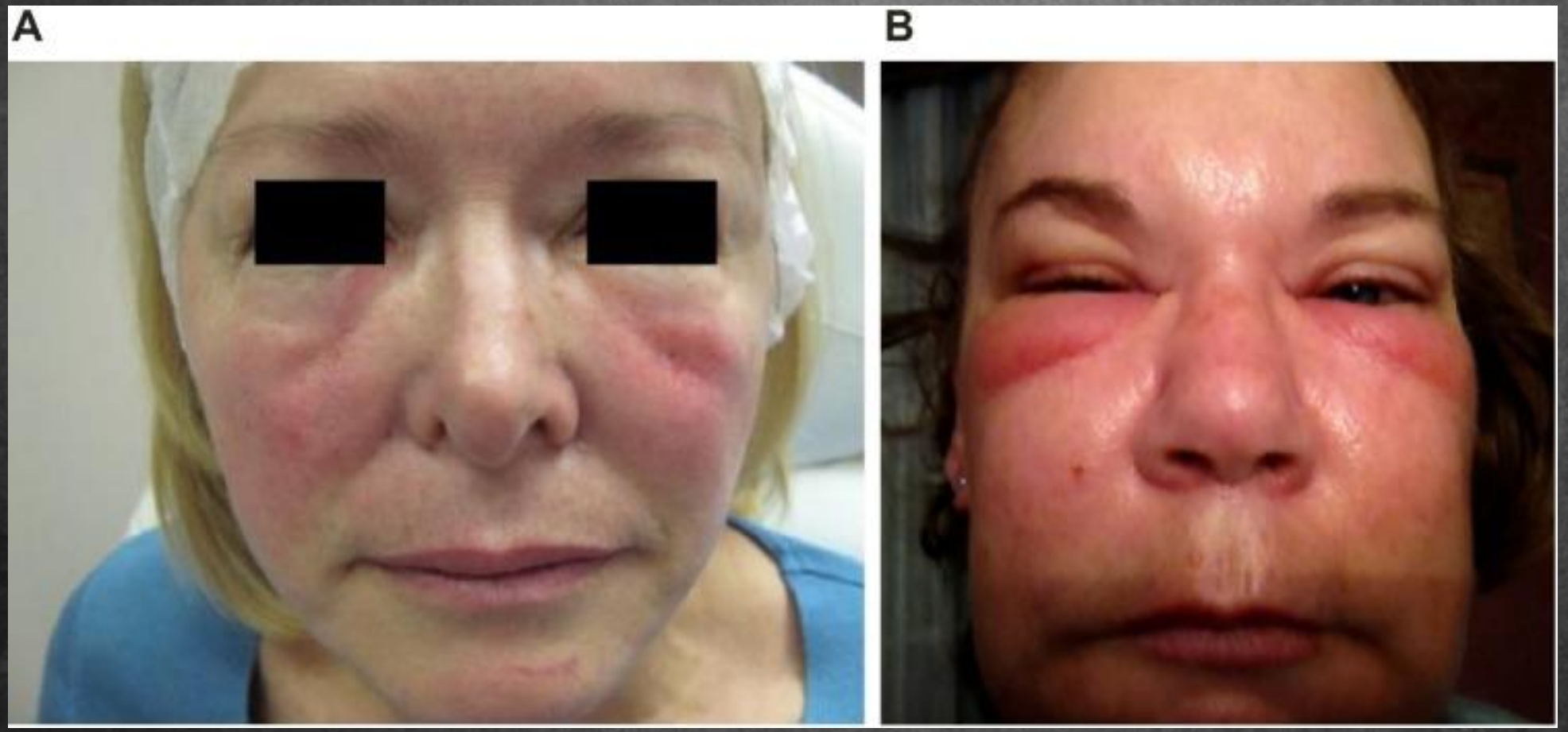
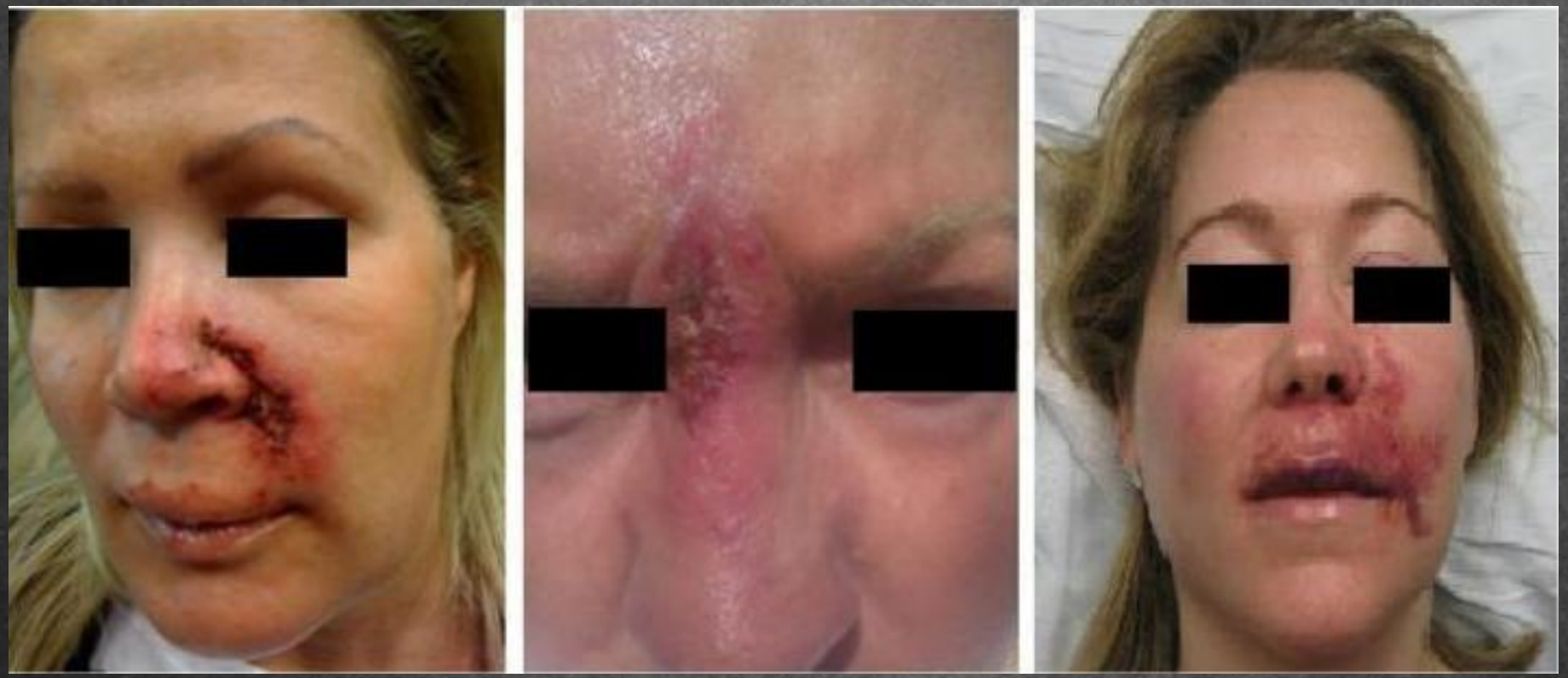
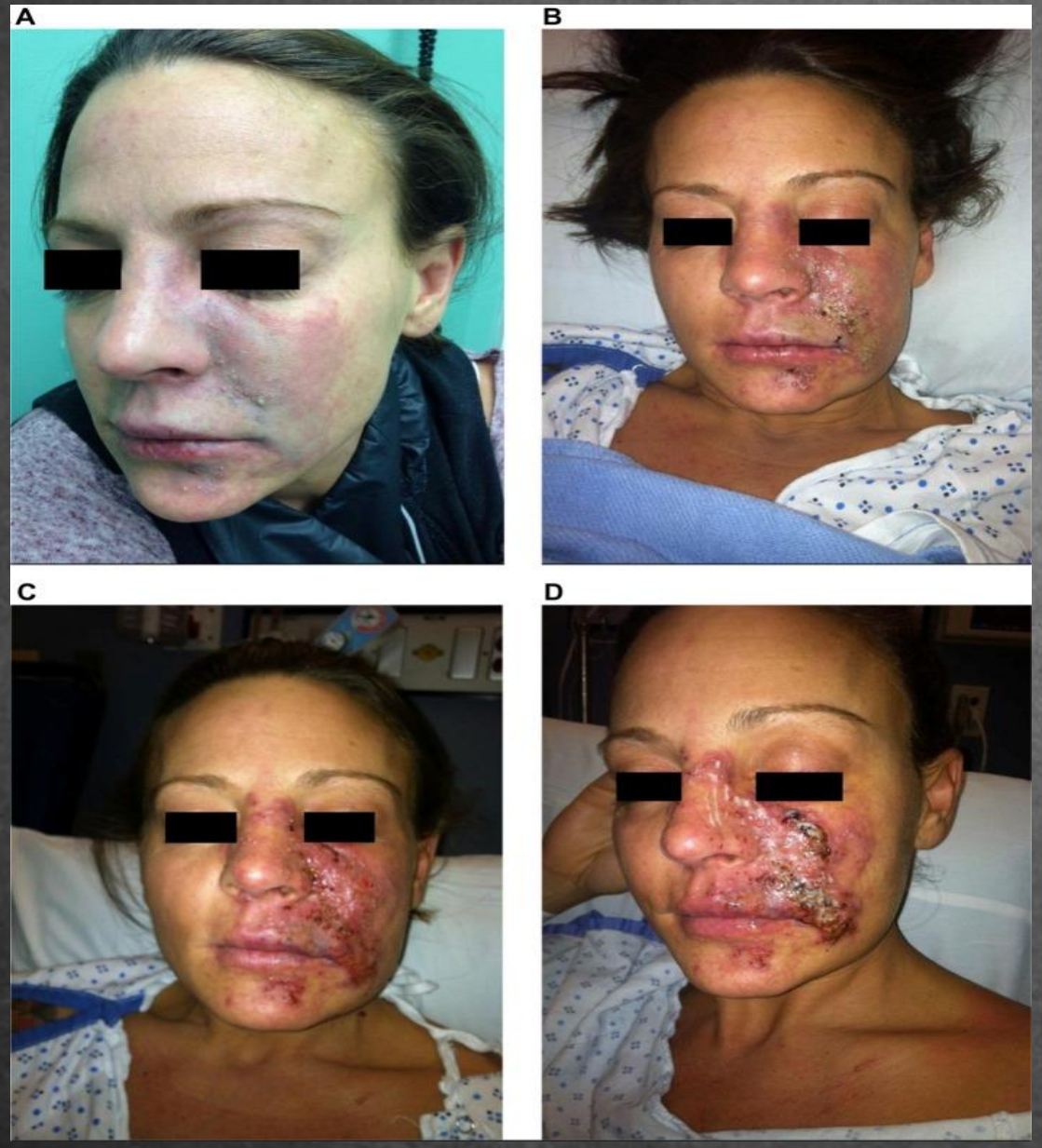
ANATOMIE DU VISAGE

Docteur Raouf LAMMARI
Ancien attaché associé des hôpitaux d'ile de France
Médecin esthétique

Pourquoi un cours de dissection ????

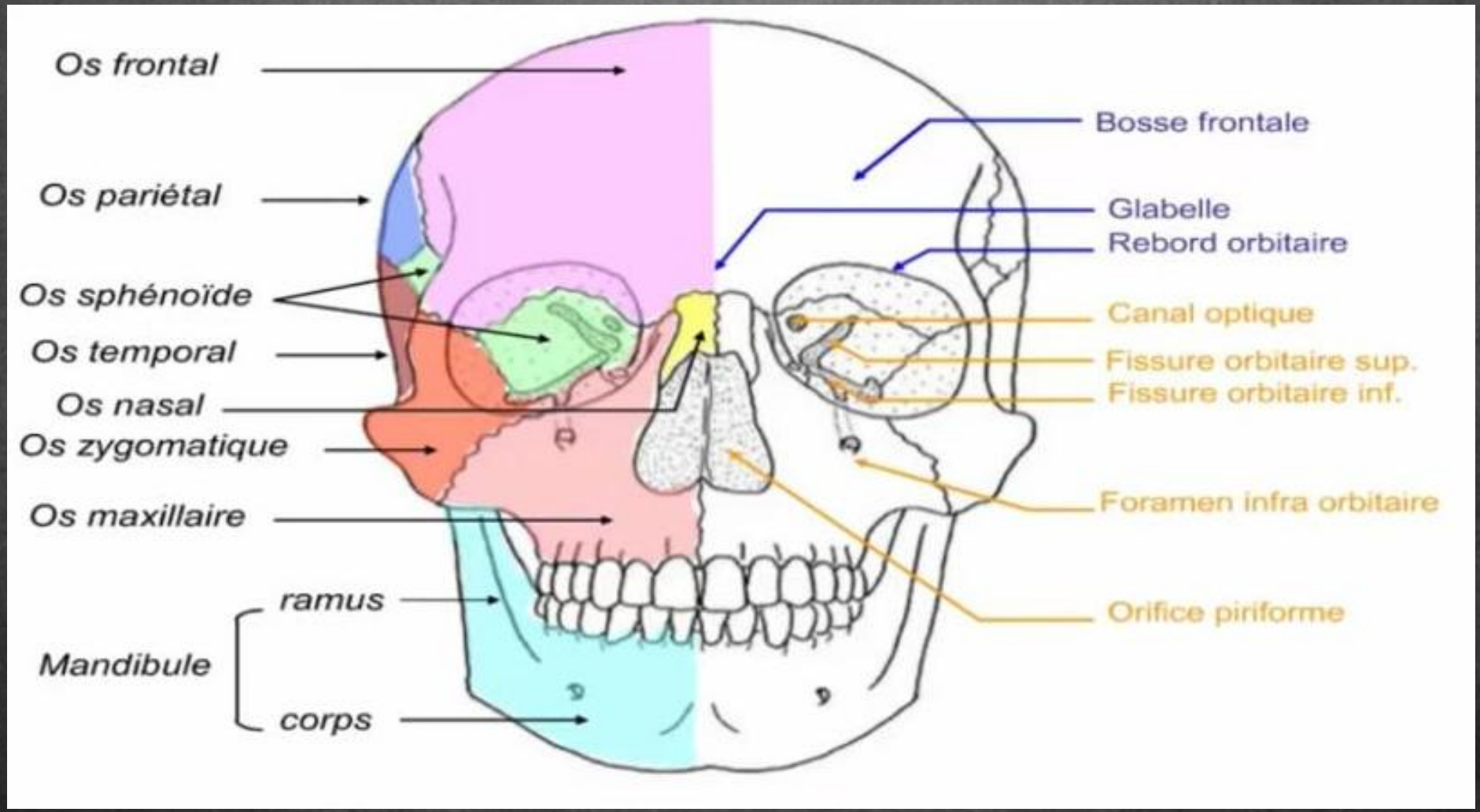

A
B



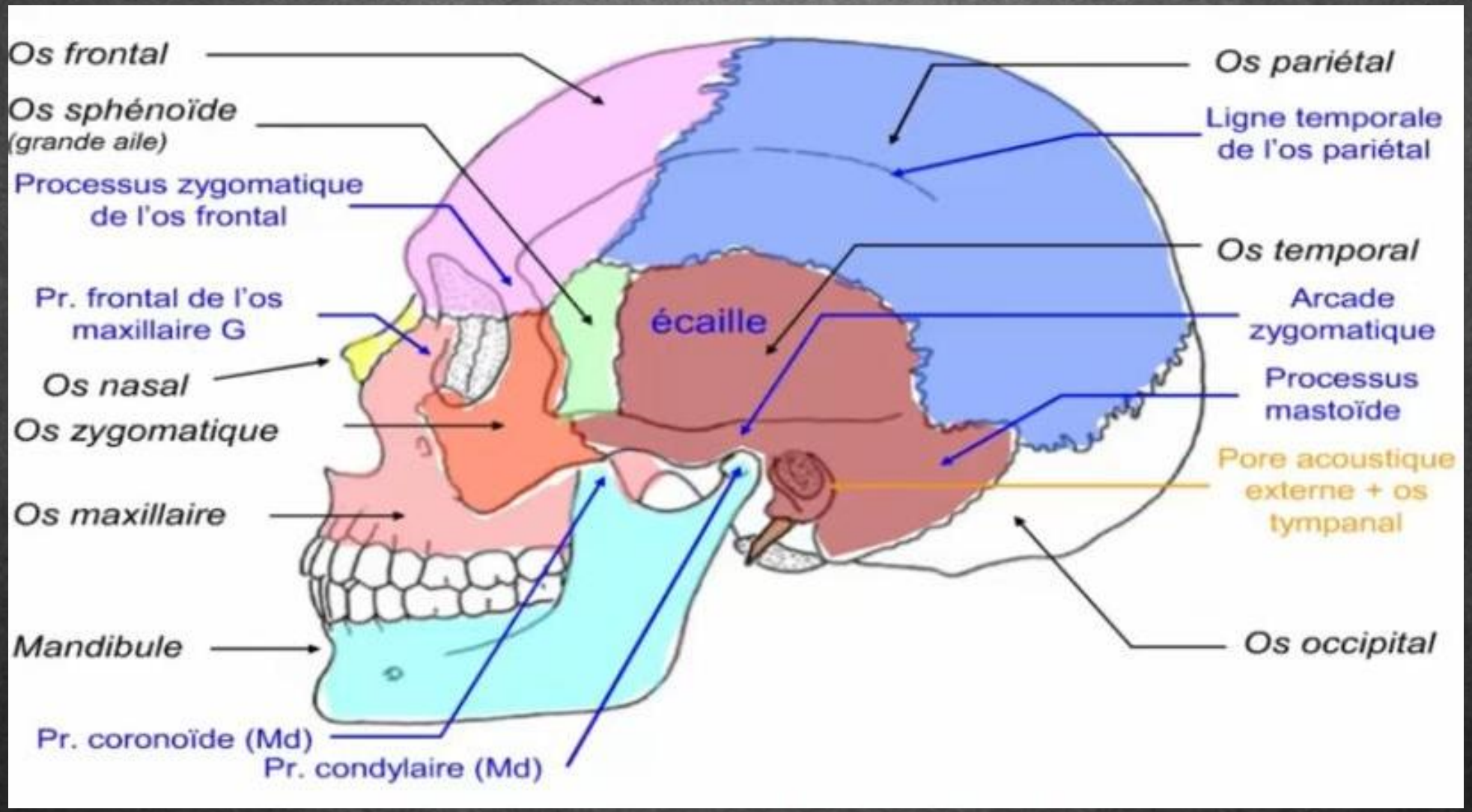

A
B
C
D

GENERALITES

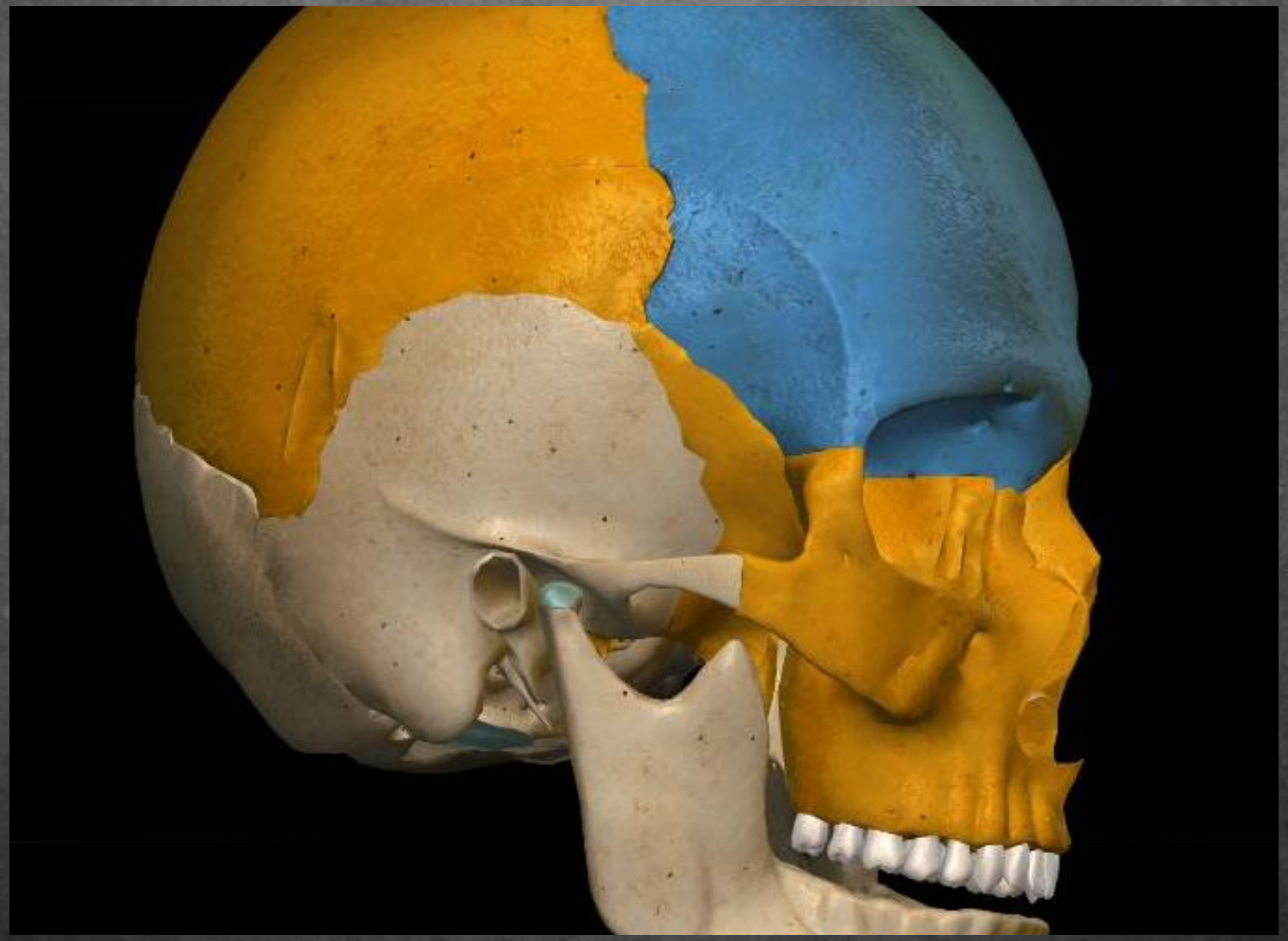
OS DU CRANE


Os frontal
Os pariétal
Os sphénoïde
Os temporal
Os nasal
Os zygomatique
Os maxillaire
Mandibule
ramus
corps
Bosse frontale
Glabelle
Rebord orbitaire
Canal optique
Fissure orbitaire sup.
Fissure orbitaire inf.
Foramen infra orbitaire
Orifice piriforme

