news THE UNIVERSITY OF TEXAS
HEALTH SCIENCE CENTER AT DALLAS
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DALLAS--A limited audience of 500 plastic surgeons will gather at the Fairmont Hotel in Dallas March 18-20 for a symposium on plastic surgery in the orbital region. The orbital region is the bony cavity in the skull, which consists of the eye and socket, lids and surrounding structures.

Chairing the meeting, sponsored by the Educational Foundation of the American Society of Plastic and Reconstructive Surgeons, Inc., will be a quartet of experts in the field. They are Paul Tessier, M.D., of Paris, France; Alston Callahan, M.D., of Birmingham, Ala.; John C. Mustardé, F.R.C.S., of Glasgow, Scotland; and Kenneth E. Salyer, M.D., chairman of the Division of Plastic Surgery at The University of Texas Health Science Center at Dallas and host for the meeting.

Of the visiting international figures, Dr. Tessier is the most celebrated. The Paris surgeon, who is chief of plastic surgery at the Hospital Foch, is known for the development of revolutionary techniques of head-face surgery on previously inoperable facial and cranial deformations due to Crouzon's Disease, Apert's Syndrome, hypertelorism and other similar conditions that give people an almost inhuman, or non-human, appearance. Since 1968 Dr. Tessier has been operating and lecturing all over the world on these extreme surgical techniques.

The facial mass in a baby born with Crouzon's Disease or Apert's Syndrome has not developed properly to leave sufficient room for the eyes or permit normal upper and lower jaw relationships. In such cases Dr. Tessier separates the facial skin from the skull to below the nose surgically. At this point a cut is made across the bony structure of the face, across the brow, down the temples and to the back of the upper jaw. Then this area is pulled forward as a unit. Bone grafts from ribs or hip are utilized to hold the part of the face that has been pulled into normal position. Often several surgical procedures are required.

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The child who exhibits hypertelorism has an abnormally wide forehead on one or both sides. During its formation, the forehead has forced the eye sockets to point laterally. Severe malformations of the nose and mouth are often present. Sometimes these result in the appearance of an almost double face. When operating on a person with hypertelorism, a section of the nose and forehead between the eyes is removed and the eyes are brought into a normal relationship. Other abnormalities on the face are corrected later by bone grafting. Extreme care must be exhibited by the surgical team which includes a neurosurgeon because of the proximity of the brain and the eyes.

Also a world-figure is Dr. Mustardé, who was one of the first surgeons in the world to adapt Dr. Tessier's radical techniques.

Dr. Callahan is president of the Eye Foundation Hospital in Birmingham. He is a noted opthomologist.

Besides Dr. Tessier's work, the symposium will include addresses, workshops and papers including the following topics: new concepts in anatomy of the orbital region, treatment of eyelid burns and lacerations, tissue repair of the eyelids, treatment and reconstruction of mutilated eyelids, cranio-facial prosthetics, the role of the medical sculptor, naso-orbital fractures, new surgical procedures and many others.

This week, prior to the symposium (March 11-15), Dr. Tessier is in Dallas working with Dr. Salyer and Dr. Morris Sanders, director of neurosurgery at Children's Medical Center and clinical assistant professor of neurosurgery at the UT Health Science Center, as a surgical team. The team will be performing a series of eight surgeries on seven minors and one twenty-year-old adult whose corrective work has been continuing under Crippled Children's guidelines. These operations are of the radical cranio-facial types developed by Dr. Tessier, who prefers to work on children in order to prevent as much psychological scarring as possible.

The surgery at Children's will be used as a part of the symposium program the following week.

MARCH 12, 1974

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