Because every article in a peer-reviewed journal takes a few months to be reviewed, accepted, edited, and finally published, it may happen that the procedures presented in the article may be partially modified by the author during that time as he or she aims to simplify the method. That is the reason for this letter. In the article “Composite Platysmaplasty and Closed Percutaneous Platysma Myotomy: A Simple Way to Treat Deformities of the Neck Caused by Aging” (Aesthetic Surg J. 2009;29:344-354), I presented a simplified modification of Fournier’s method for treating platysmal bands. I showed how one may cut the platysmal bands with a thick-gauge needle to pass a multibraided nylon suture, first deep in the platysmal band and then superficial, so that the suture surrounds the platysmal cord. The suture then forms a sort of Gilles saw, which can cut the platysmal band. I have three years’ experience with this method but, in the month between acceptance of the article and its publication, I found a simpler solution for the procedure: I began inserting a needle with a 2-0 nylon multibraided suture, which makes the procedure easier and does not require the thick-gauge needle. The needle must have a sharp tip and be at least 3 cm long; since the needle is 3/8 of a circle, it must be straightened out.

The procedure follows the same principles as those of the closed platysmaplasty method presented in the article, but it is easier because only one suture is needed. We mark a line at the platysmal band rim and then, pinching it between the fingers, mark the part of the band that is deepest, thus making three lines: one at the rim of the band and two on its base. After achieving the vasoconstriction produced by the epinephrine in the local anesthesia, we move the needle and suture from one side of the platysmal band to the other, entering at one of the lines marked at the base and exiting at the baseline on the other side, pinching the band with the fingers to force a deep passage behind the muscle (Figure 1). Then we move the needle and suture back through the same openings, passing through the subcutaneous tissue, close to the muscle but always superficially (Figure 2). Once we have both ends of the suture in our hands, we begin a saw-like back-and-forth motion to cut the band (Figure 3). We repeat this procedure six or seven times with each band, at intervals of about 1.5 cm between each cut. A video of the author’s technique can be found at www.aestheticsurgeryjournal.com.

I thought it would be opportune to describe this easier way to perform the procedure and I reiterate that this platysmaplasty method is an excellent way to approach

Figure 1. Pinching the band with two fingers a 2-0 multibraided nylon is led behind the platysmal band, introducing its needle on the lateral aspect of the band, on the line previously marked, and exiting on the medial side.

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platysmal bands when the operation is associated with a facelift. More studies are required, however, before it can be indicated as a method to be performed as an isolated procedure.

Figure 2. The needle is reintroduced on the medial opening and exits back on the lateral one, but at this pass it is led superficially to the muscle in order to embrace it.

Figure 3. The two ends of the thread are pulled strongly with the hands and the muscle is cut with a back and forth movement. This procedure is repeated at least five or six times along the band.

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The author declared no conflicts of interest with respect to the authorship and/or publication of this article.