OS DU CRANE

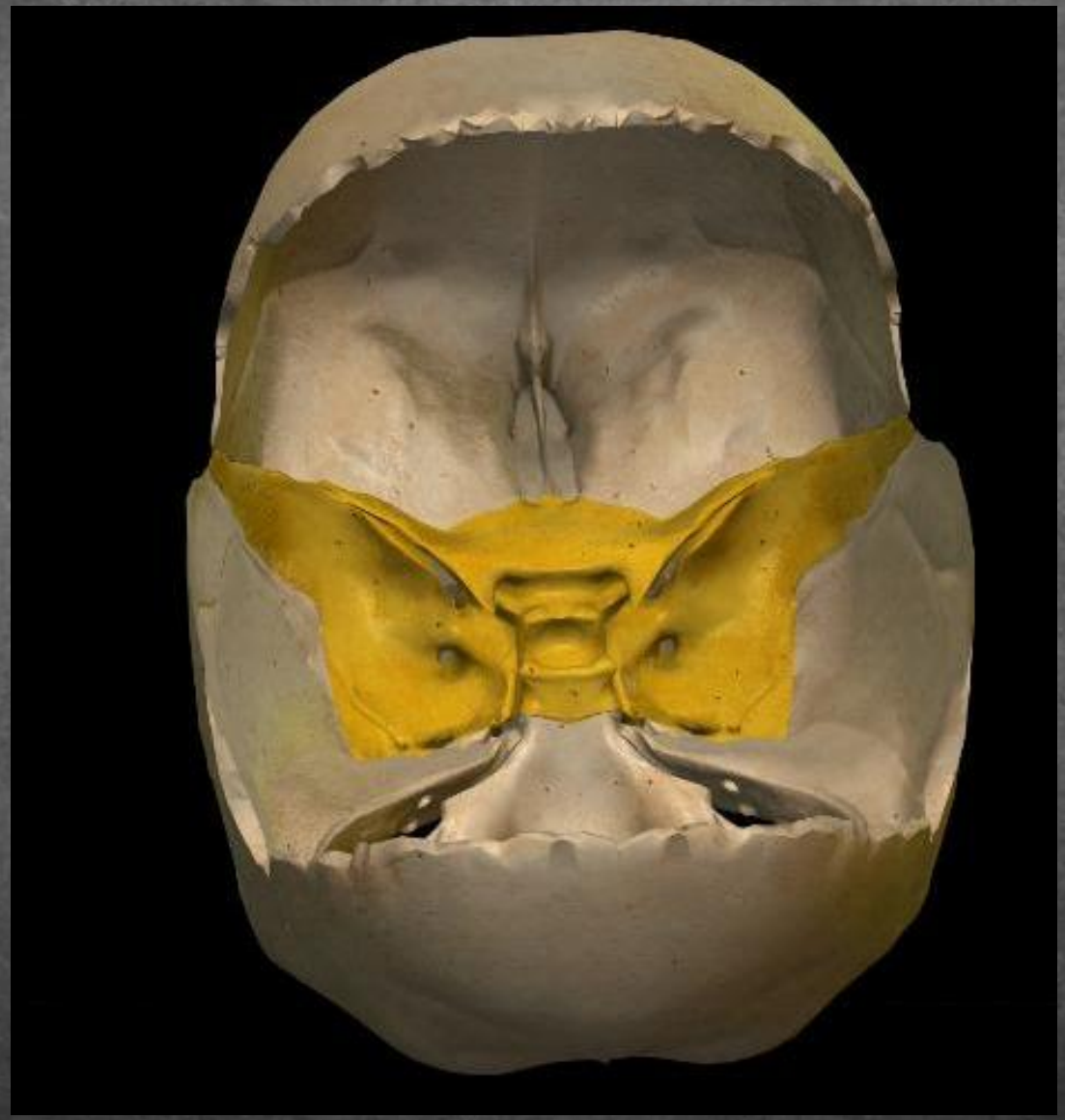

Os frontal
Os sphénoïde
(grande aile)
Processus zygomatique
de l'os frontal
Pr. frontal de l'os
maxillaire G
Os nasal
Os zygomatique
Os maxillaire
Mandibule
Pr. coronoïde (Md)
Pr. condylaire (Md)
Os pariétal
Ligne temporale
de l'os pariétal
Os temporal
écaille
Arcade
zygomatique
Processus
mastoïde
Pore acoustique
externe + os
tympanal
Os occipital

OS DU CRANE



SPHÉNOÏDALE

SPHÉNOÏDALE



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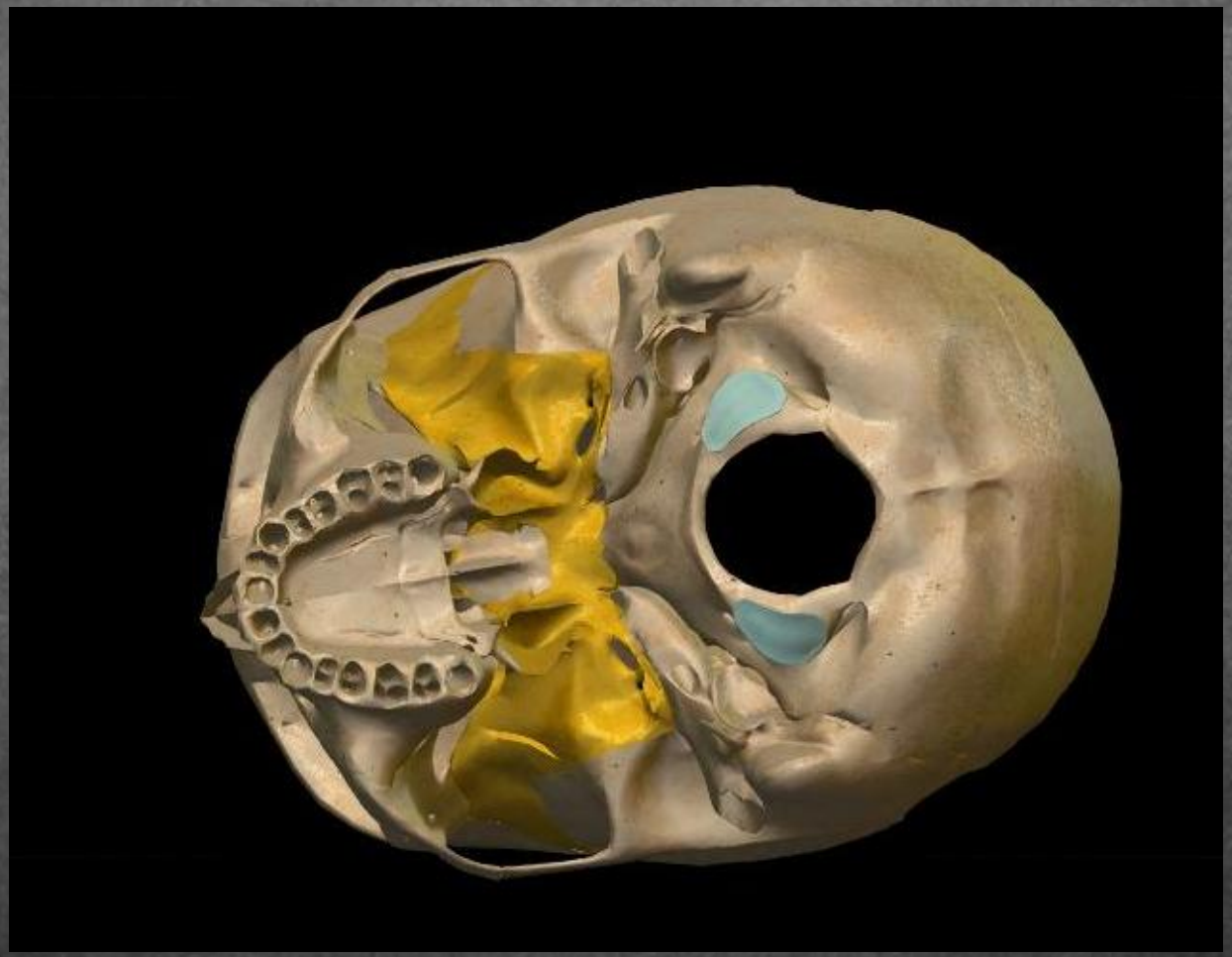
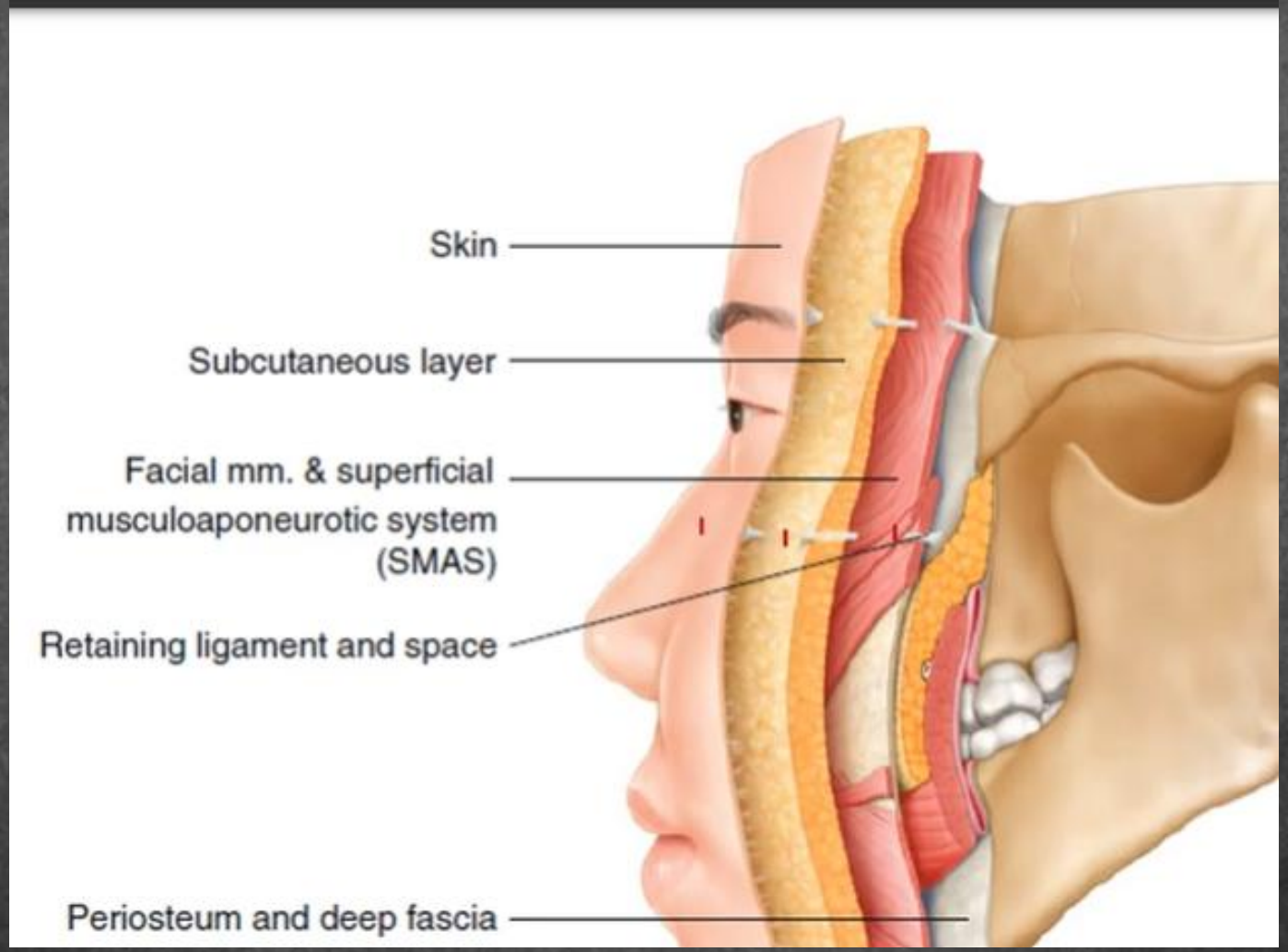
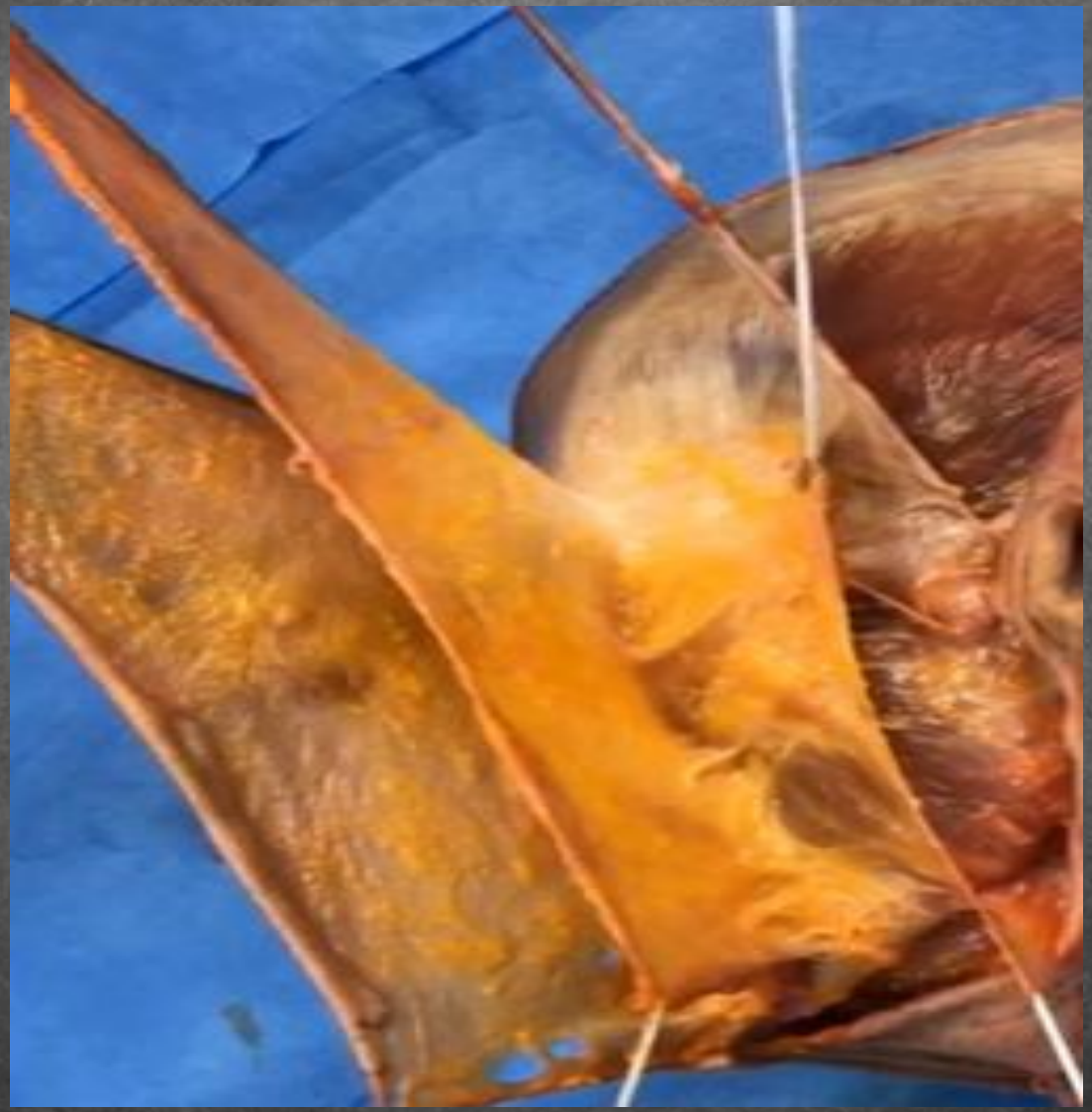
SPHÉNOÏDALE



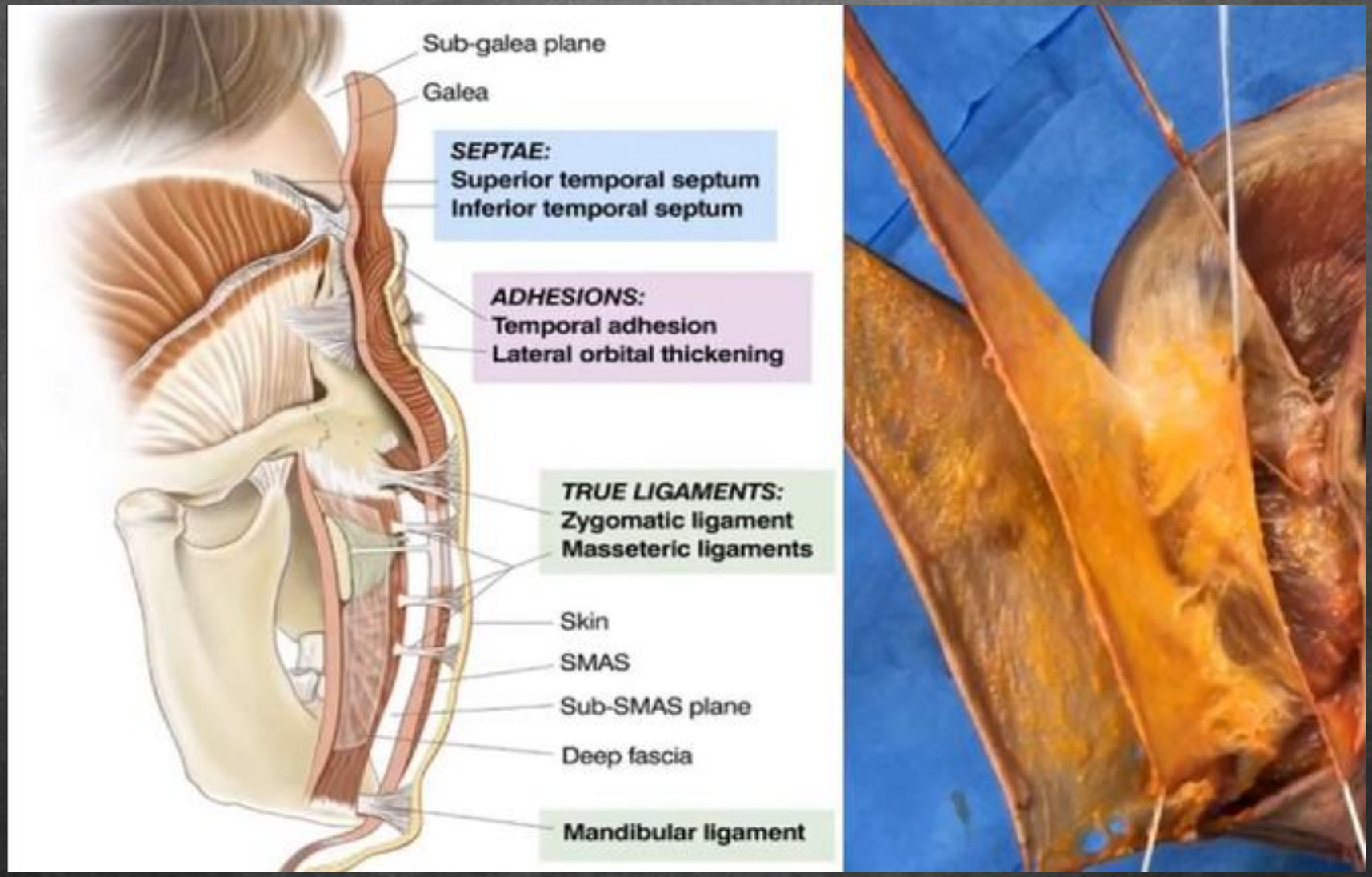
DIFFÉRENTES COUCHES



PLANS



PLANS SUPERFICIELS - SMAS - LIGAMENTS



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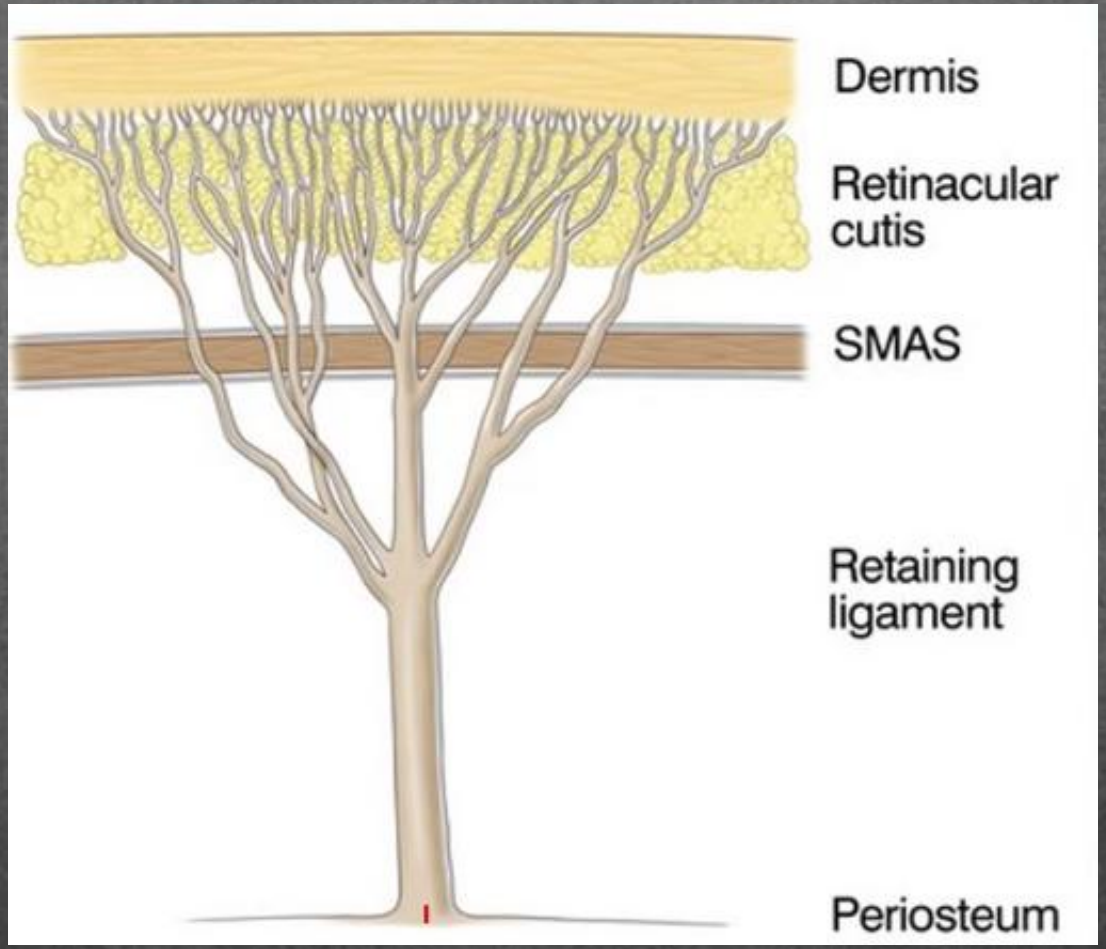
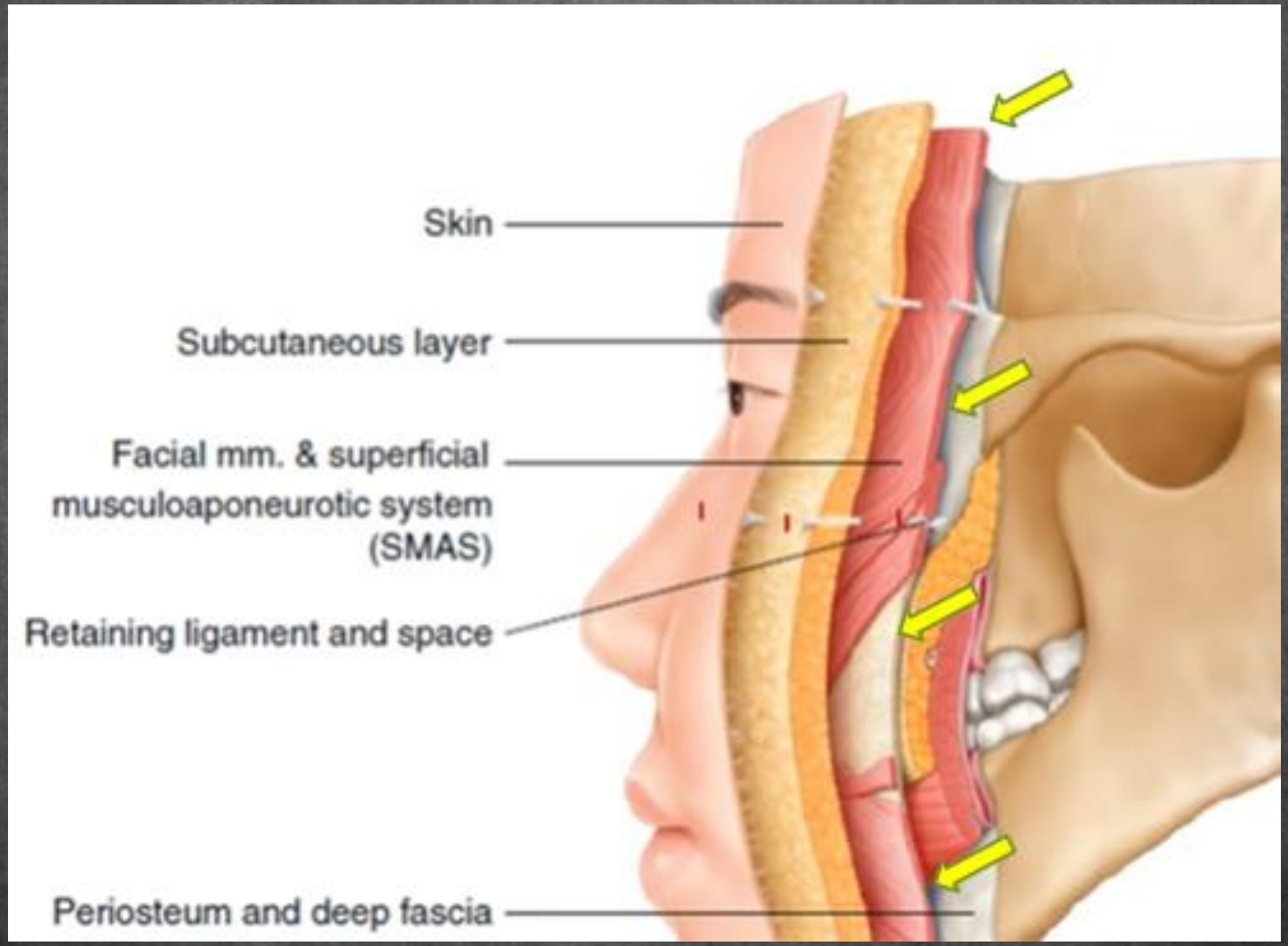
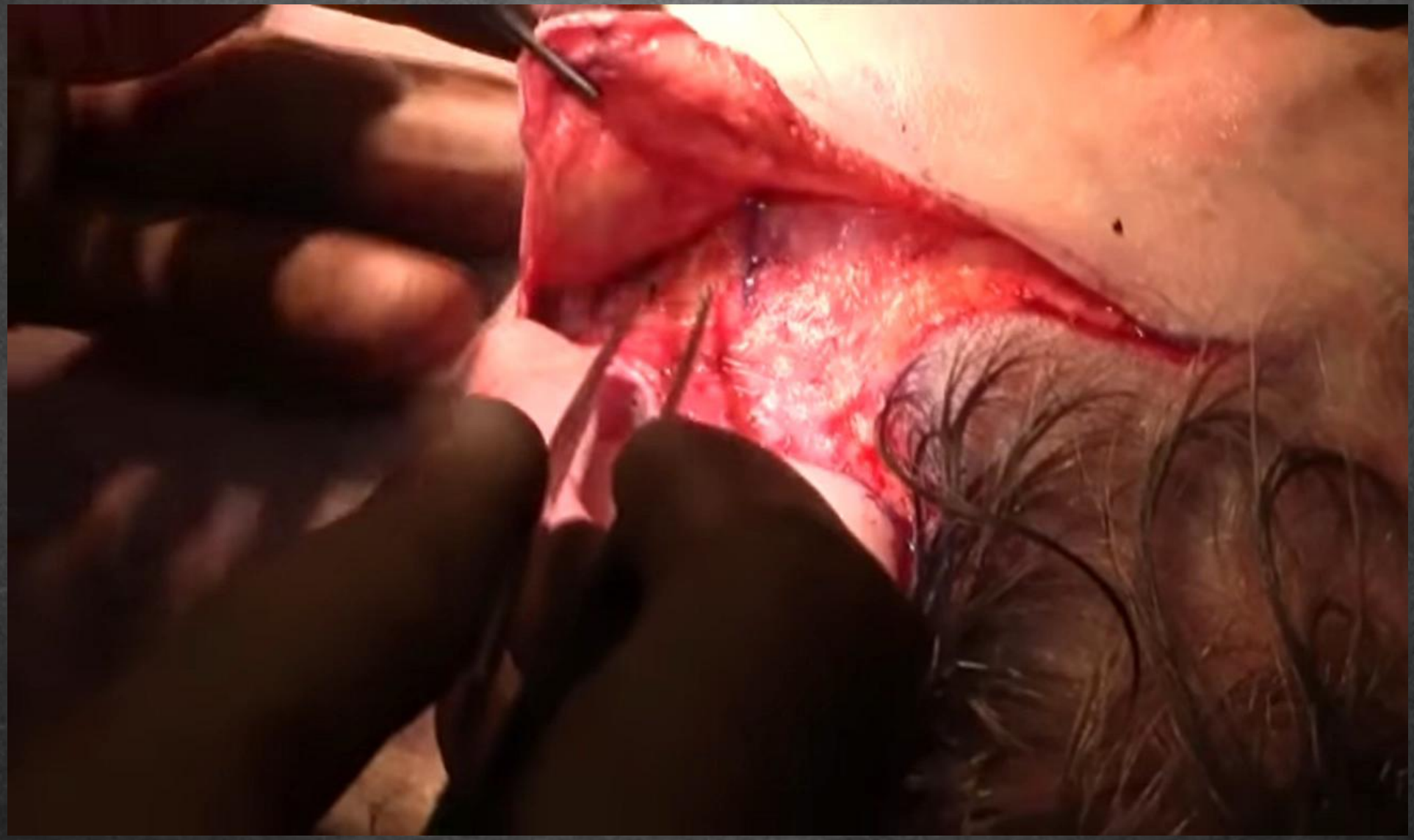
LIGAMENTS


