

Sept. 1, 1971

NEWS

THE UNIVERSITY OF TEXAS
SOUTHWESTERN
MEDICAL SCHOOL AT DALLAS



BOB FENLEY, DIRECTOR OF INFORMATION

JOHN WEEKS, ASSOCIATE DIRECTOR

DALLAS--What would you give to become as homely as a mud fence? A lot--if you were already so ugly that people want to put you in an institution.

At The University of Texas Southwestern Medical School, oral surgeons are using a radical new operation to rebuild the faces of persons horribly disfigured as the result of a bone growth defect.

Dr. Robert V. Walker, professor and chairman of the Division of Oral Surgery at UTSMS, explains that in victims of "Crouzon's" or "Apert's" syndrome, the skull and bones of the upper face don't grow along with the rest of the person.

"They used to put these people in institutions for the retarded, although there was nothing wrong with them mentally," says Dr. Walker. "They simply looked so hideous that our society assumed they were."

In previous years, death had been a certainty for these people until neurosurgical techniques were developed for opening up the "suture lines" of the skull so the brain could grow and expand. While this relieved the brain, the front facial bones still did not grow. Eyes became too big for their sockets, the nose and upper jaw receded. Eyelids wouldn't close and some went blind. Upper teeth far under-shot the lower ones.

--more--

first add walker operation

So far, Dr. Walker and associates at UTSMS have transformed a middle-aged woman and a teenager into acceptable looking persons. He isn't able to deliver beauty. Not yet, at least.

The operation is a massive procedure:

After making incisions in the face, a dentist's drill is used to saw behind both eyes--"You go in the floor of the orbit (socket) and behind the tear drainage ducts. The eye is kept where it is; the bottom of the orbit is just advanced."

The drill saws across the nose and through both cheek bone attachments, freeing a chunk of facial bone almost as big as a pack of cigarettes. This portion is moved forward to a more nearly normal position and held in place with a stainless steel frame.

The gap left between the two sections of skull and face is filled in at seven places with bone grafted from the hips. "This is to keep the facial section from regressing. Two are put in each floor of the orbit, one in the side of the orbit, but the key place is behind the upper jaw," says Dr. Walker.

With the front of the face moved forward, the eyes which once bulged grotesquely, now assume a more normal sunken position, and the nose appears in better aspect to the forehead and chin.

Special anesthetic techniques are used to minimize what otherwise could be extensive blood loss during the surgery.

The operation, developed in France by a surgeon, Paul Tessier, is done for more than cosmetic reasons--protection of the eyes and matching of bite. The teenager operated on by Dr. Walker already had lost considerable sight because of eyelids not closing.

second add walker operation

"I'm very happy with what we've learned with these operations," says Dr. Walker. "The possibilities of offering correction for facial deformities are infinitely magnified." This means that wreck victims or people who have a number of facial defects can be improved.

"Actually, the problem isn't only a long or a short jawbone, or whatever, it's how that person has reacted to it. There are almost always emotional problems associated with these deformities," Dr. Walker says.

While the surgical procedures can't build beautiful people, they often can relieve the grotesque appearance.

SEPTEMBER 1, 1971

##