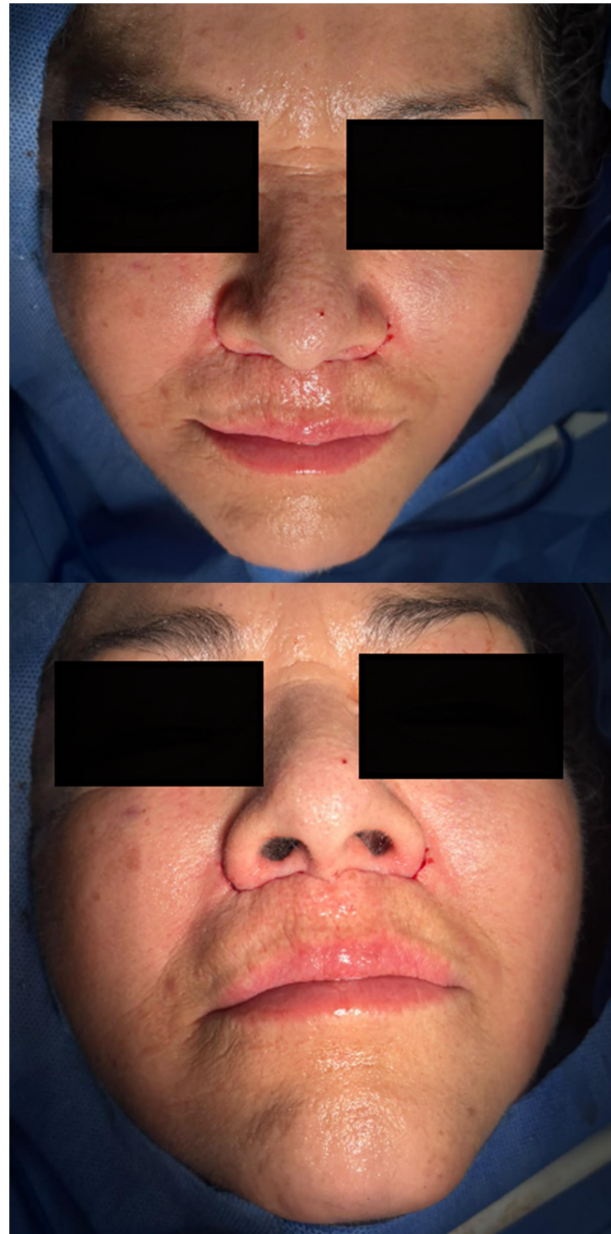


Figure 3. The image demonstrates the immediate postoperative result. Approximation of the surgical wound edges can be observed, with a reduction in the length of the nasolabial region, as well as eversion of the upper lip.

appearance of the central portion of the lip and avoid an excessively lateralized result that could produce an unnatural appearance.

Appropriate patient selection is essential for achieving satisfactory outcomes. In the present case, the patient had a 20-mm distance between the columella and Cupid’s bow, as well as a 25-mm distance from the nostril sills to the vermillion border. These measurements were consistent with the parameters described for patients considered candidates for lip lift surgery, particularly because of the presence of an elongated philtrum.

Preoperative marking represents another critical component, as it establishes anatomical



Figure 4. The image shows the preoperative and postoperative results of the surgical procedure, demonstrating a reduction in the length of the nasolabial region, along with eversion of the upper lip.

reference points and facilitates symmetry during excision. Likewise, avoiding incision directly within the alar groove is important to reduce the risk of postoperative scar abnormalities, such as hypertrophy or webbing.

In this case, the technique achieved an approximately 5-mm symmetrical reduction, resulting in a 15-mm columella-to-Cupid's bow distance and a 20-mm distance between the nostril sills and the

vermilion border. These changes represent an objective modification of the nasolabial proportions and were associated with a more youthful and aesthetically pleasing appearance. Therefore, the subnasal “bull’s-horn” lip lift, combined with appropriate anthropometric assessment and precise preoperative marking, represents an effective option for selected patients with upper lip elongation.

Conclusion

The subnasal “bull’s-horn” lip lift is an effective surgical technique for selected patients with upper lip elongation and increased nasolabial distance. Accurate preoperative assessment, anatomical marking, and appropriate excision design are essential to achieve symmetry, natural lip contour, and favorable aesthetic outcomes. In the present case, the procedure achieved a 5-mm symmetrical reduction of the nasolabial measurements, resulting in improved facial proportions and a more youthful perioral appearance.

Conflicts of interests

None declared by the authors

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