Dermis
Retinacular cutis
SMAS
Retaining ligament
Periosteum

SMAS


Skin
Subcutaneous layer
Facial mm. & superficial musculoaponeurotic system (SMAS)
Retaining ligament and space
Periosteum and deep fascia

SMAS VID 1/2



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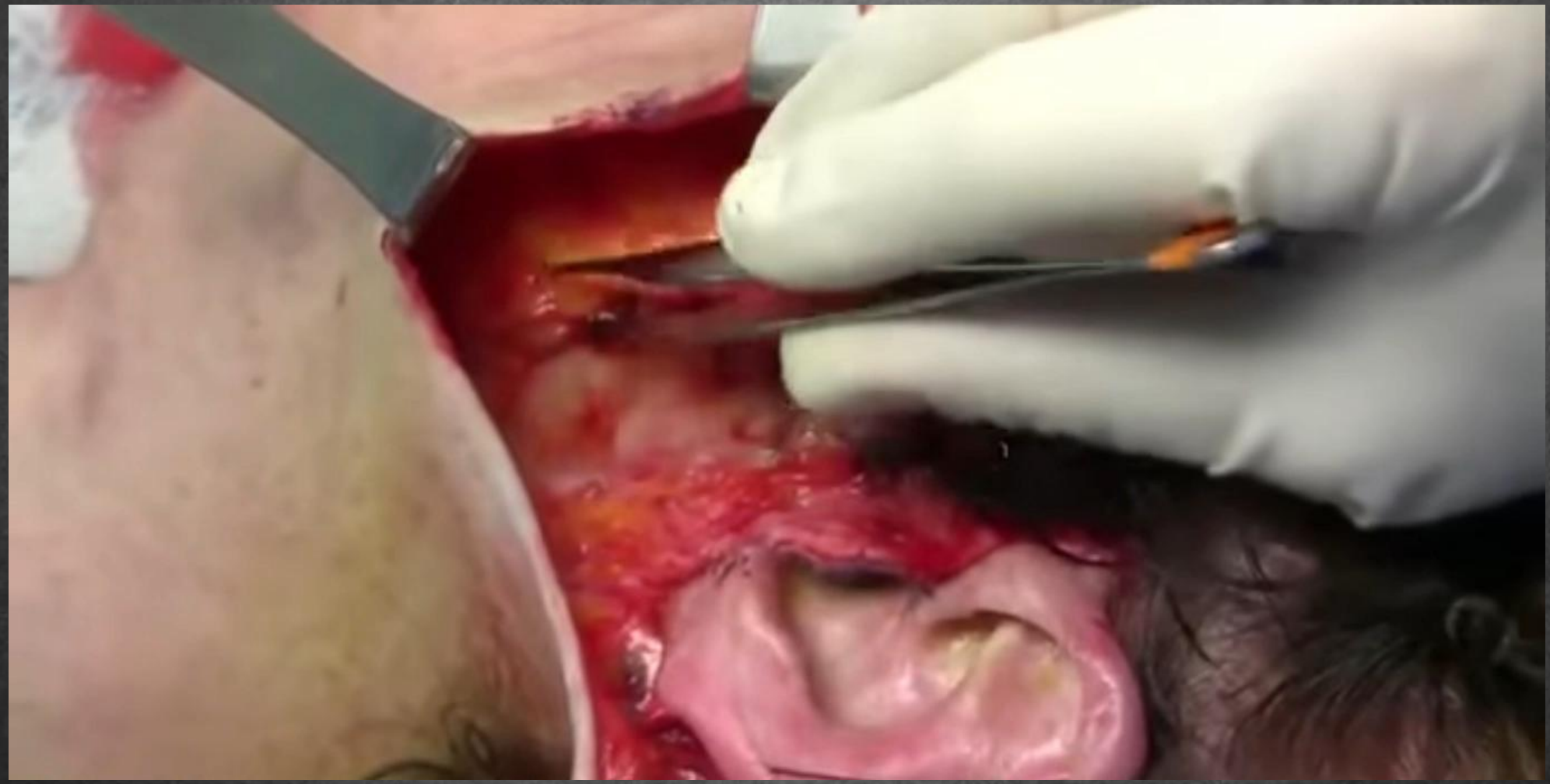
SMAS VID 2/2



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AMAS GRAISSEUX

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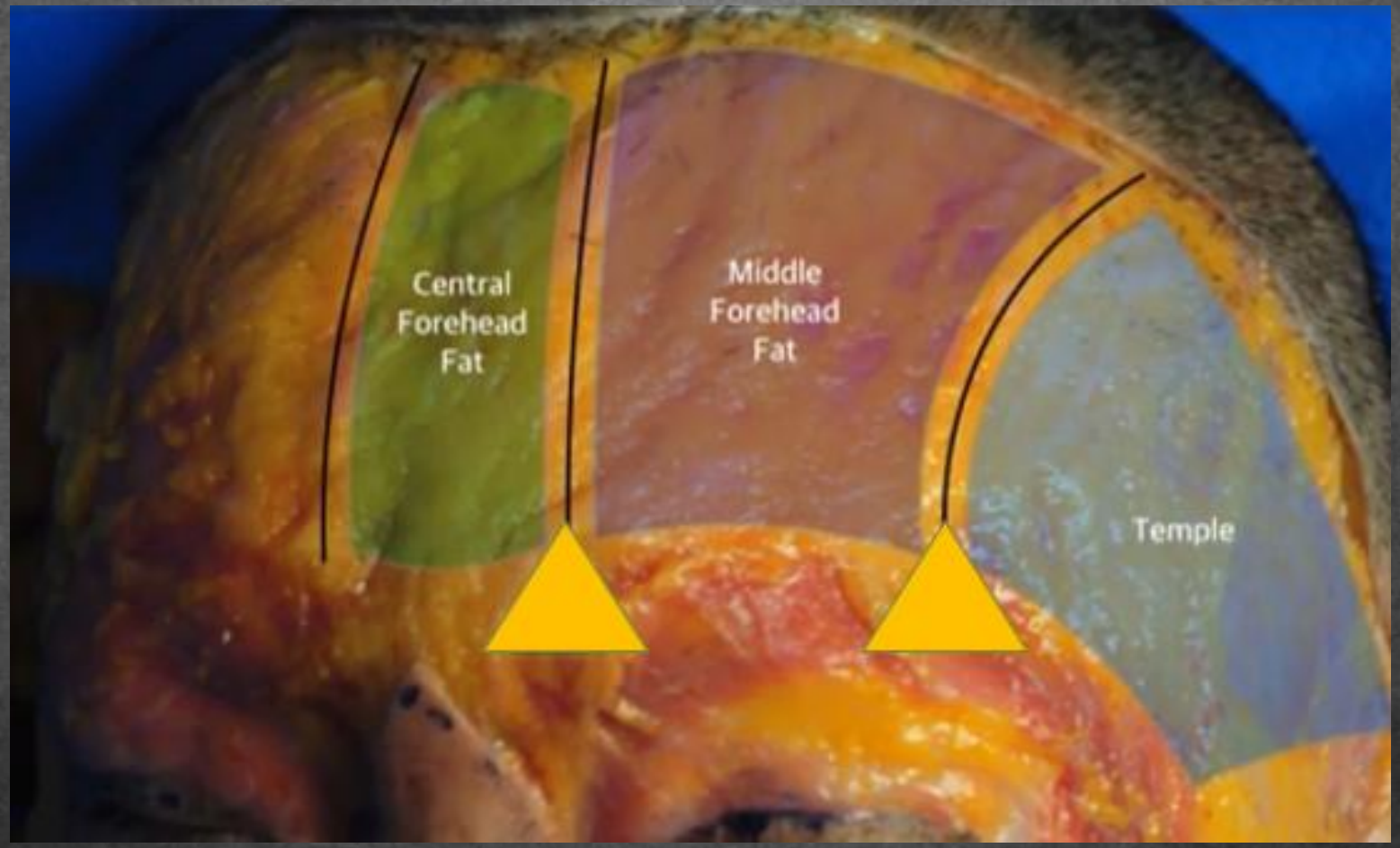
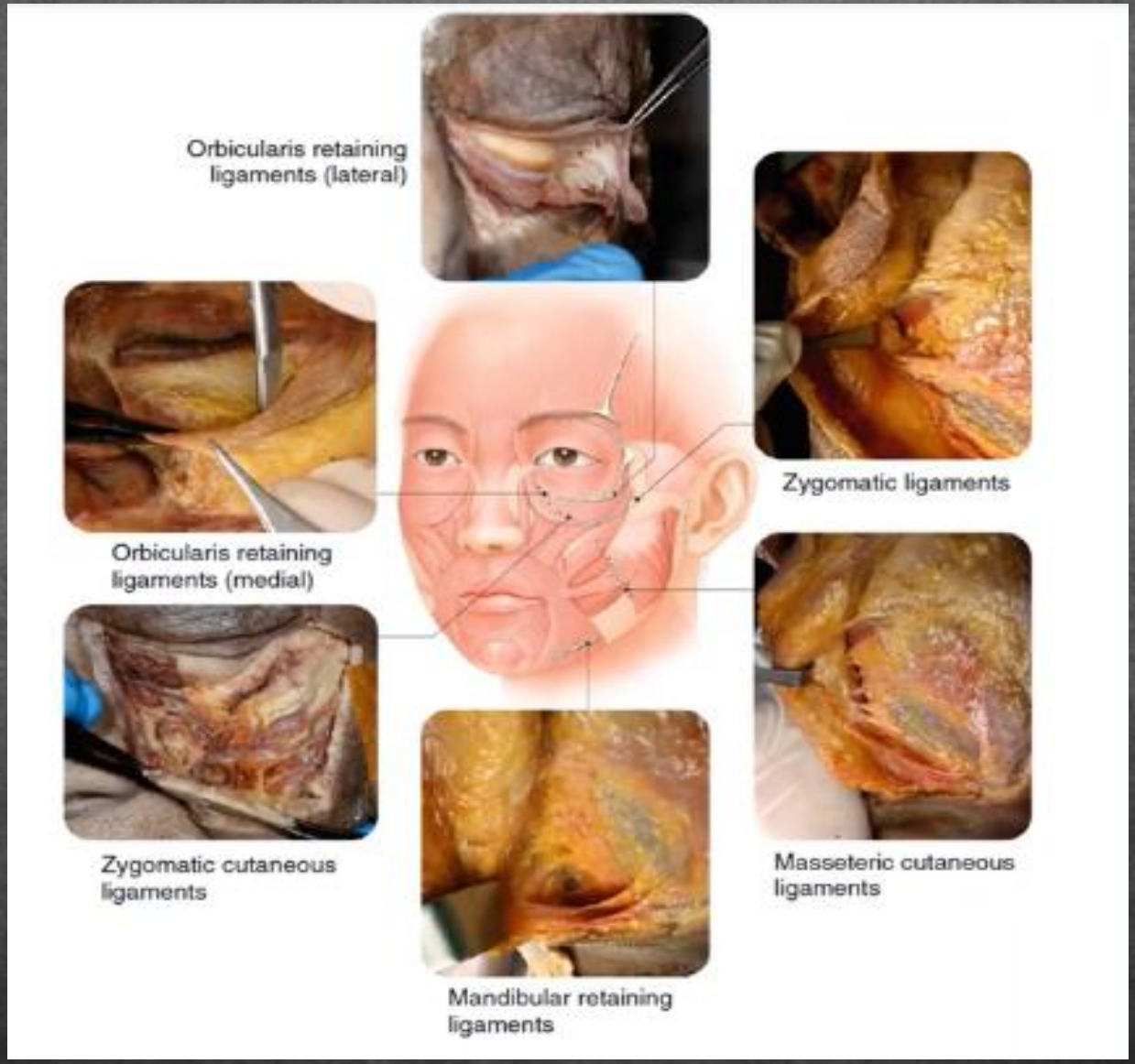
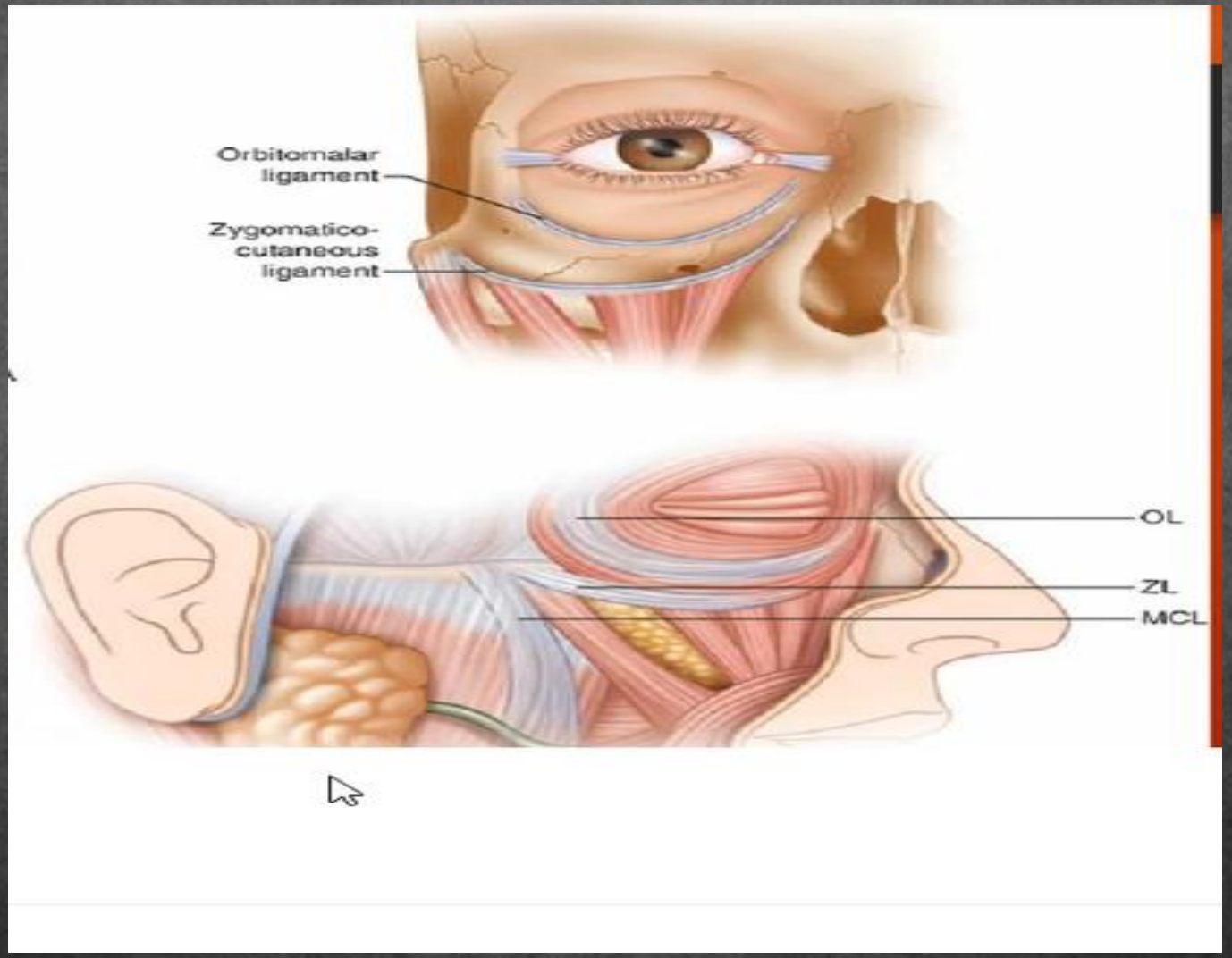
AMAS GRAISSEUX - FRONTAL



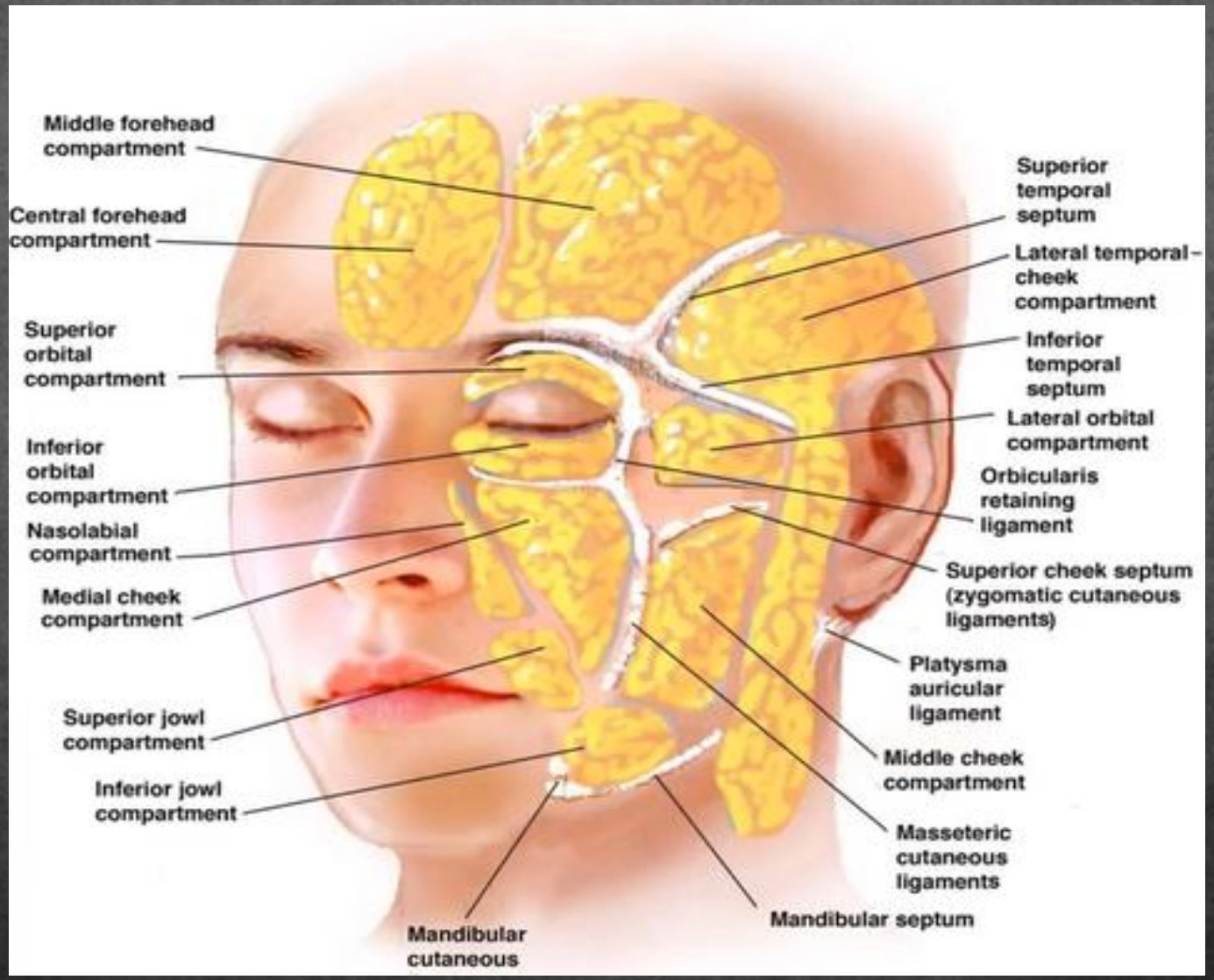
LIGAMENTS


Orbicularis retaining ligaments (lateral)
Zygomatic ligaments
Orbicularis retaining ligaments (medial)
Zygomatic cutaneous ligaments
Masseteric cutaneous ligaments
Mandibular retaining ligaments

