

Results | There was no statistically significant increasing trend or strong correlation in the upper-lip surface area (95% CI, -0.218 to 0.218), the lower-lip surface area (95% CI, -0.225 to 0.225), or the upper-lip to lower-lip surface area ratio (95% CI, -2.54 to 2.54; Pearson $r = 0.26$; $R^2 = 0.00051$; $P = .66$) from 1960 to 2011 (Figure 2). The mean upper-lip to lower-lip surface area ratio was 0.68, representing a 47% larger lower lip compared with upper lip.

Discussion | Contrary to previous studies of the fashion model aesthetic,^{4,5} our analysis does not reveal a trend toward fuller lips among *Vogue* models from 1960 to 2011. Standardization by interpupillary distance, manual segmentation of lip boundaries, and exclusion of profile images (a known contributor to the facial aesthetic) are potential limitations of this study. Similarly, image modification in the digital age compared with image modifications before the use of raster graphics editors may also affect interpretation.

A cursory glance through *Vogue* leaves the reader with a variety of shiny, lip-centric images of fashion models. If the frequently cited trend toward fuller lips truly exists, why is this not quantitatively seen in *Vogue*? While sampling error, magazine choice, and magazine editor preference may play a role, this trend may not be a phenomenon of the fashion industry, and trends among fashion models may no longer be the benchmark by which patients amass their aesthetic ideals. Celebrity worship, especially in the era of social media, is increasingly cited as an impetus for pursuing cosmetic procedures.⁶ Celebrity images in mass media highlighting the overfilled lip may now serve as the very platform from which patients cultivate their cosmetic ambitions. If fame and fashion are intertwined, the question then becomes, what are the arbiters of celebrity aesthetic ideals?

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Italian Linguistic Validation of the FACE-Q Instrument

As the implementation of evidence-based medicine grows in everyday practice, there is increasing pressure to adopt survey instruments to validate patient-reported outcomes.¹ The use of questionnaires is the only scientific and objective way to analyze patients' perceptions of their body before and after surgical procedures. Plastic surgery medical journals with international impact should require that studies include validated patient questionnaires on patient quality of life and body perceptions.^{2,3} The FACE-Q⁴ instruments can be incorporated into research and routine clinical practice to better understand the recovery process and effect of facial aesthetics procedures on quality of life as well as what patients think about their decision to have surgery.

Because of the prominence of the face on overall body appearance, surgical interventions in cosmetic surgery are most popular on the face.⁵ We translated and performed a linguistic validation of the FACE-Q instrument with facial appearance for use in Italian patients.

Methods | The translation was performed with participation of the original FACE-Q instrument authors⁴ and the Mapi Research Trust and World Health Organization recommendations (<http://mapi-trust.org>). The main steps taken therefore included forward and backward translations, 3 expert meetings and reports, and patient testing. All processes involved translators who worked independently and unaware of the whole translation process. The project manager overviewed each step of the process, coordinating the expert meetings and compiling a report after each step. The entire translation process took approximately 3 months. The translator used a simple and clear formulation to create a translation understandable for all patients. The study was approved by the ethics committee of Campus Bio-Medico University of Rome,

and the participants provided verbal informed consent; there was no financial compensation.

The forward translation (from English to Italian) was pooled from 2 independent translations after a meeting in which 5 items were discussed with experts. Then, the comparison between the back translation of the first Italian version and the original English version of the questionnaires identified 4 more items to be debated. The expert panel adequately resolved these remaining questions.

Results | The translated version was tested on 2 groups with a total of 20 preoperative patients aged 18 to 45 years. The groups differed for the two independent translations that were tested in each group. The patients were white, native Italian speakers (8 women [40%] and 12 men [60%]), and they took between 3 and 7 minutes to complete each questionnaire, including the time for questions and clarifications. The comprehension test was performed through face-to-face interviews during which the project manager verified patient difficulties in understanding the questionnaire and checked the patient interpretation of all items. A final meeting allowed for discussion of 2 items that emerged from this last phase. The items were adjusted and the definitive version was released. The linguistic translation process led to a conceptually equivalent Italian version of the FACE-Q instrument.

Discussion | In medical research, a linguistic validation must be considered an essential translation step when working on a patient-reported outcome instrument in a differing language and/or culture.⁶ A clear and linear validation process helps to prepare the best translation for patients' comprehension. The guidelines followed in the present assessment contributed to a straightforward translation methodology of the FACE-Q instrument, which is recommendable for future translations of questionnaires in the field of plastic surgery.

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Cutaneous Landmarks of the Supratrochlear Nerve in Forehead Rejuvenation Surgery

Complete resection of the corrugator supercilii and procerus muscles has previously been advocated for forehead rejuvenation surgery.¹ These procedures are complicated due to the supratrochlear nerve, which commonly runs near the fibers of the corrugator supercilii muscle (Figure). Damage to the supratrochlear nerve after forehead rejuvenation can lead to undesirable sequelae such as paresthesia and dyesthesia. The incidence of these complications may be related to the surgical approach, specific technical execution, and/or the surgeon's experience with the technique. Familiarity with the location of the supratrochlear nerve in relation to the corrugator supercilii and procerus muscles can minimize unpredictability and allow for a more systematic approach to precise muscle removal.

The senior author postulates that the supratrochlear nerve branches demonstrate a significant investment pattern in relation to the corrugator supercilii muscle fibers and a close approximation to the overlying glabellar crease. The glabellar crease is the typical vertically oriented skin wrinkle located just medial to the brows. Although the investing topography of other peripheral points has been described, the supratrochlear nerve and its close relationship to the corrugator supercilii muscle fibers and cutaneous glabellar frown line requires further inspection.² A comprehensive understanding of these anatomical relationships may assist surgeons of all levels of experience in obtaining successful outcomes when performing any of the surgical approaches for forehead rejuvenation.

Methods | Fifteen fresh cadaver heads (30 corrugator muscles and 30 supratrochlear nerves) were labeled at the lines corresponding to the glabellar crease. They were then dissected using a cross-shaped incision centered over the radix, with the transverse component following the eyebrow arches (Figure). The frontalis and depressor supercilii muscles were dissected off the corrugator supercilii muscle and elevated along with the skin flaps. Once the full extent of the supratrochlear nerve and the corrugator supercilii muscle were well delineated, transcutaneous pins were placed through the glabellar crease at a position approximately 1 cm superior to the superior orbital rim, and standardized measurements of nerve relationships to the glabellar crease were taken.