

# LCL: (Locked Cheek Lift) Three-Dimensional Cheek Lift and Inferior Palpebral Rejuvenation

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## Abstract

**Background** Many recent advances in face lift techniques have been made to reverse the aging process of the mid-face. In this study, we present a new technique by which mid-face rejuvenation can be achieved in double-angle vectors and allows adaption to the underlying bony structure. The locked cheek lift (LCL) allows effective, simple and rapid lifting of the malar fat pad in two planes. Correction of the curvature of the face and reduction of the height of lid cheek junction distance can be achieved without an incision at the lower eyelid.

**Methods** In total, 115 patients (77 females and 38 males) have been operated on using the LCL technique by a single surgeon; patient ages ranged between 37 and 71 years old (average = 51). Follow-up was performed by the same team for a year postoperatively. The facial expression and lid cheek distance have been evaluated during this period.

**Results** After a year from the operation, the lid cheek distance correction was maintained in 95.7% of the cases, with stable position of the ascended malar fat pad. Post-operative edema and ecchymosis were limited.

**Conclusion** LCL is an effective, simple and rapid surgical technique, which is capable of correcting the cheek gravitational migration, reducing the lid cheek distance (LCD), maintaining the ascended stable malar fat pad for a long time with a short recovery period and minimal risk of complications.

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**Keywords** Cheek lift · Lid cheek distance (LCD) · Mid-face treatment · Mirror Lifting

## Introduction

In the recent years, there has been better understanding of the pathophysiology and manifestations of facial aging such as sagging due to gravity, fat loss and redistribution and loss of bone volume [1–7].

The downward and medial displacement of the malar and other fat pads produces the hollowness under the orbit with also a weakening of the orbital ligaments, orbicularis oculi muscle and zygomaticus muscles.

The result is an apparent volume loss in the anterior cheek with visual lengthening of the lower eyelids which gives the face a more squared vertical appearance.

The zygomatic bones are not symmetrical in each side of the face, and the repositioning of the malar fat pad must take this into consideration in three dimensions.

The locked cheek lift (LCL) technique is a dual-plane lift, ideal for the geometrical variation between the zygomatic bones on the two sides. The malar fat pad is liberated from the cutaneous attachment, making it easy to mobilize vertically.

This technique enables malar fat pad repositioning to reduce the orbital hollow, reduces the lid cheek distance and improves the nasolabial fold by redistributing cheek volume upward without distortion or asymmetric contour deformity.

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