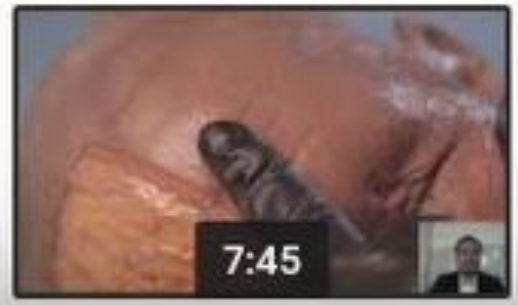
AMAS GRAISSEUX - ORBICULAIRE



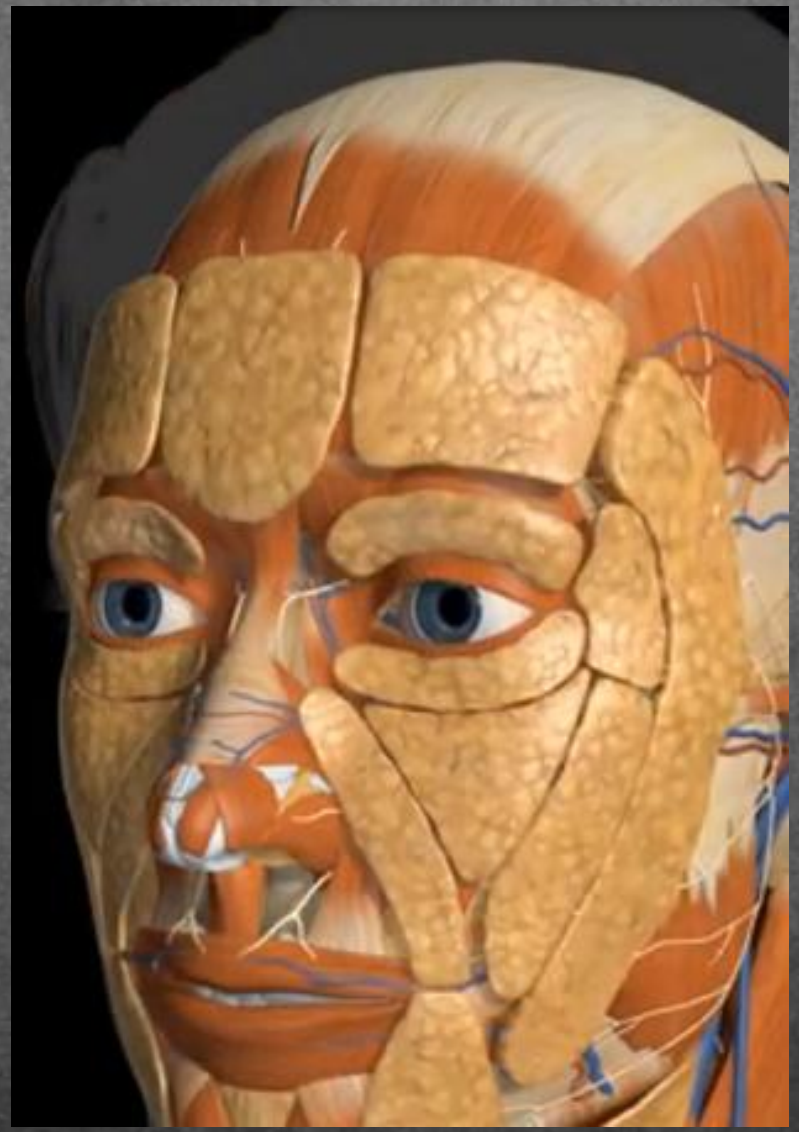
PLANS GRAISSEUX SUPERFICIELS



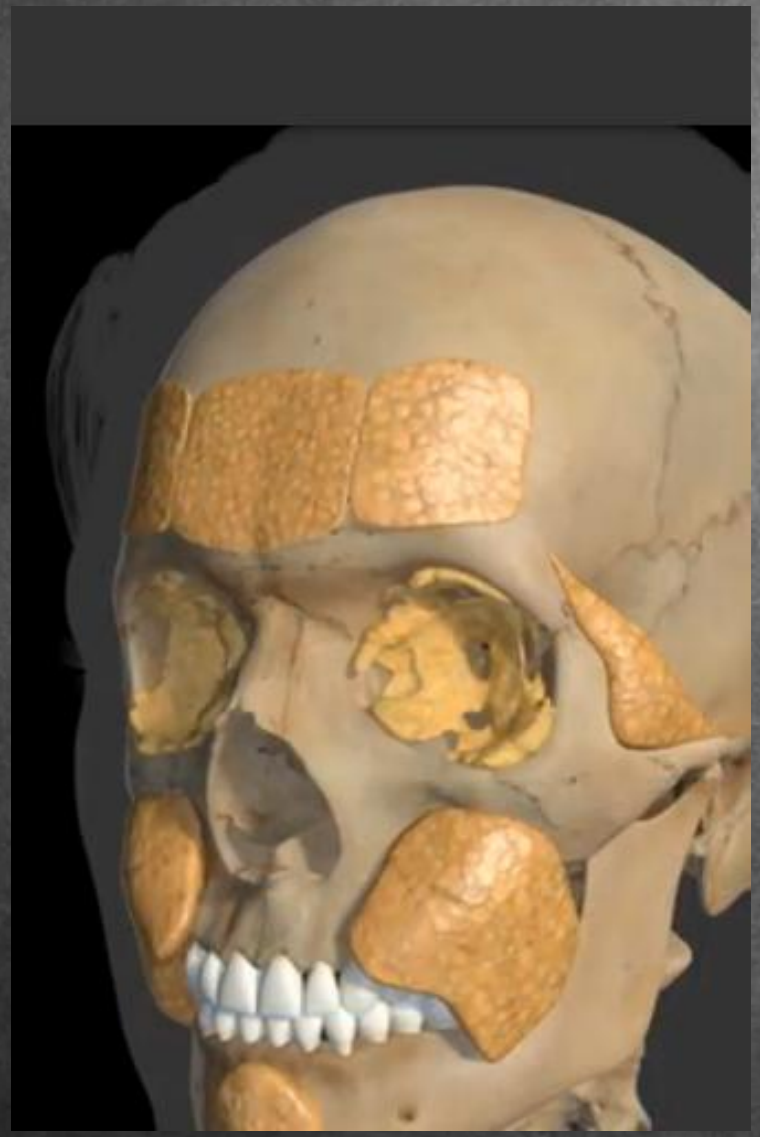
LOGES GRAISSEUSES



AMAS GRAISSEUX SUPERFICIELS



AMAS GRAISSEUX PROFONDS - PÉRIOSTE



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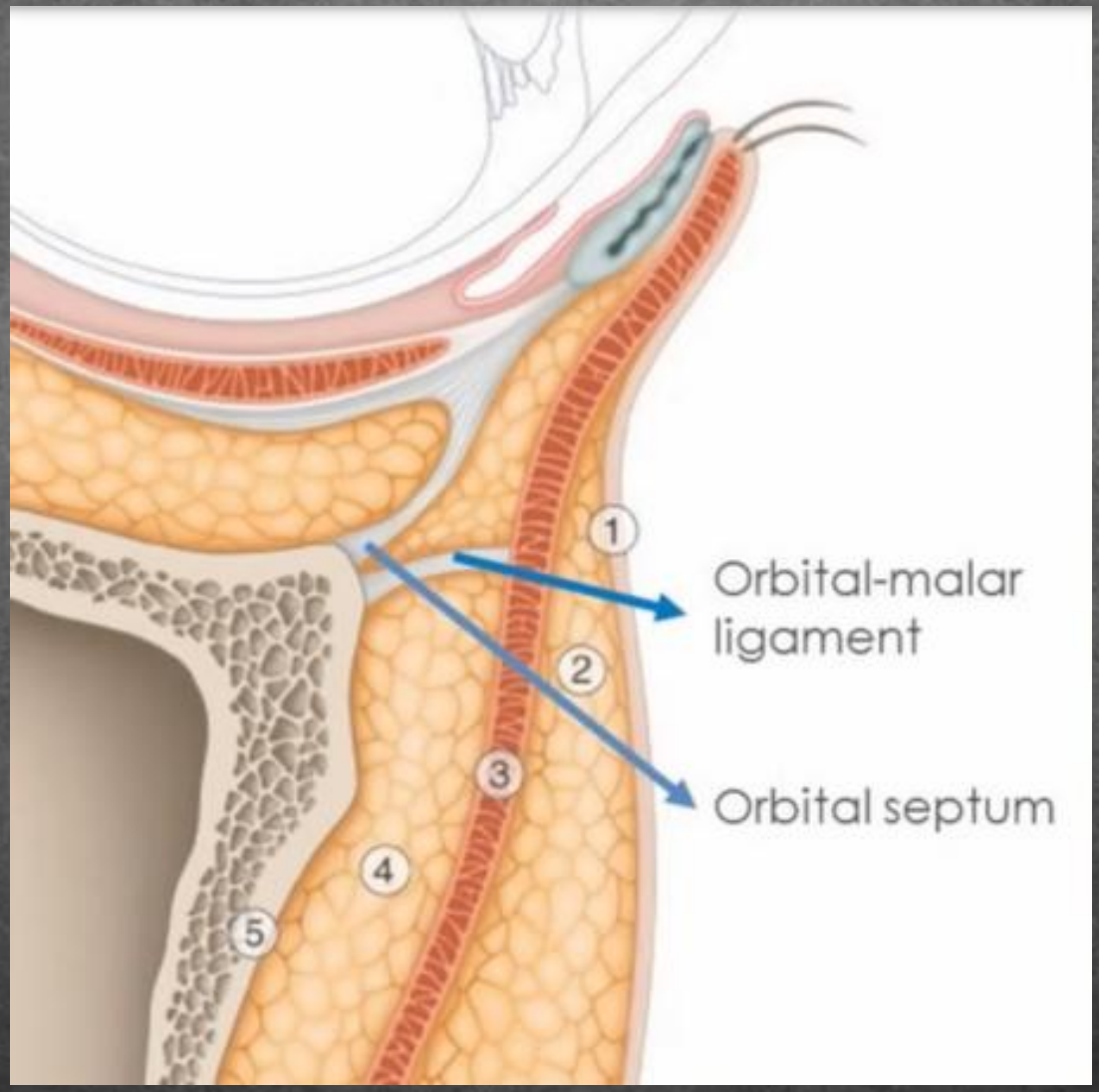
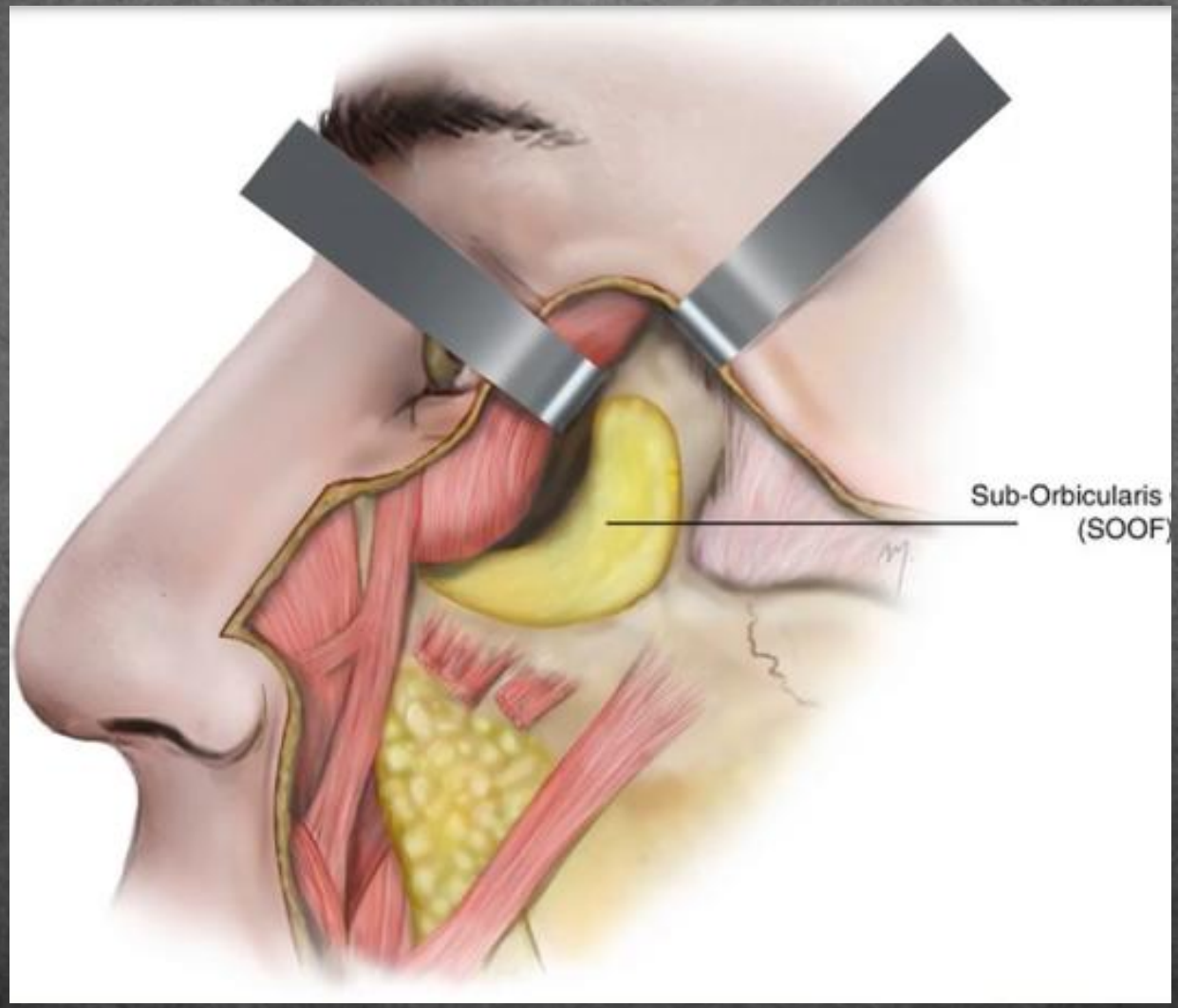
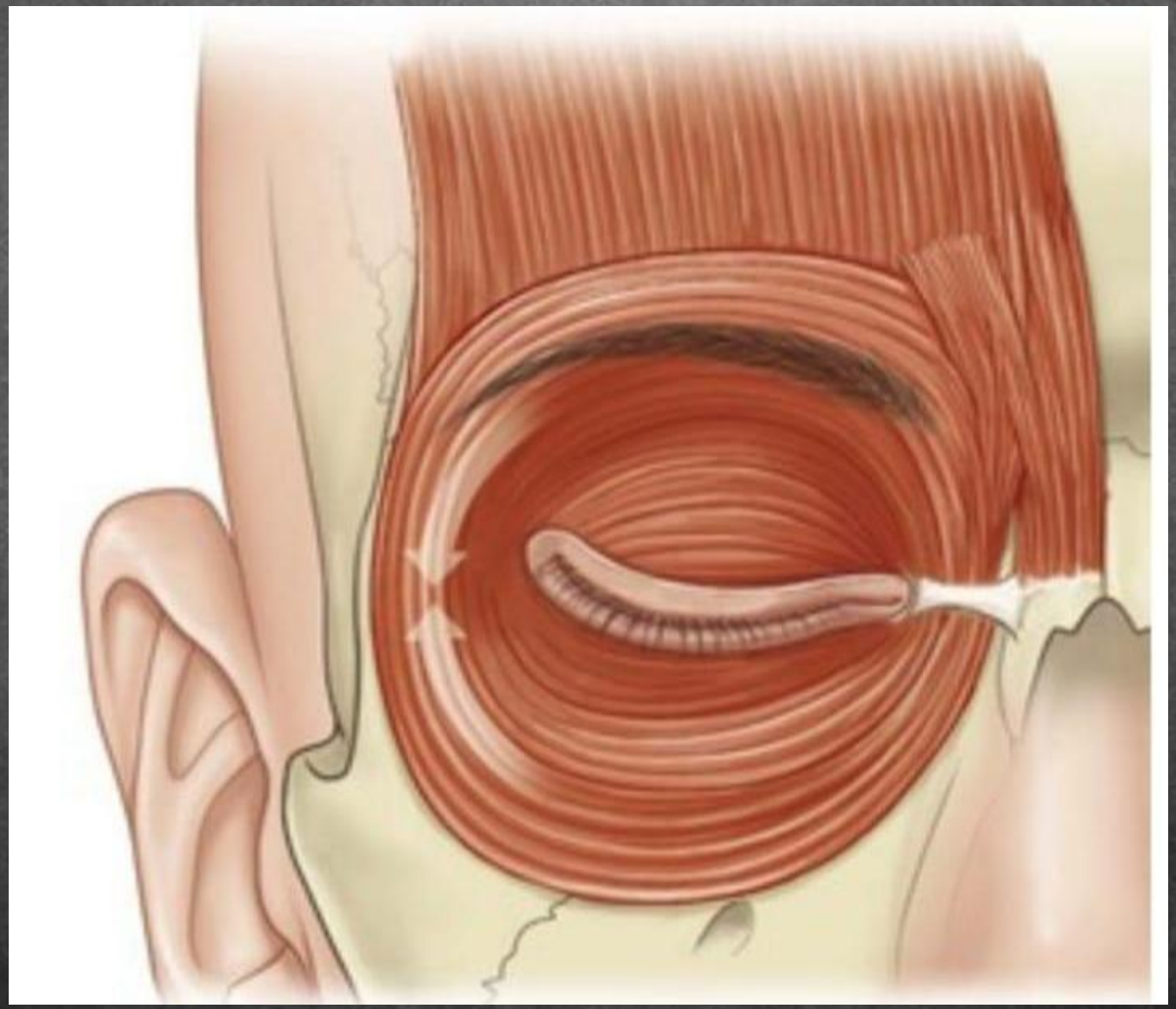
SEPTUMS DES GRAISSES ORBICULAIRES



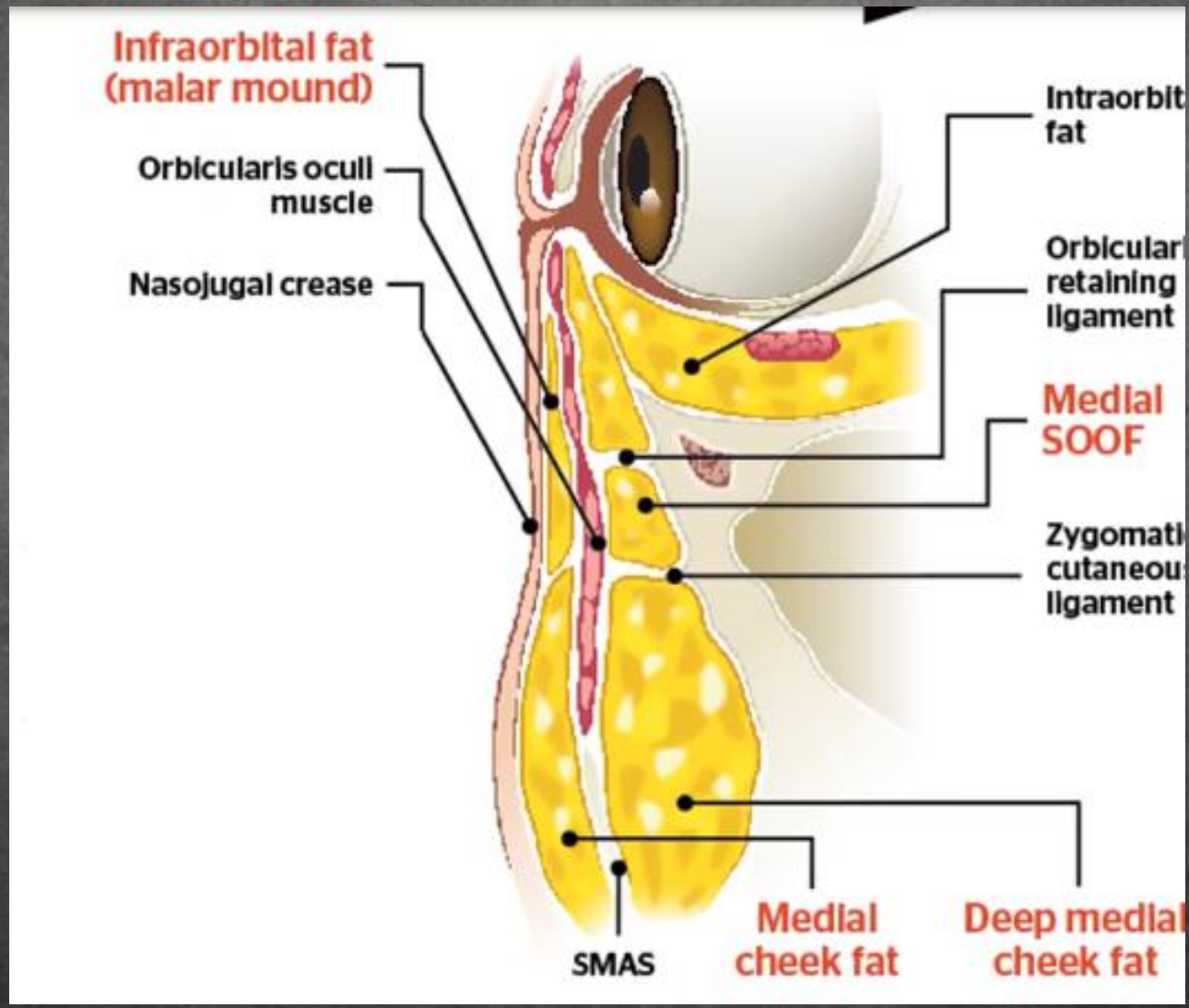
GRAISSE ORBICULAIRE SOOF



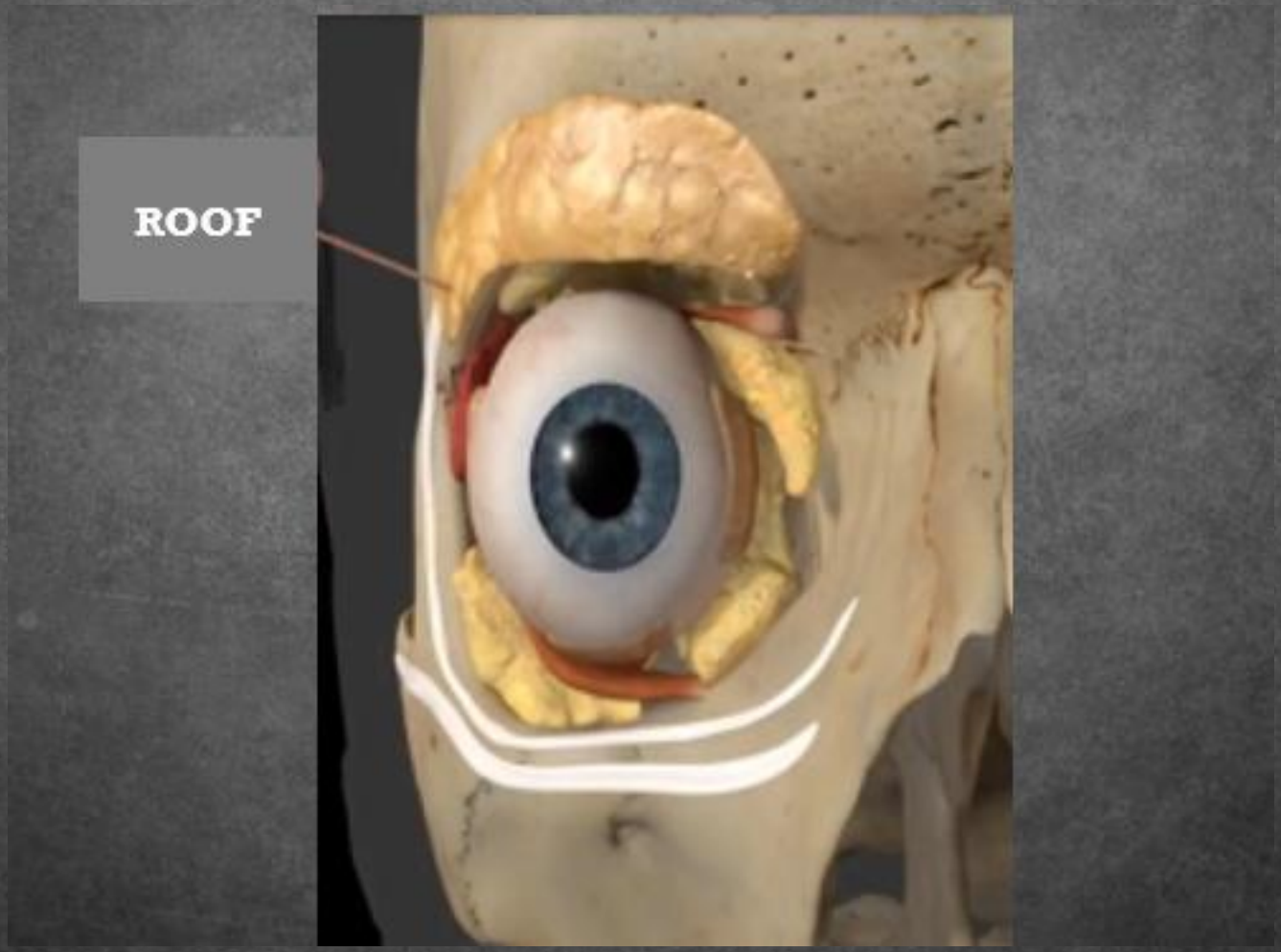
ORBICULAIRE



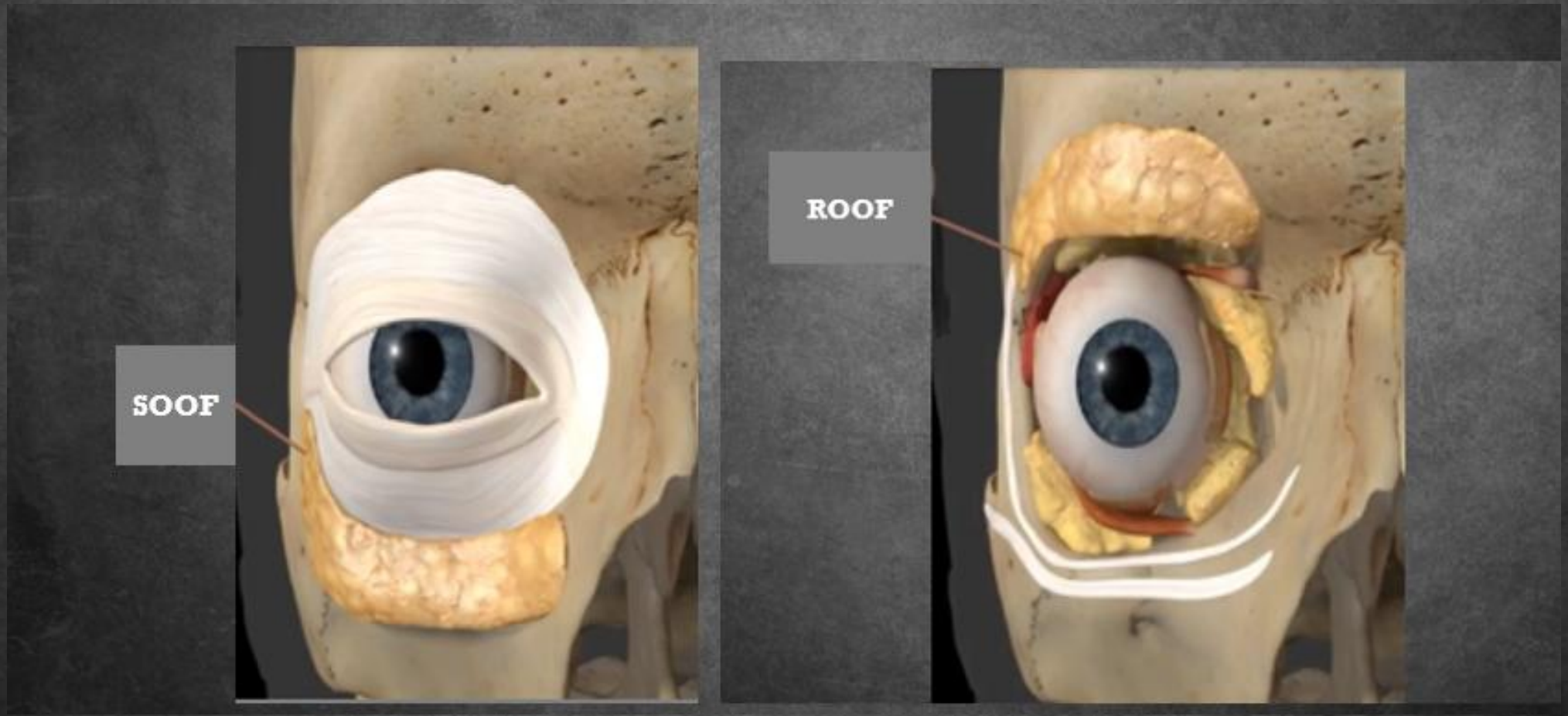
SYSTÈME GRAISSEUX ORBICULAIRE 1/2



SYSTÈME GRAISSEUX ORBICULAIRE 2/2



SYSTÈME GRAISSEUX ORBICULAIRE



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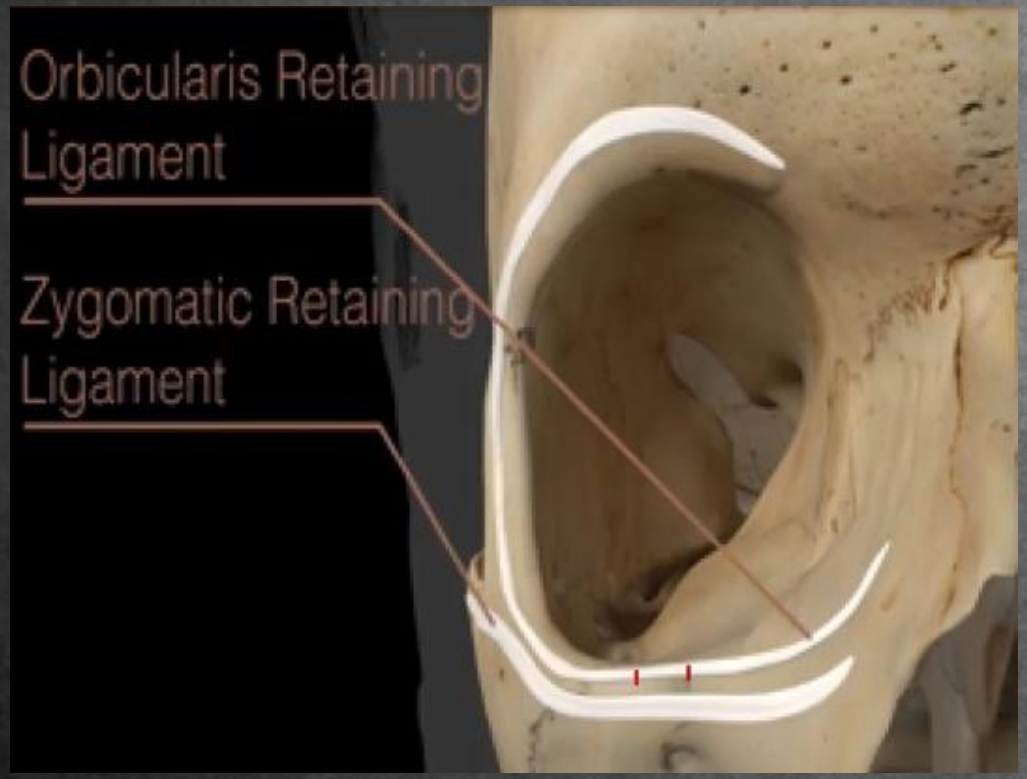
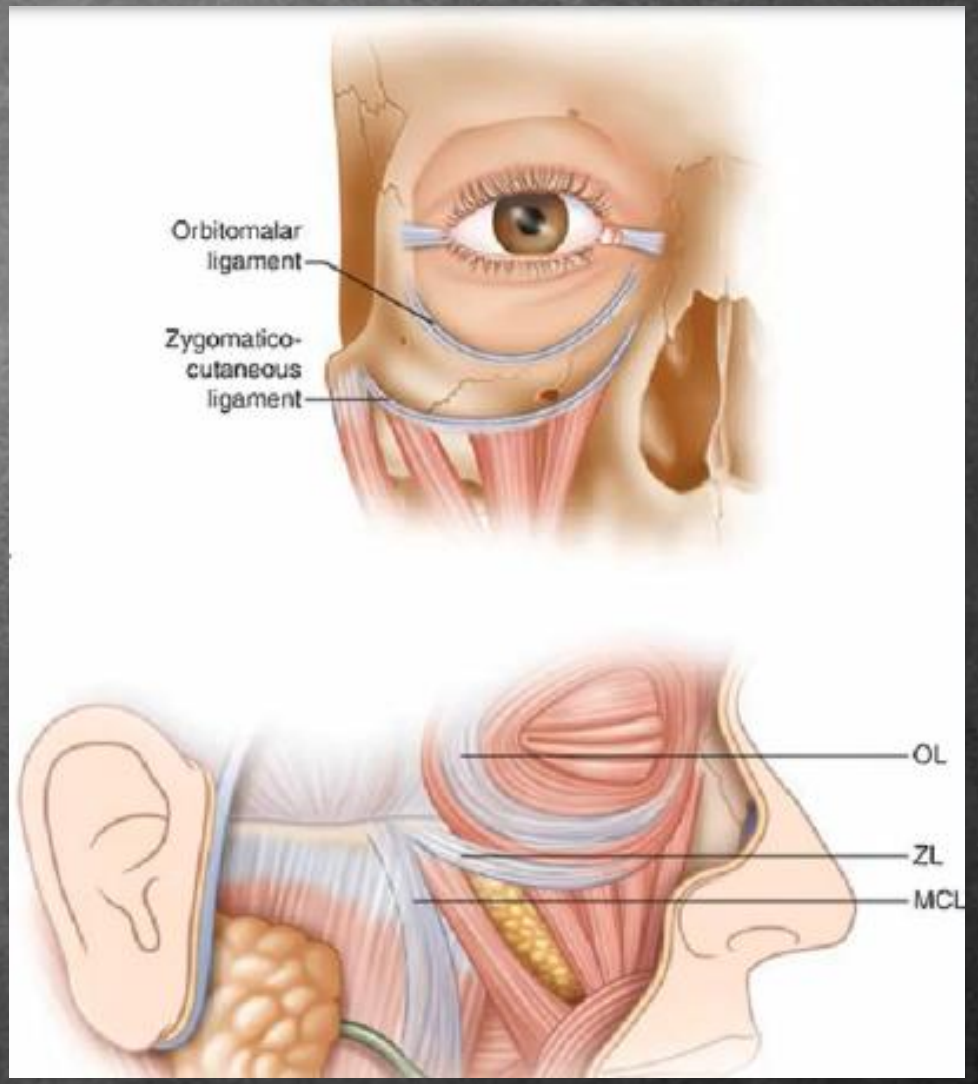
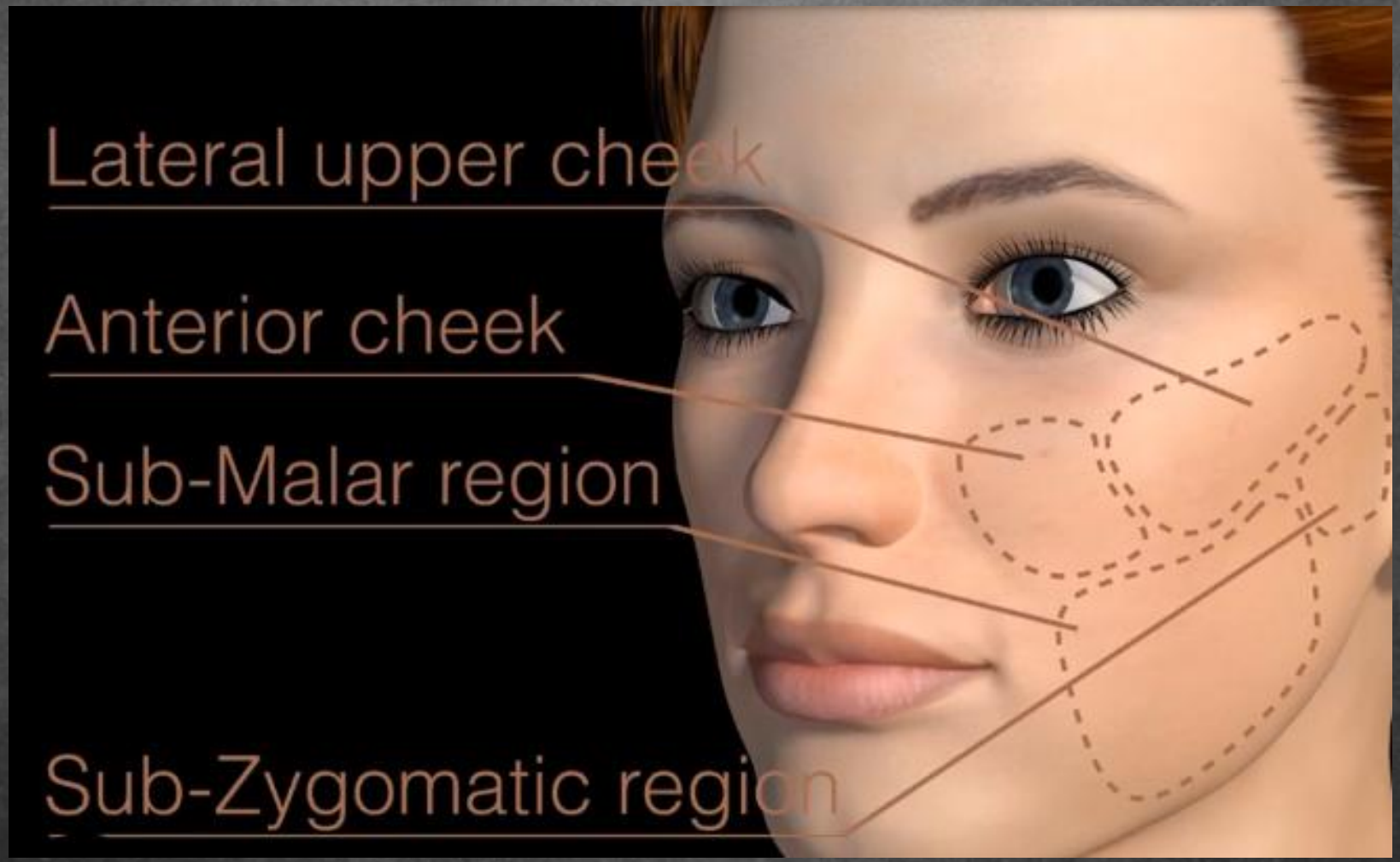
SYSTÈME GRAISSEUX ORBICULAIRE



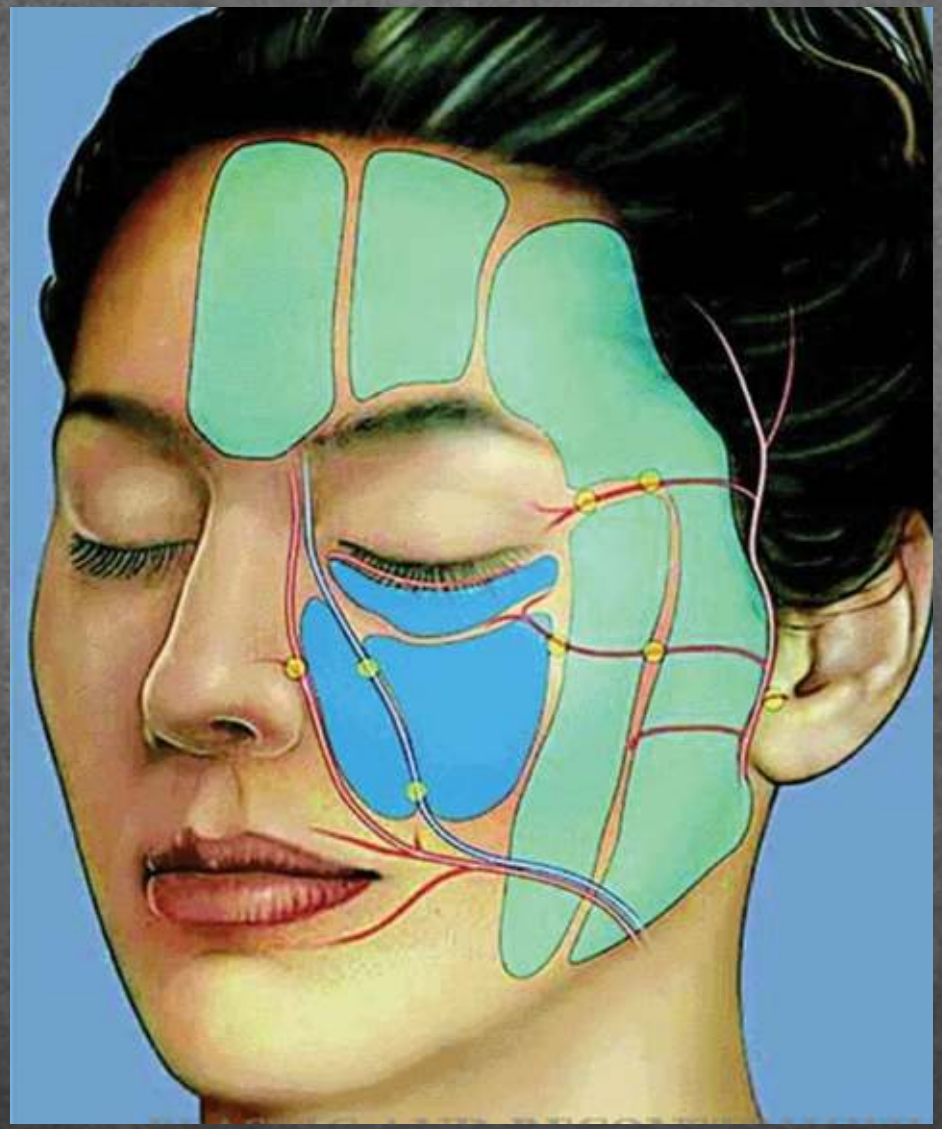


AMAS GRAISSEUX SUPERFICIELS

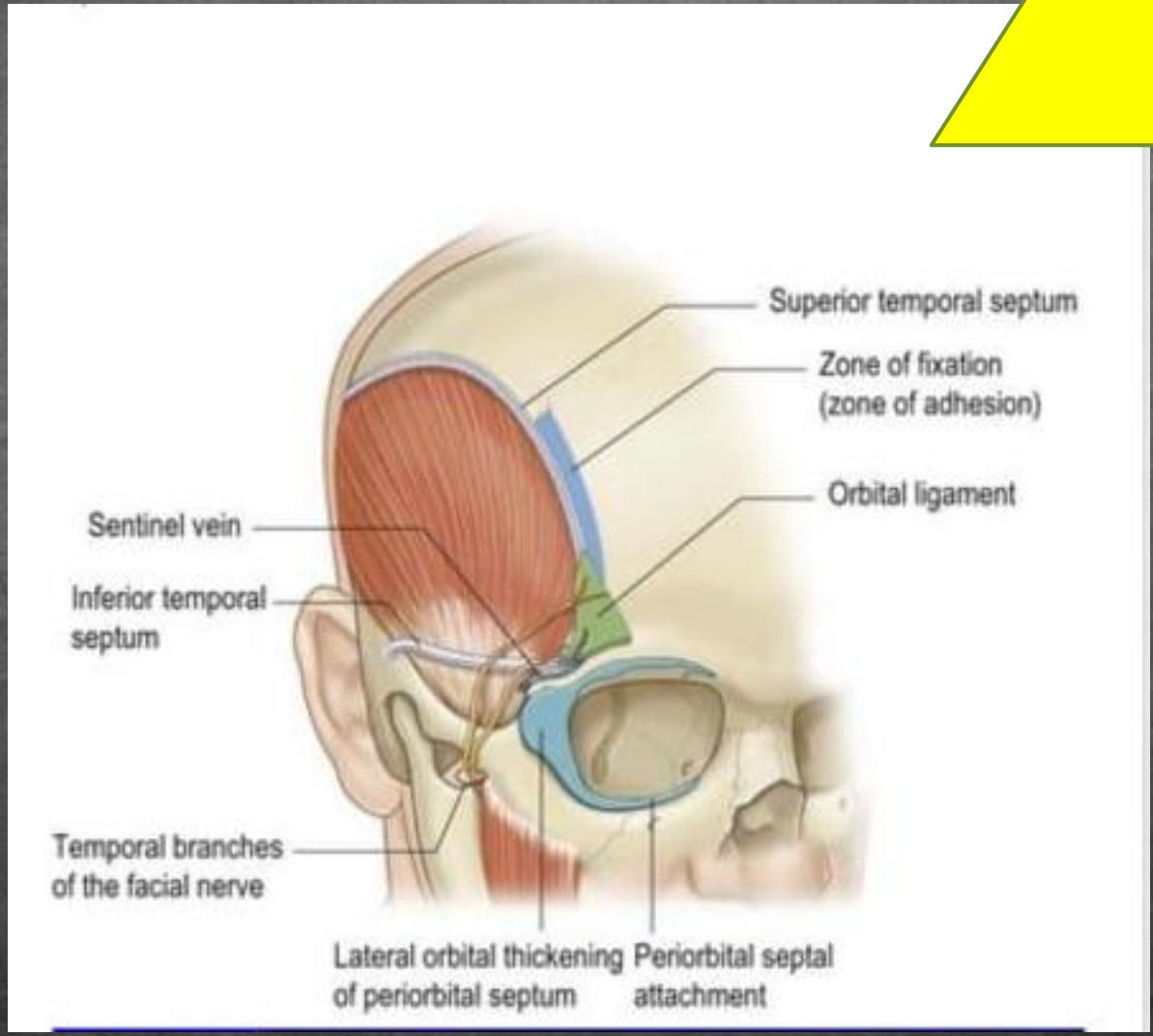
AMAS GRAISSEUX



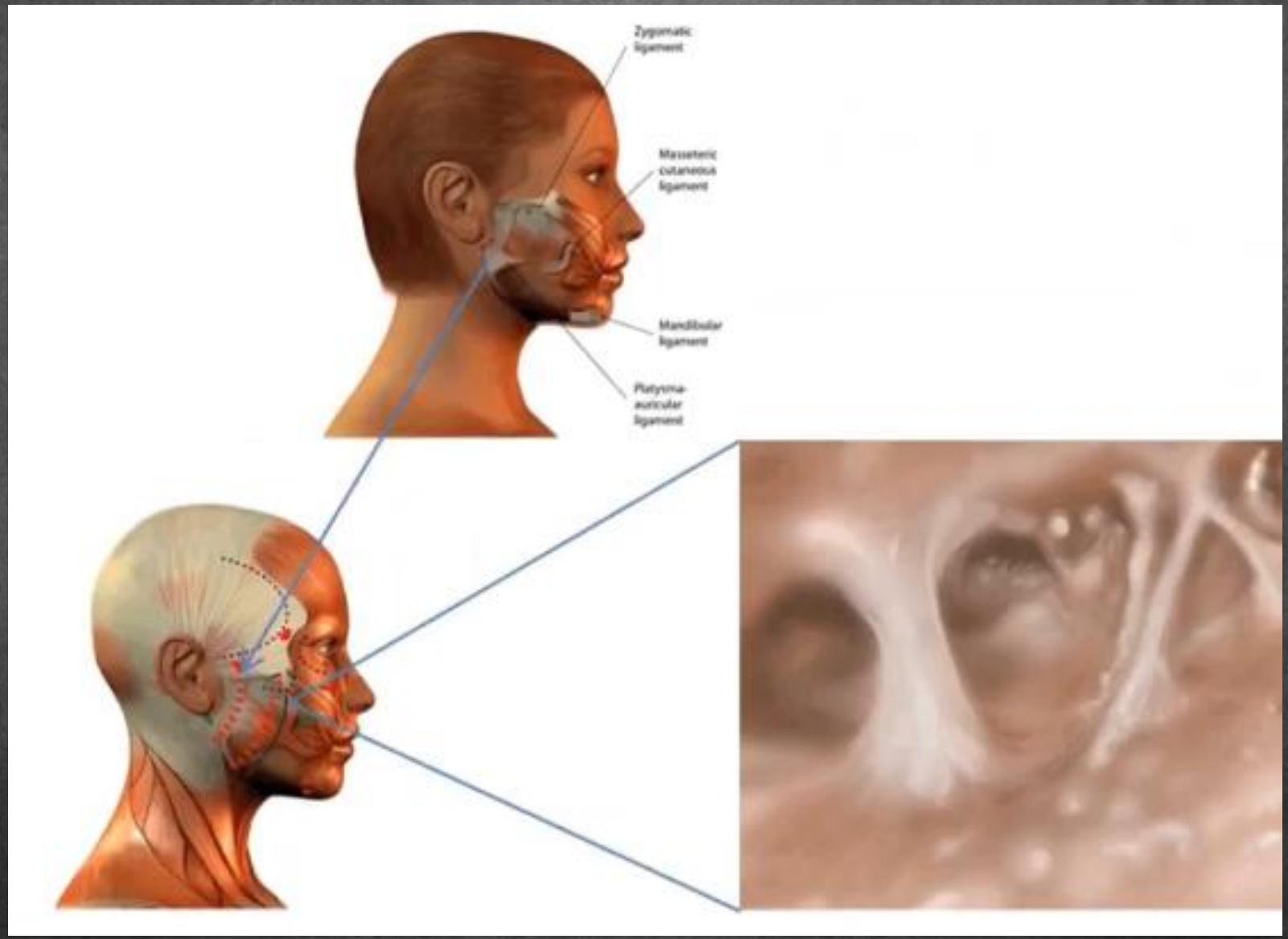
AMAS GRAISSEUX



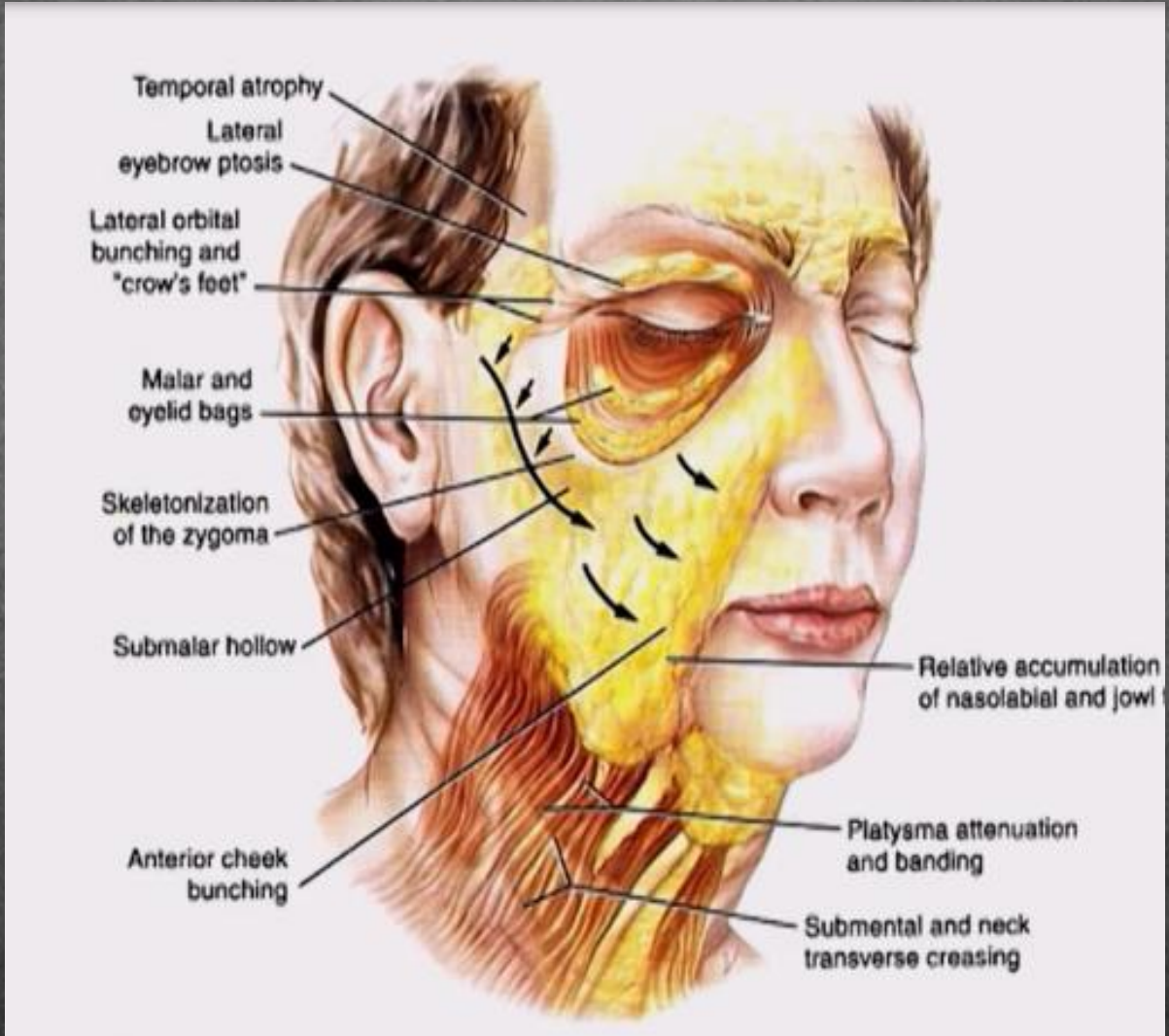
RRRR


Superior temporal septum
Zone of fixation
(zone of adhesion)
Orbital ligament
Sentinel vein
Inferior temporal
septum
Temporal branches
of the facial nerve
Lateral orbital thickening
of periorbital septum
Periorbital septal
attachment

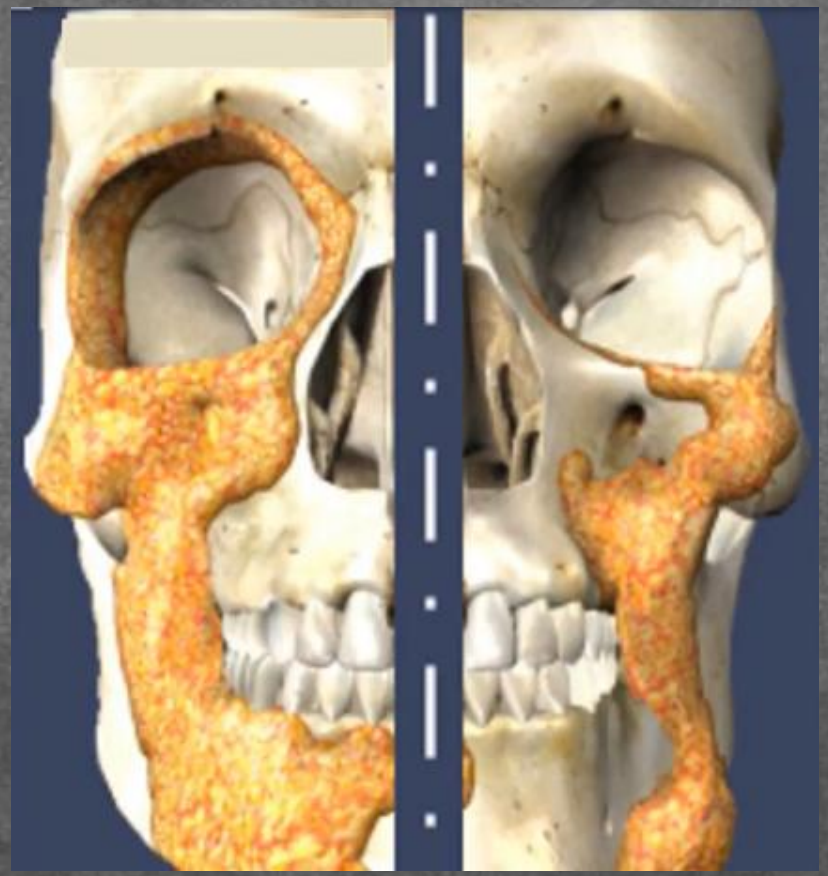
LIGAMENTS


Zygomatic ligament
Masseteric cutaneous ligament
Mandibular ligament
Platysma-auricular ligament

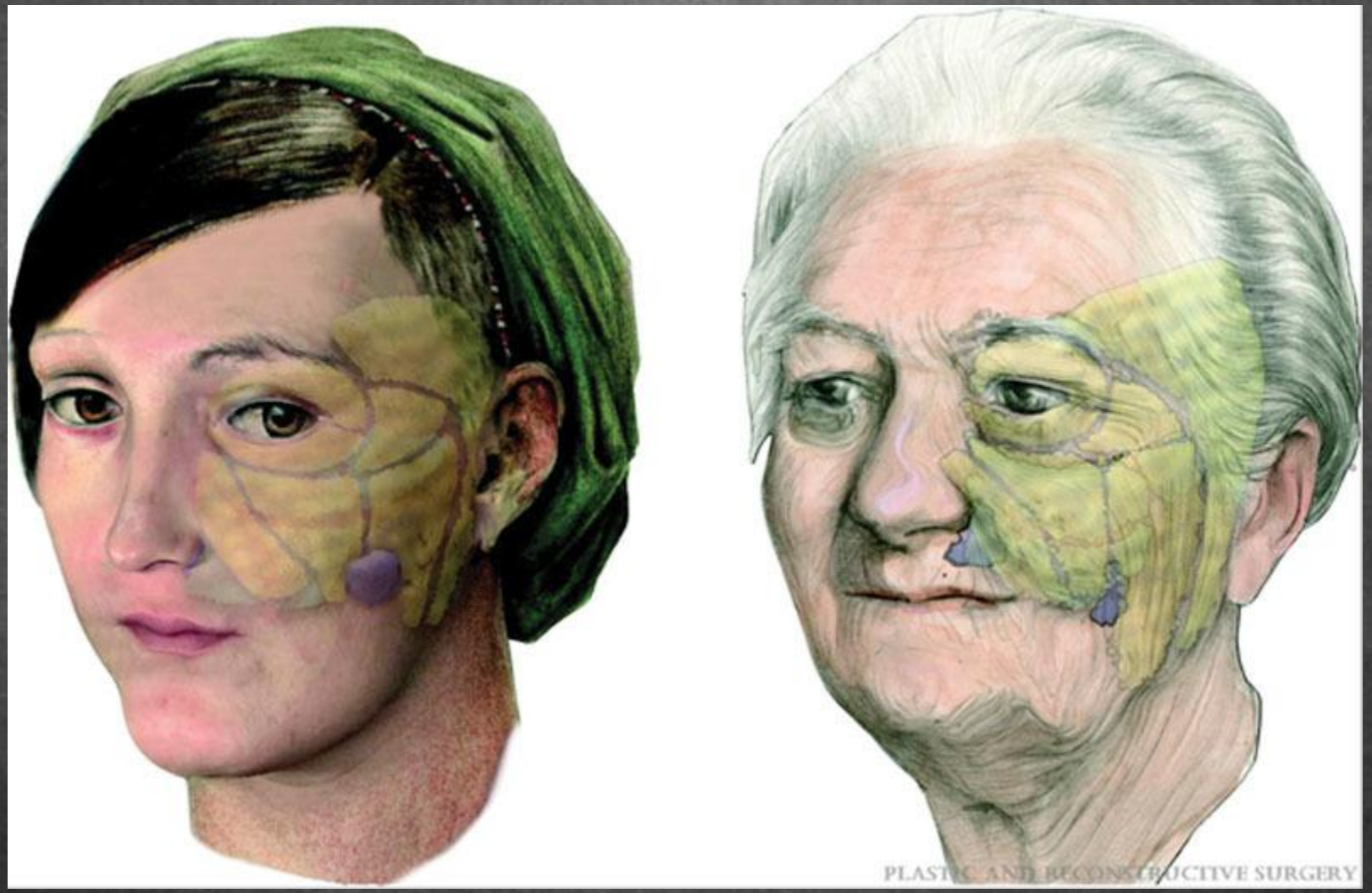
LIGAMENTS - VIEILLISSEMENT



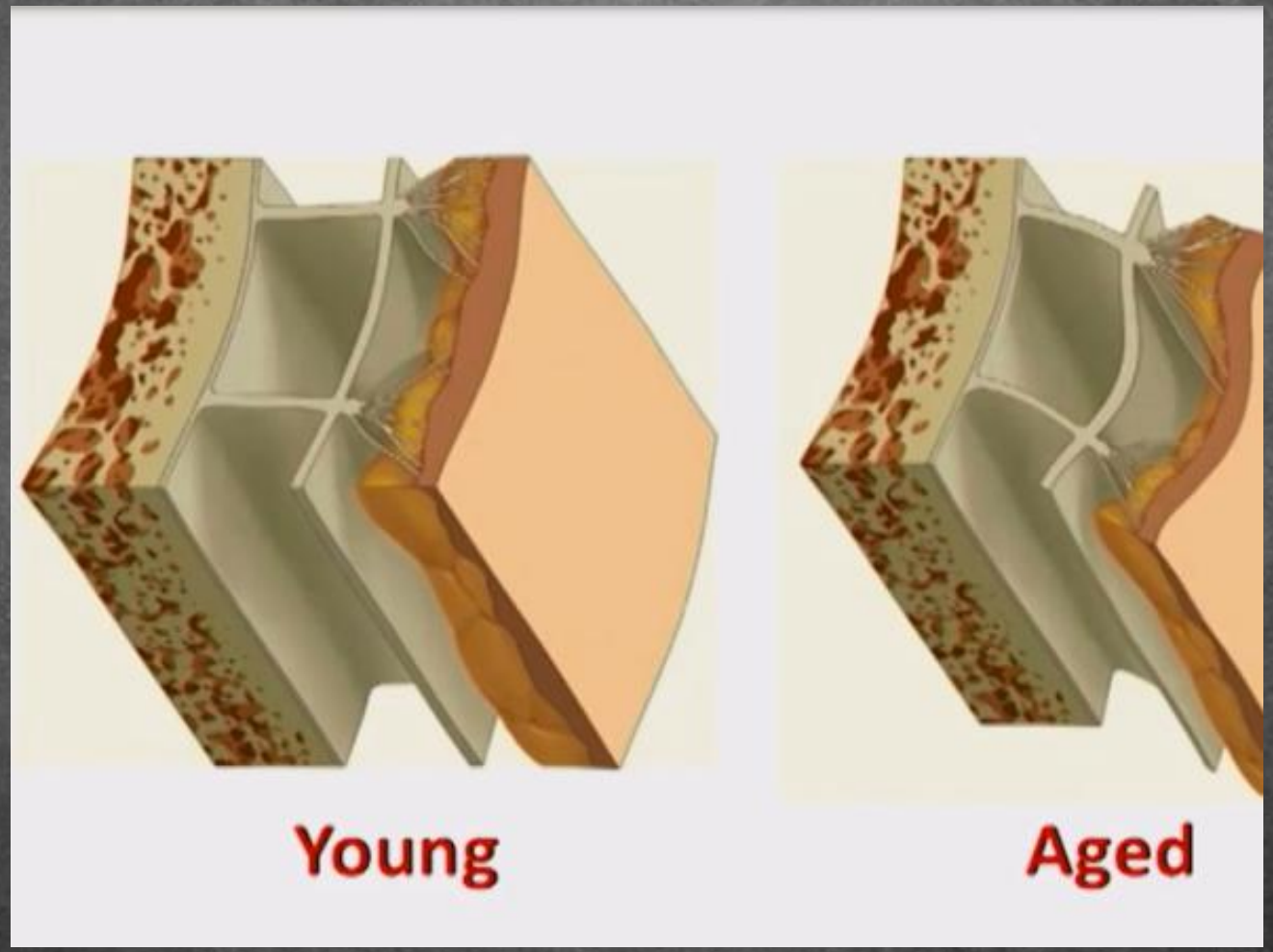
GRAISSES – VIEILLISSEMENT 1/2



GRAISSES – VIEILLISSEMENT 2/2



STRUCTURE VIEILLISSEMENT



MUSCLES

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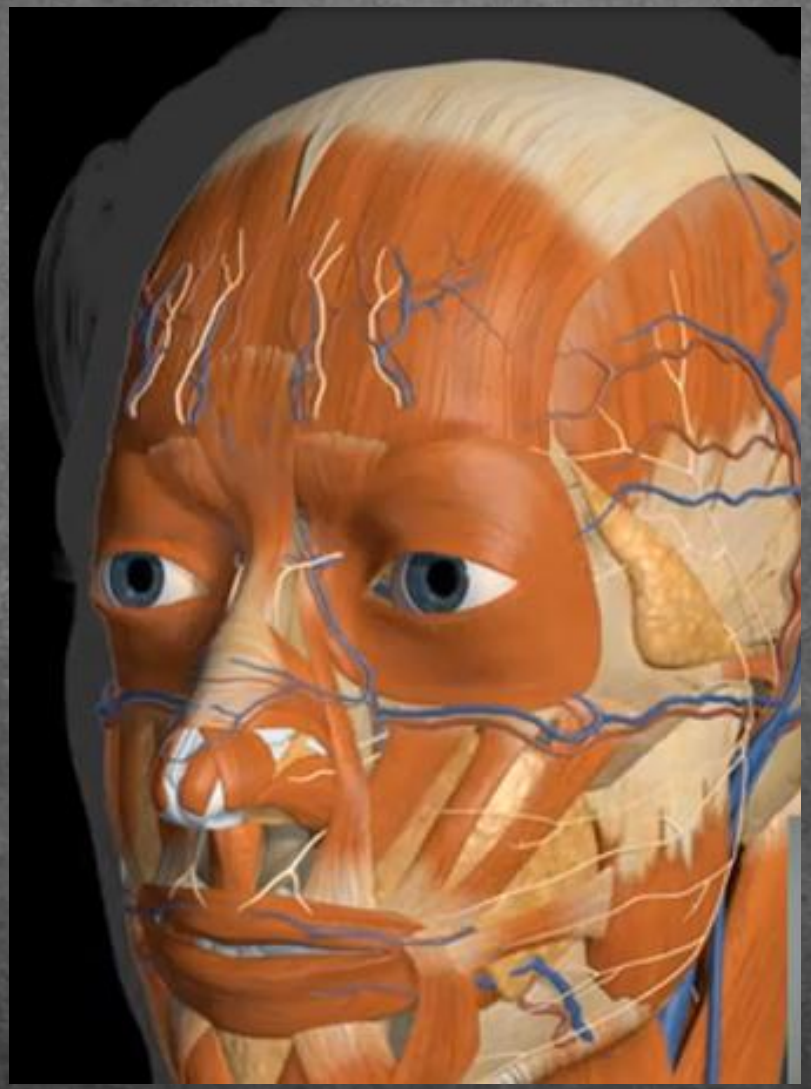
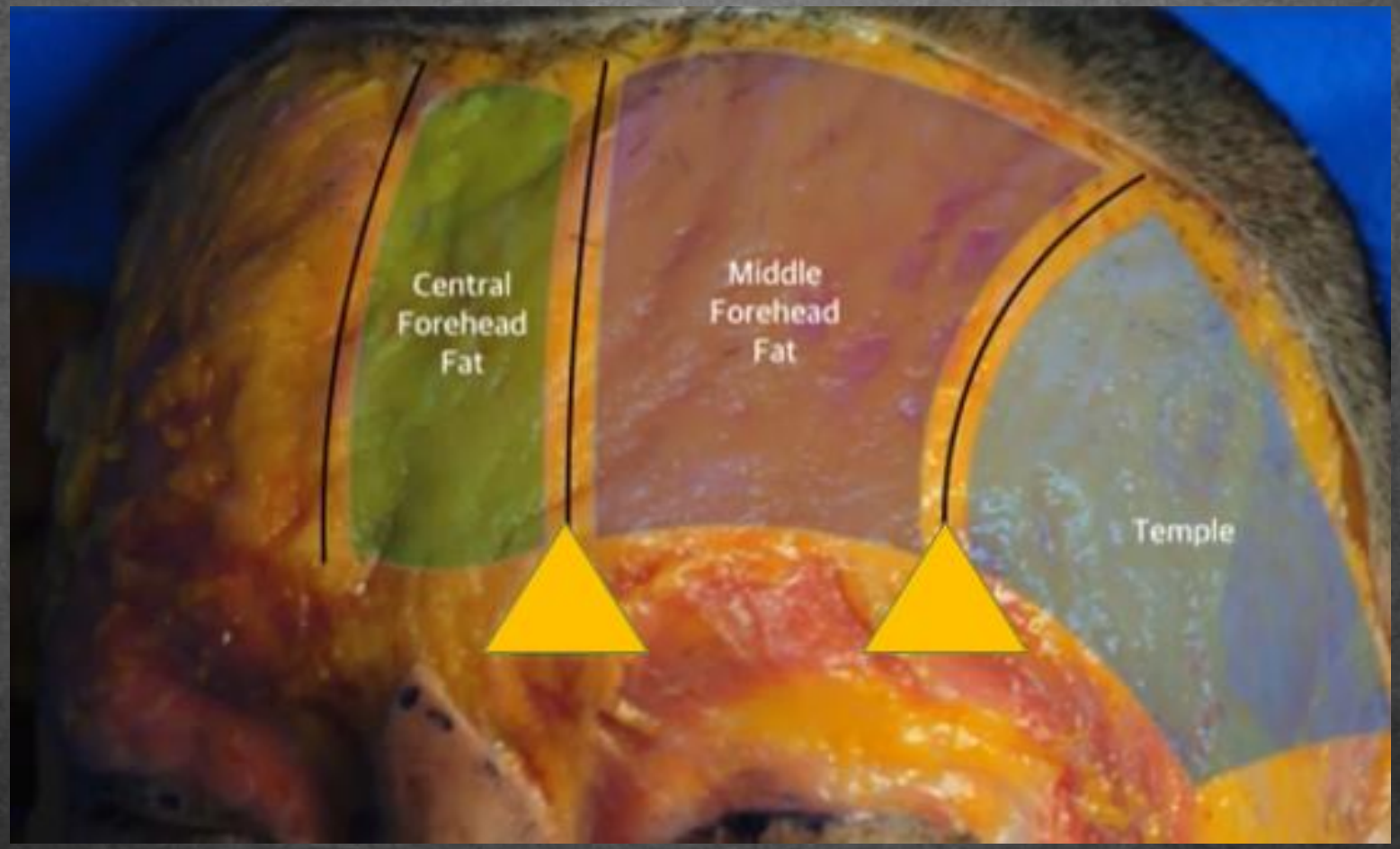
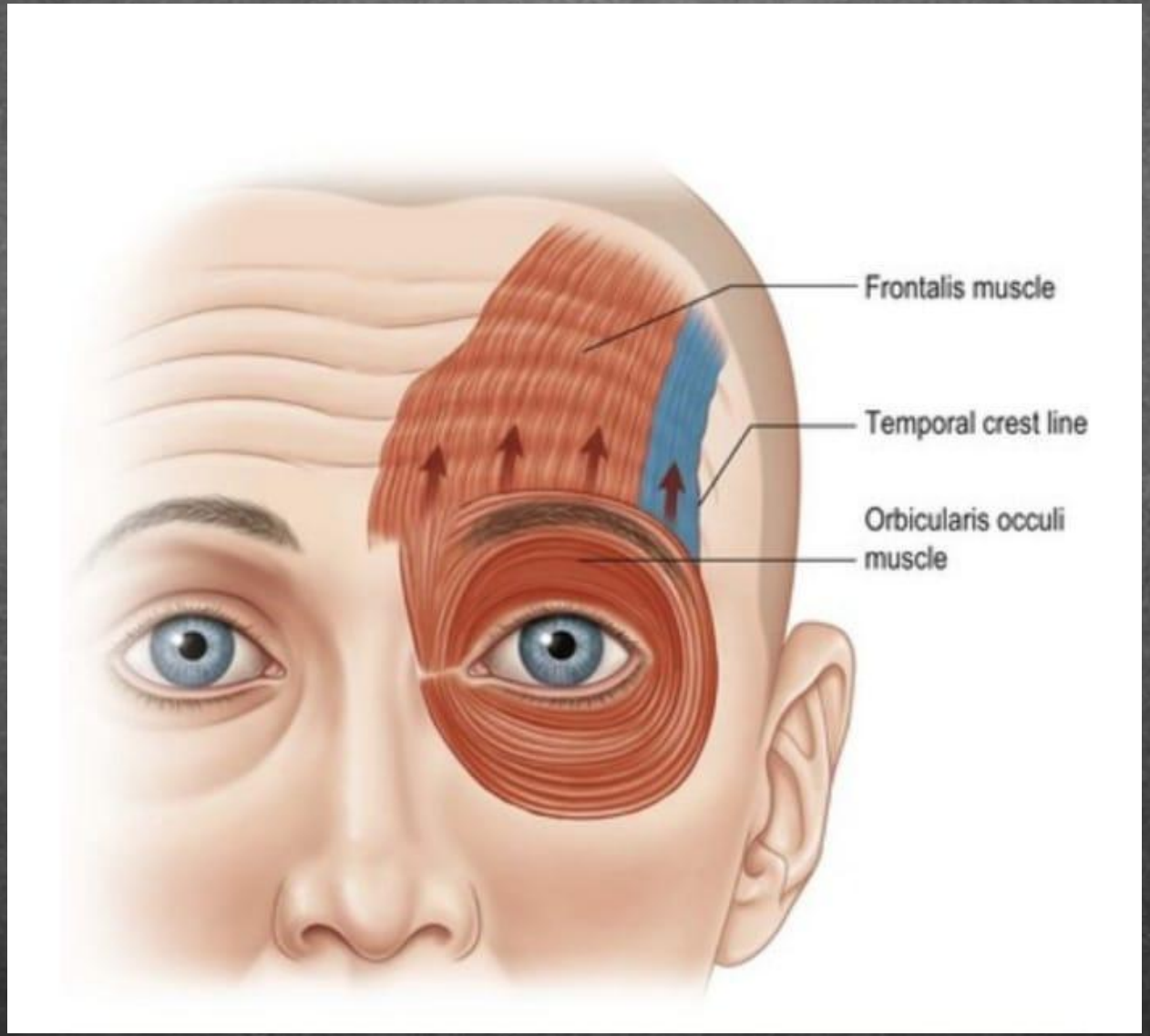
MUSCLES



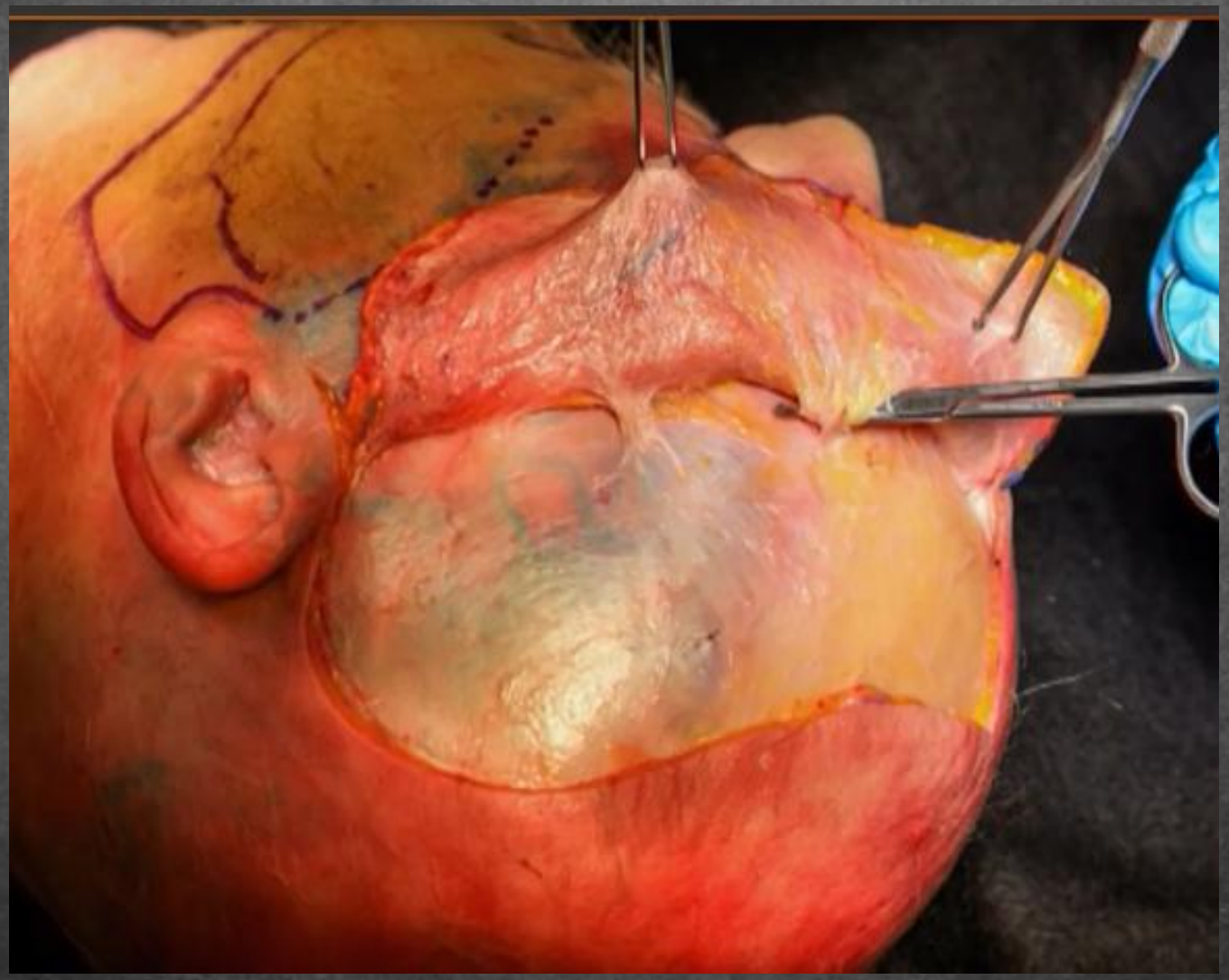
AMAS GRAISSEUX FRONTAL



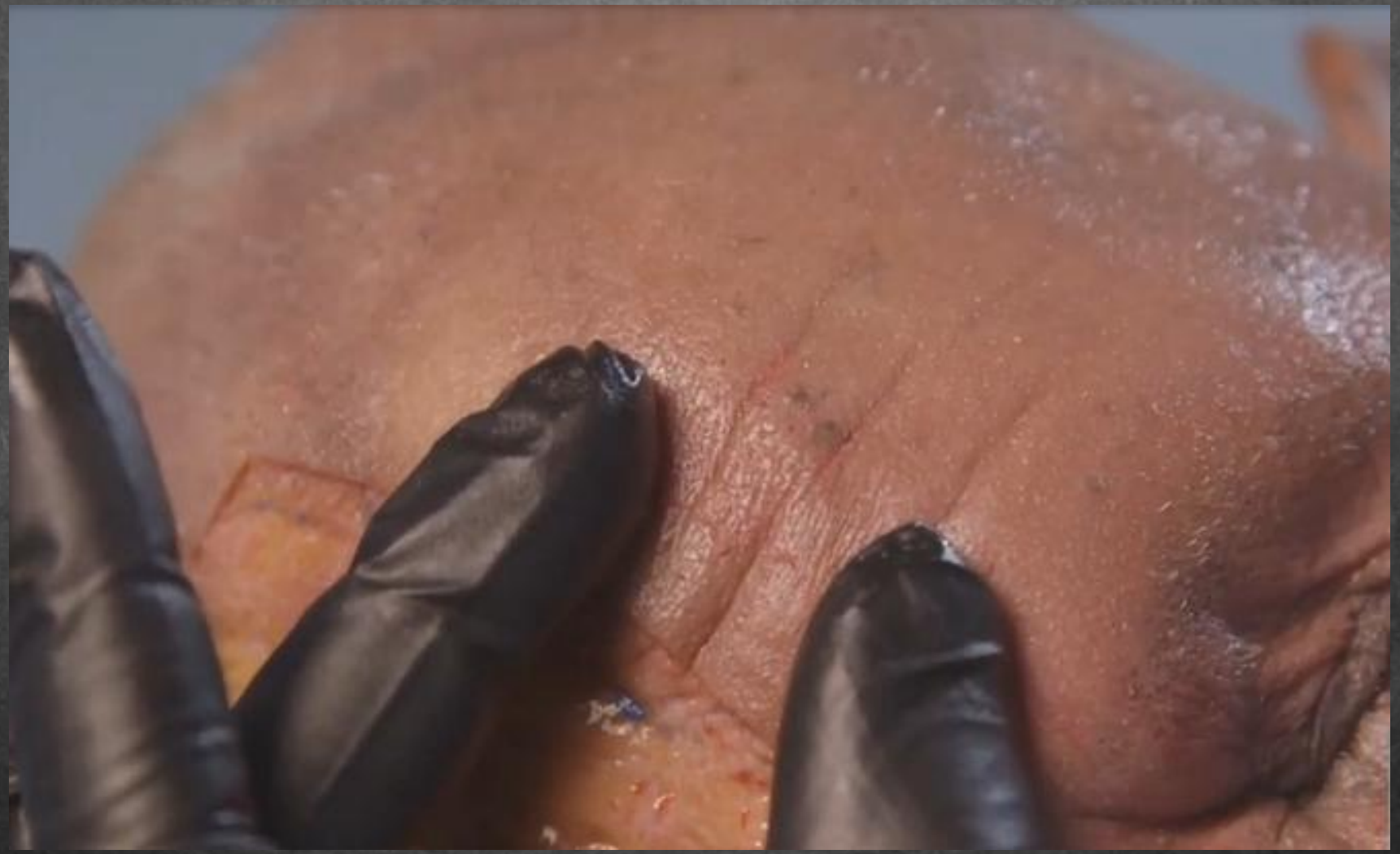
MUSCLE FRONTAL



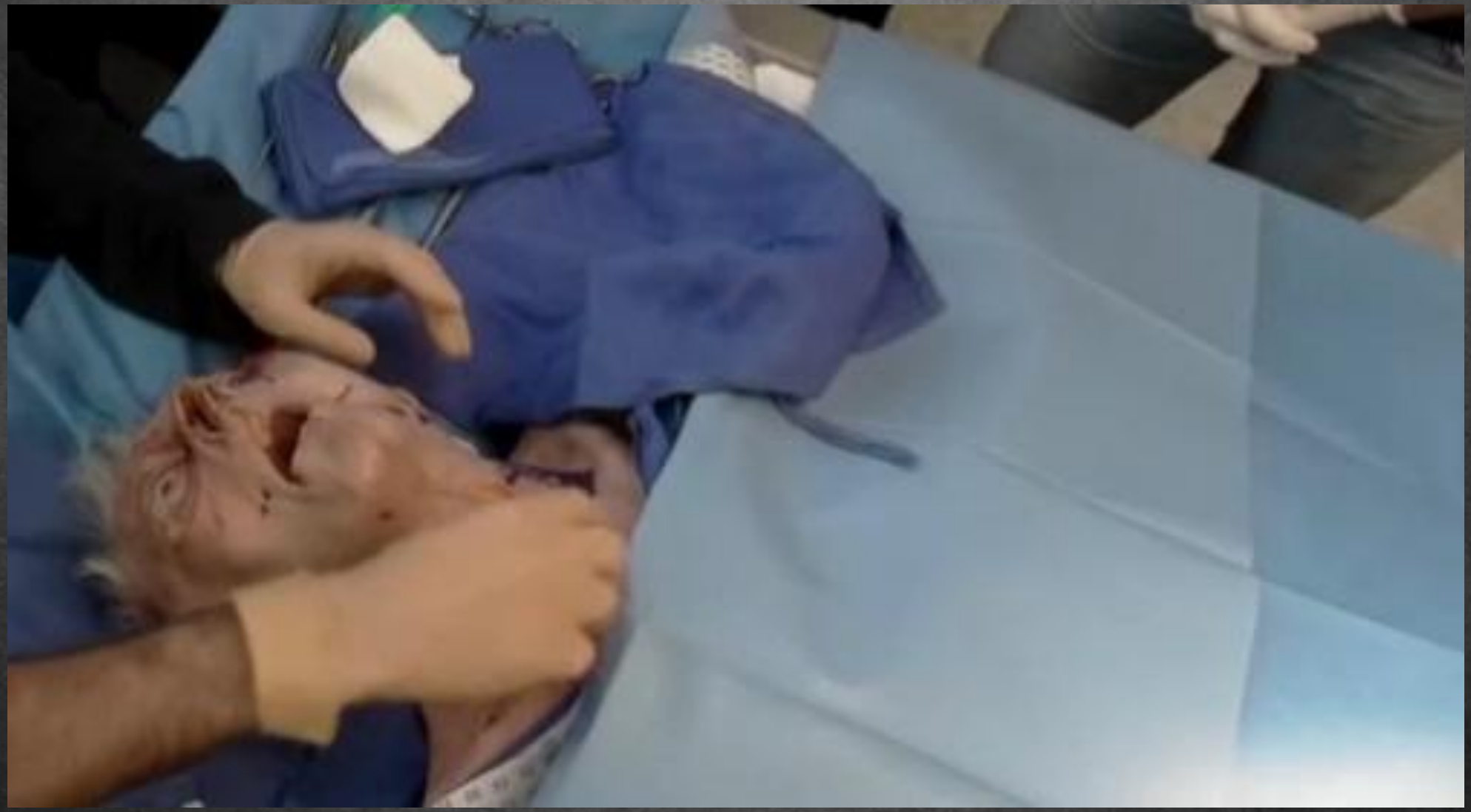
LIGAMENTS FRONTAL



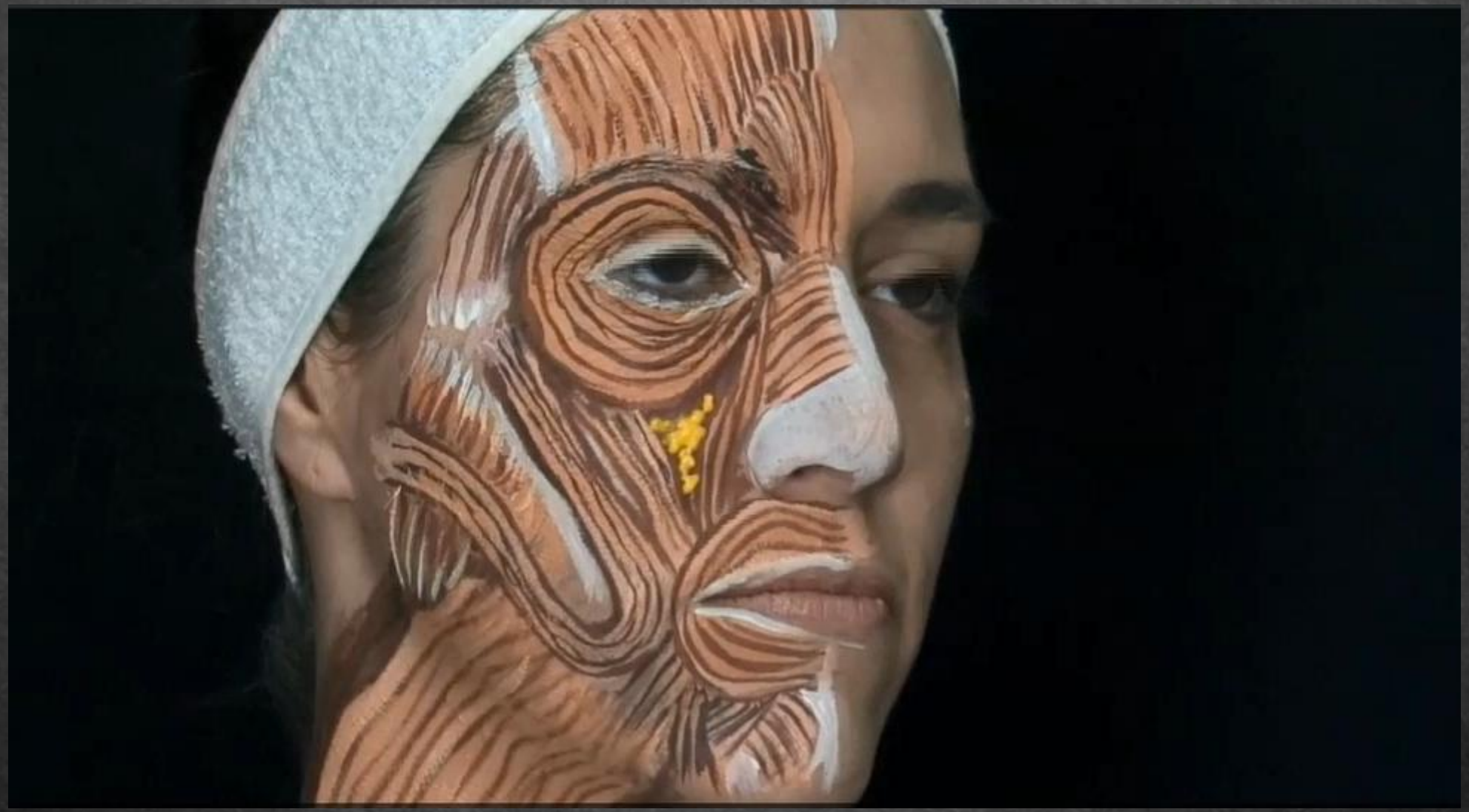
FRONTAL



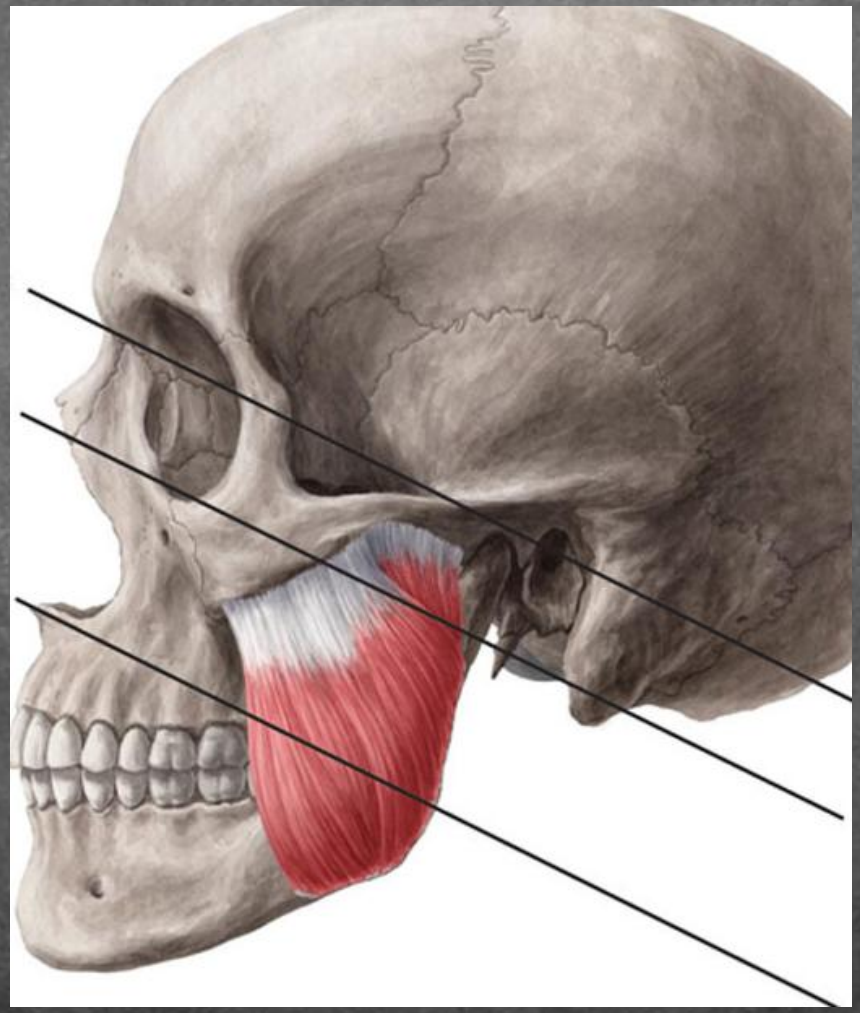
PLATYSMA 1/2



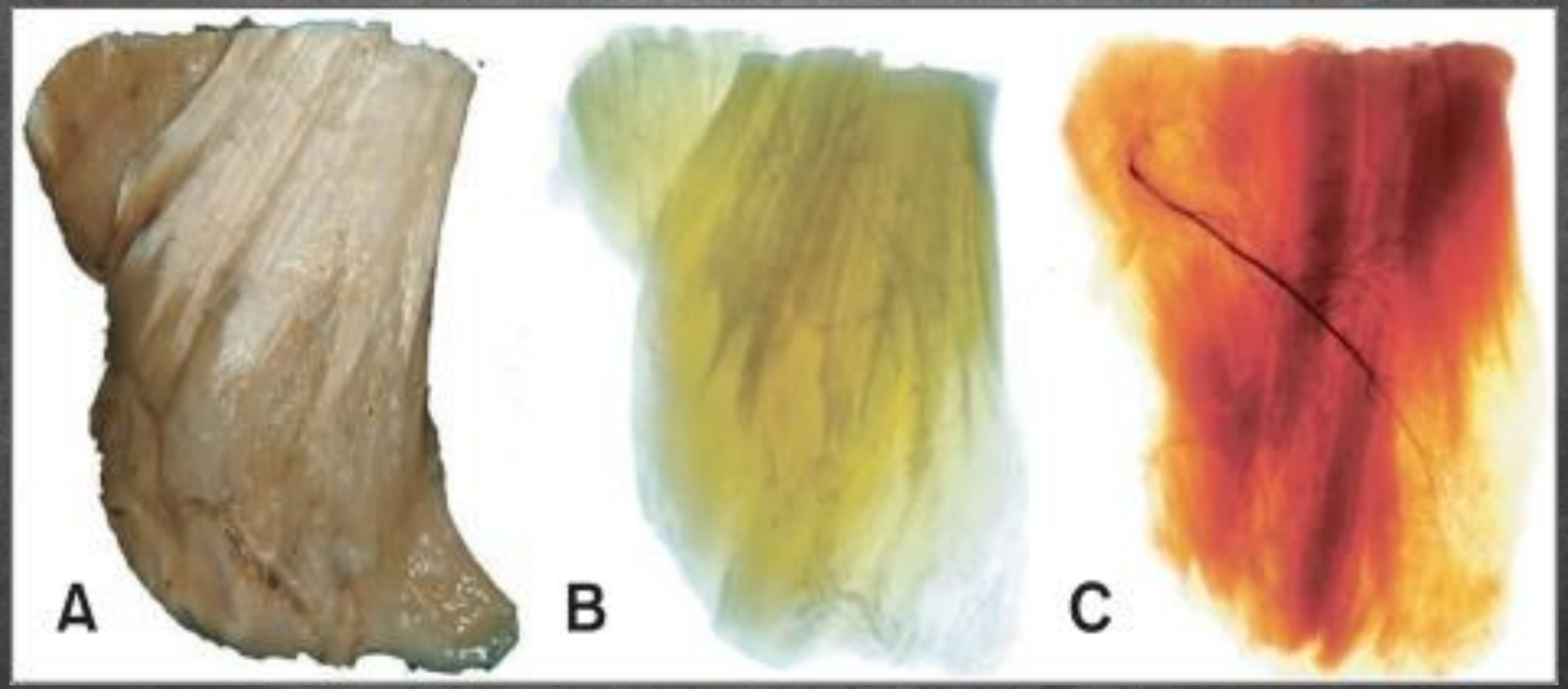
PLATYSMA 2/2



MASSÉTER



MASSÉTER INNERVATION BRANCHES



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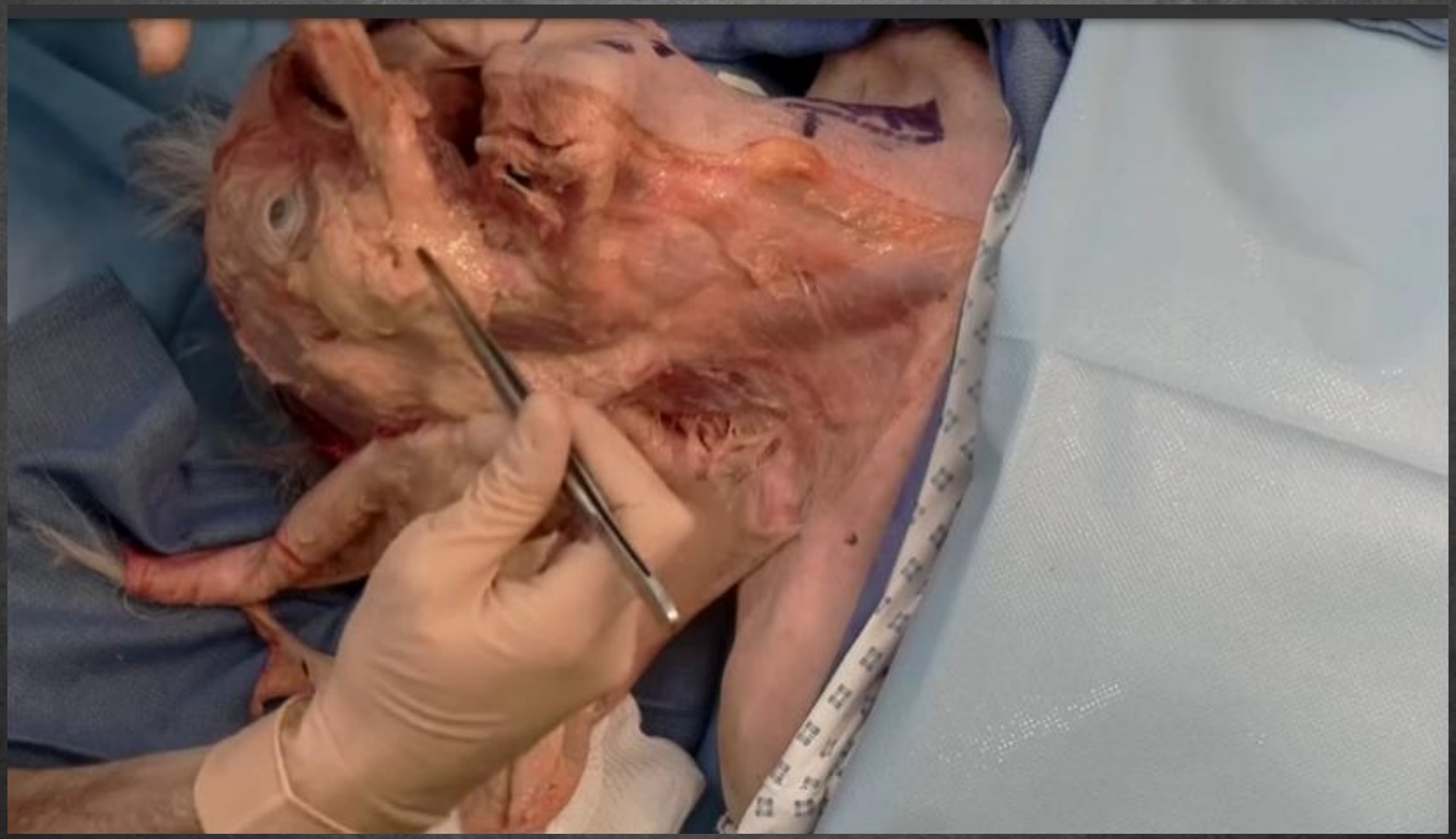
Sung-Yoon Won et al, Clinical and anatomical approach using Sihler's staining technique (whole mount nerve stain)
,

AMAS GRAISSEUX + MUSCLES



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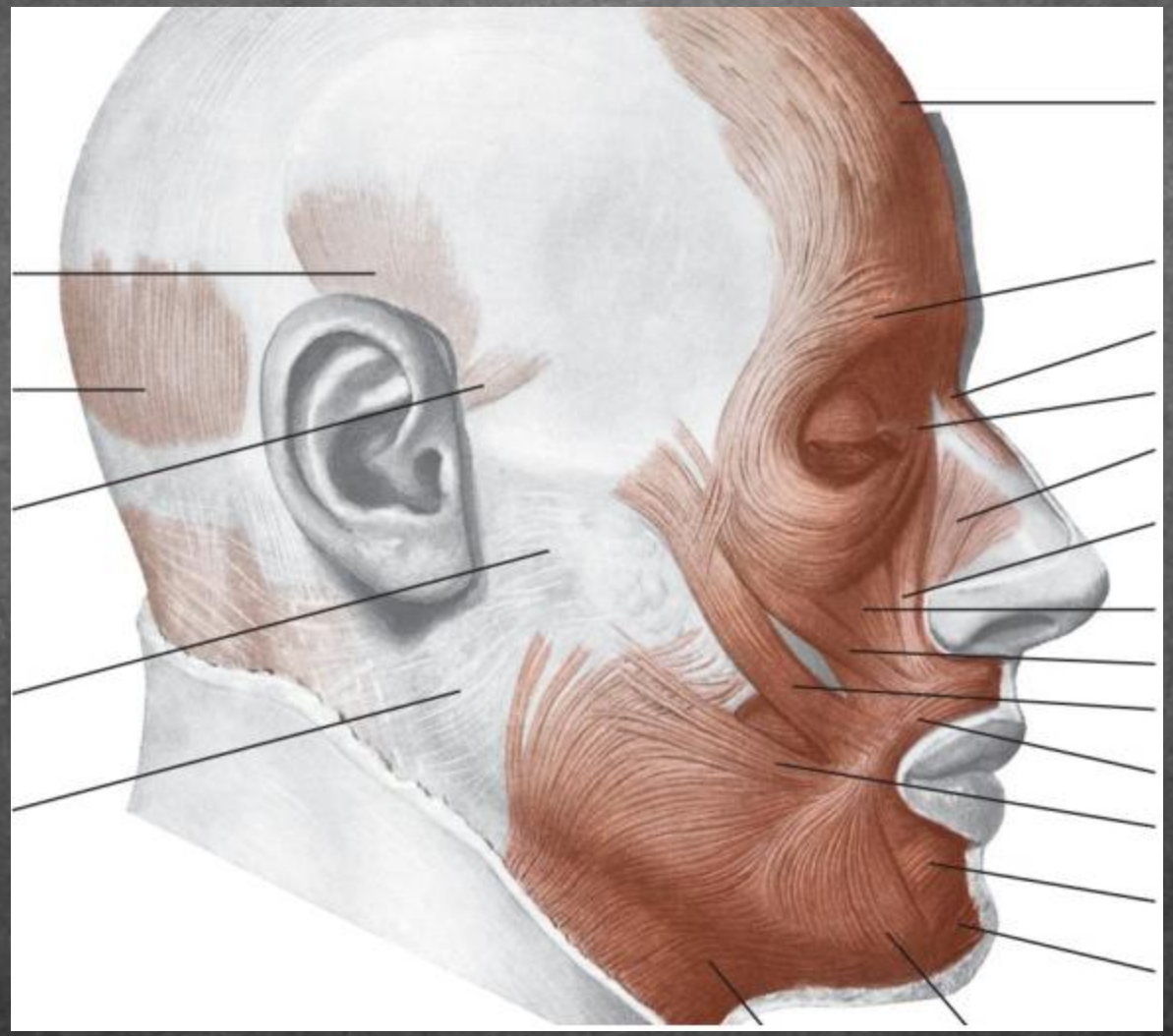
MUSCLES - FACE

1. Frontalis
2. Corrugator supercilii
3. Procerus
4. Depressor supercilli
5. Orbicularis oculi (superior lateral)
6. Orbicularis oculi (lateral)
7. Nasalis
8. Levator labii superioris alaeque nasi
9. Levator labii superioris
10. Zygomaticus minor
11. Zygomaticus major
12. Orbicularis oris
13. Buccinator
14. Risorius
15. Masseter
16. Depressor anguli oris
17. Depressor labii inferioris
18. Platysma
19. Mentalis

MUSCLES PROFIL

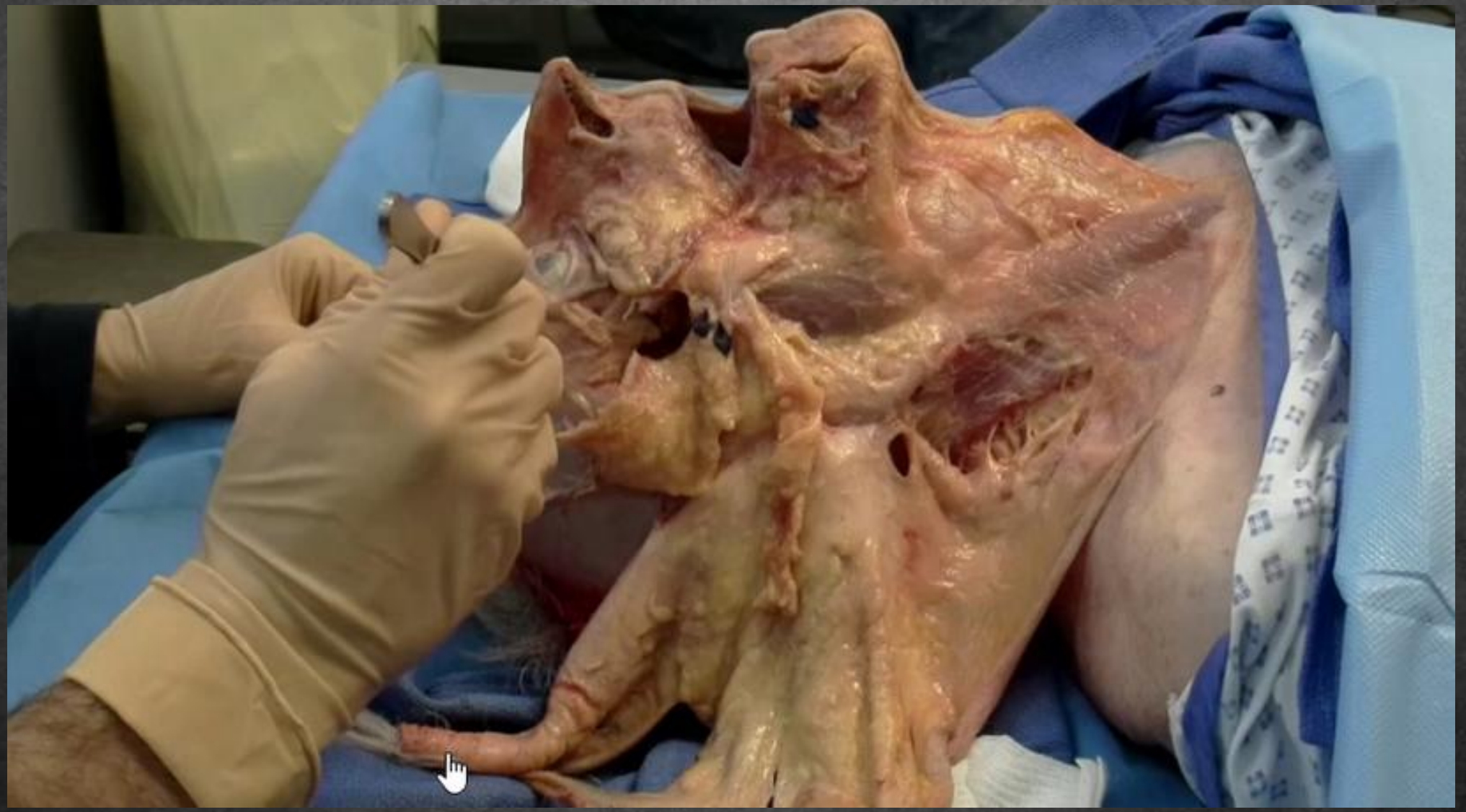


⚠ Aux foramens

⚠ A l'axe de la pupille

INNERVATION MOTRICE ET SENSITIVE

FORAMEN SUPRA – ORBITAIRE TROCHLÉAIRE



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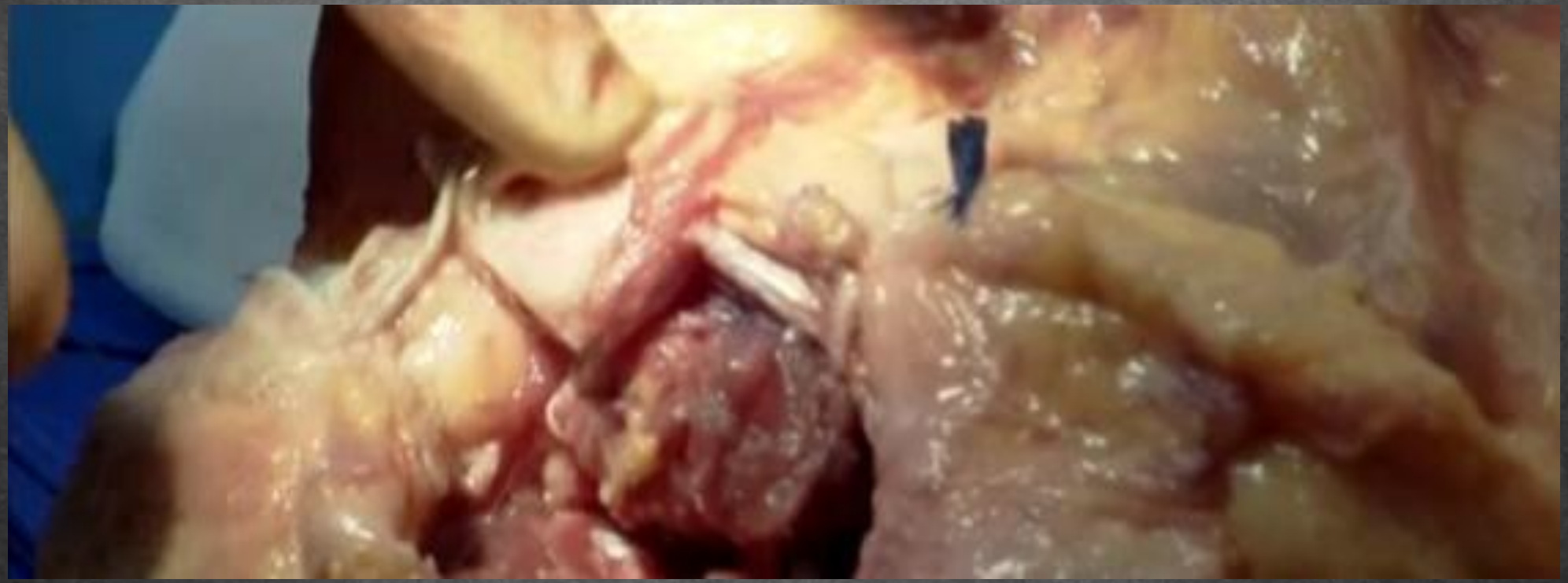
FORAMEN SOUS – ORBITAIRE 1/2



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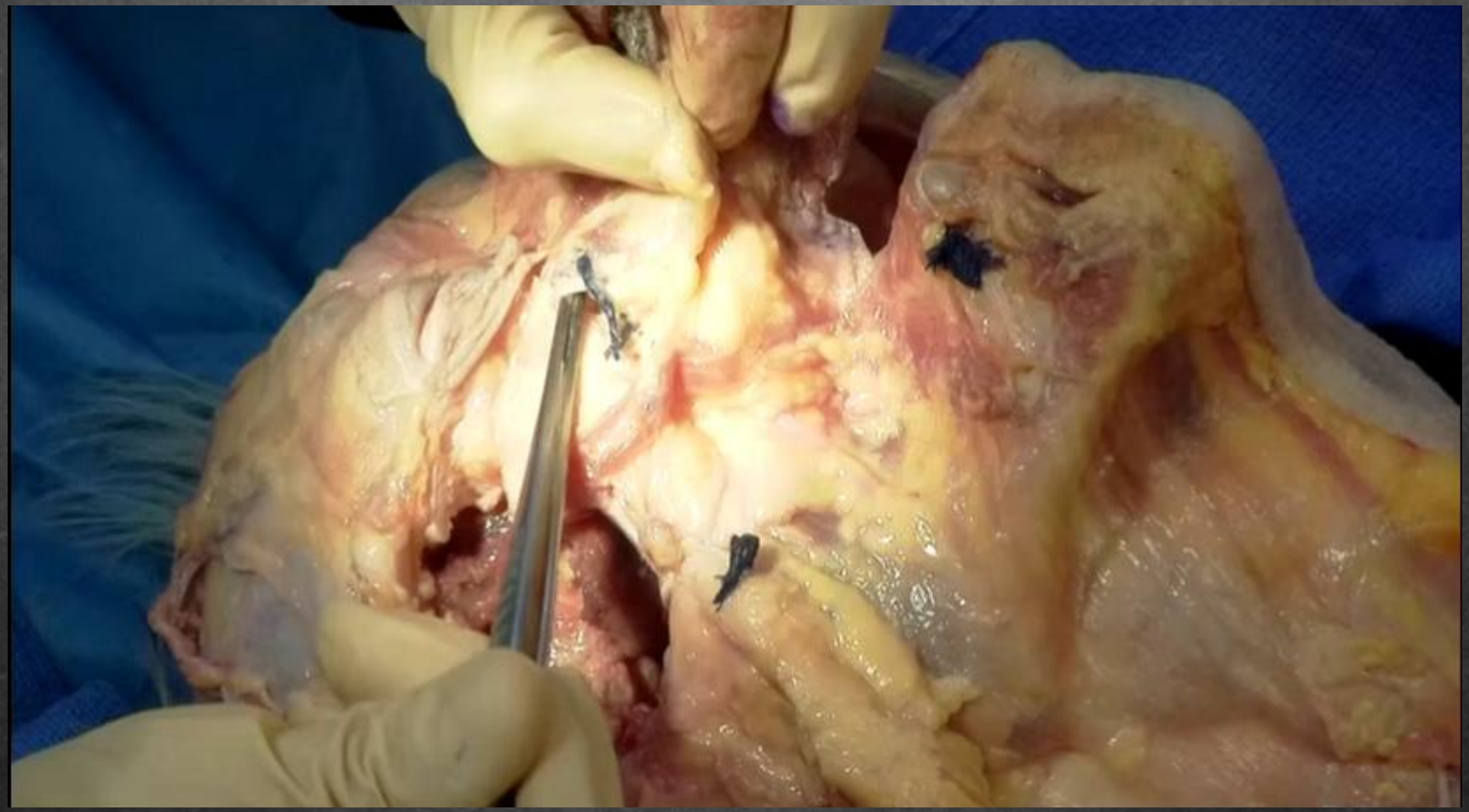
FORAMEN SOUS – ORBITAIRE 2/2



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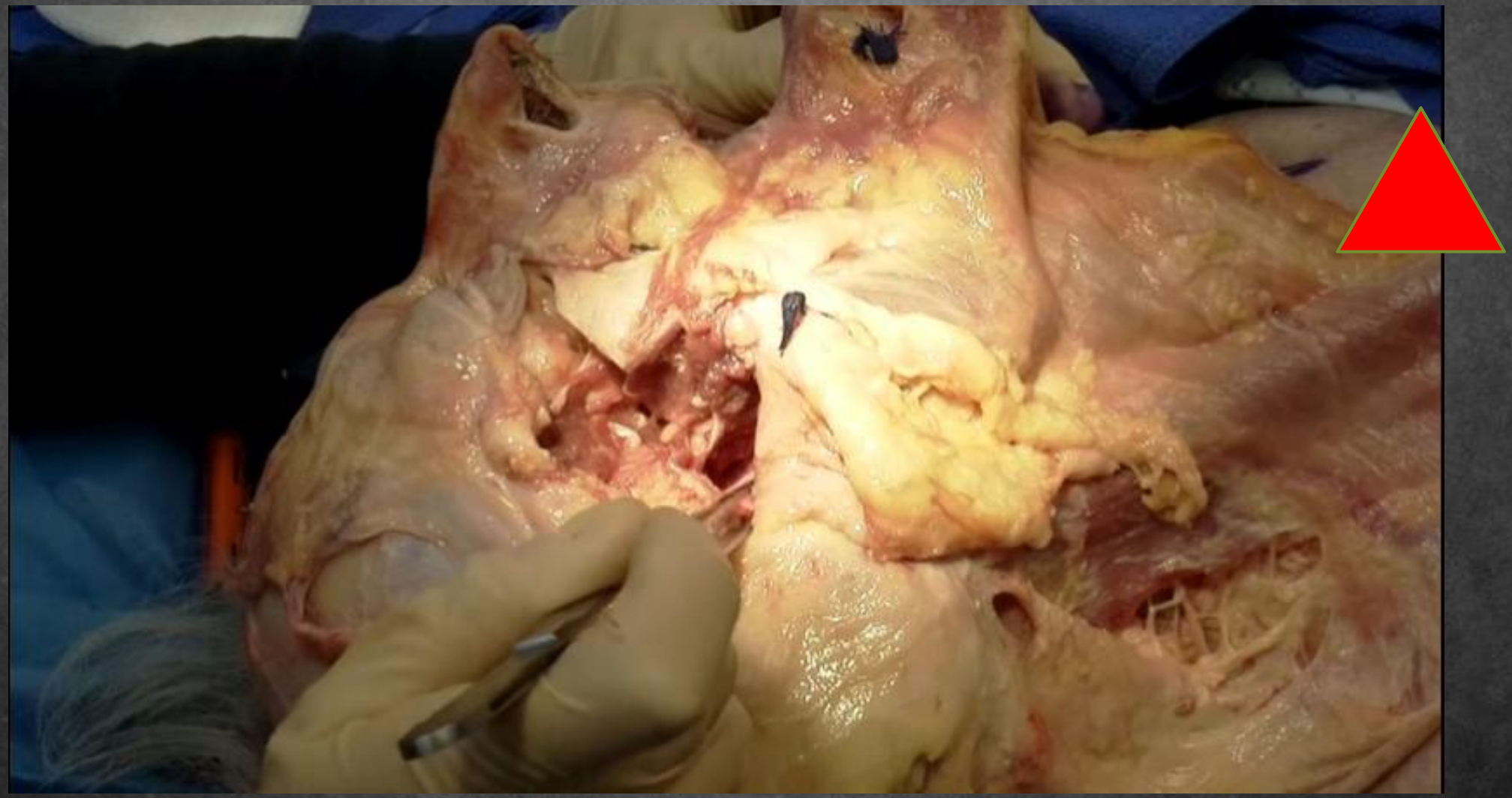
FORAMEN MENTONNIER



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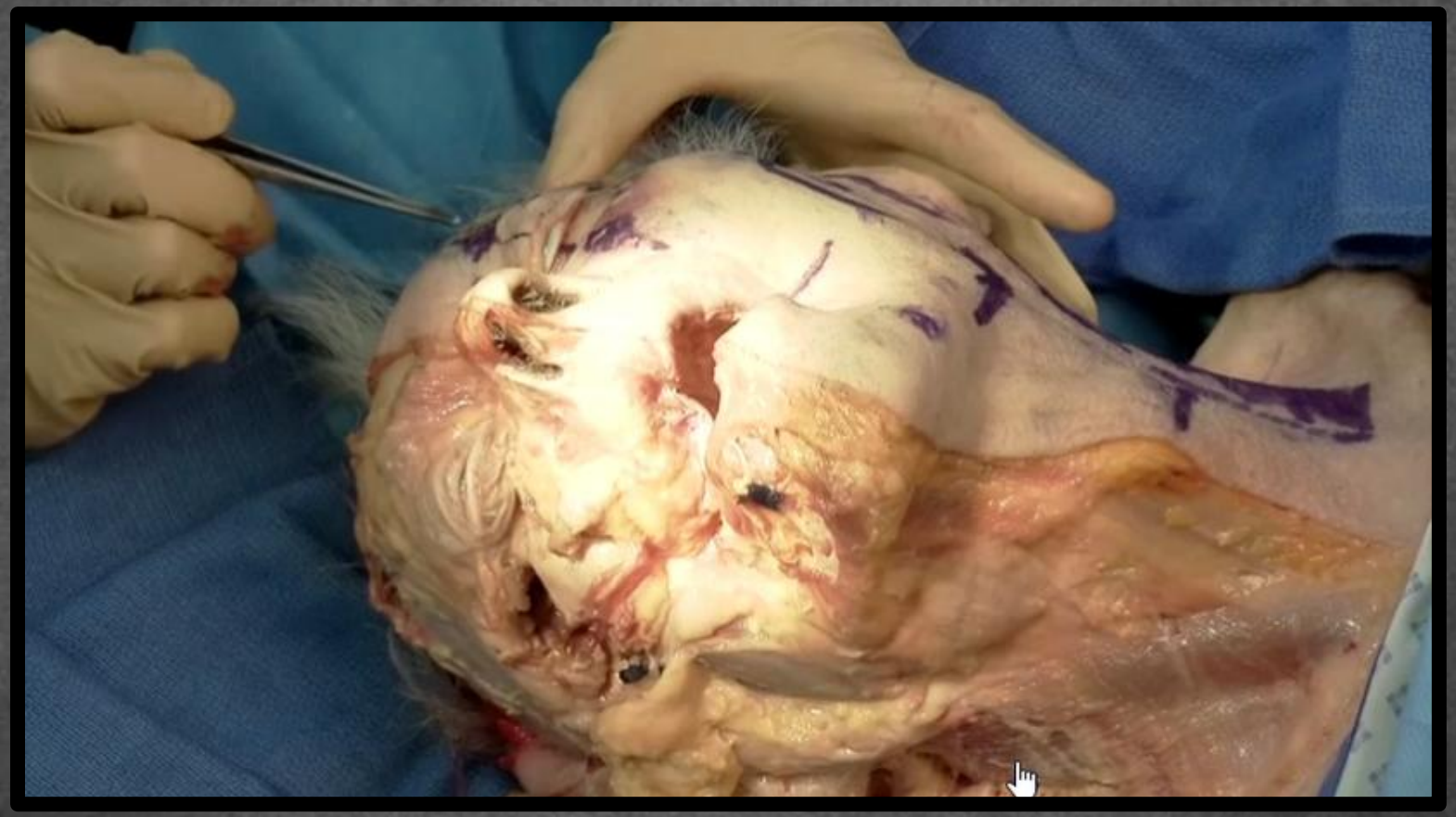
FORAMEN MENTONNIER



BRANCHES DU FACIAL

Au nombre de 5 Rameaux :

1 Temporal

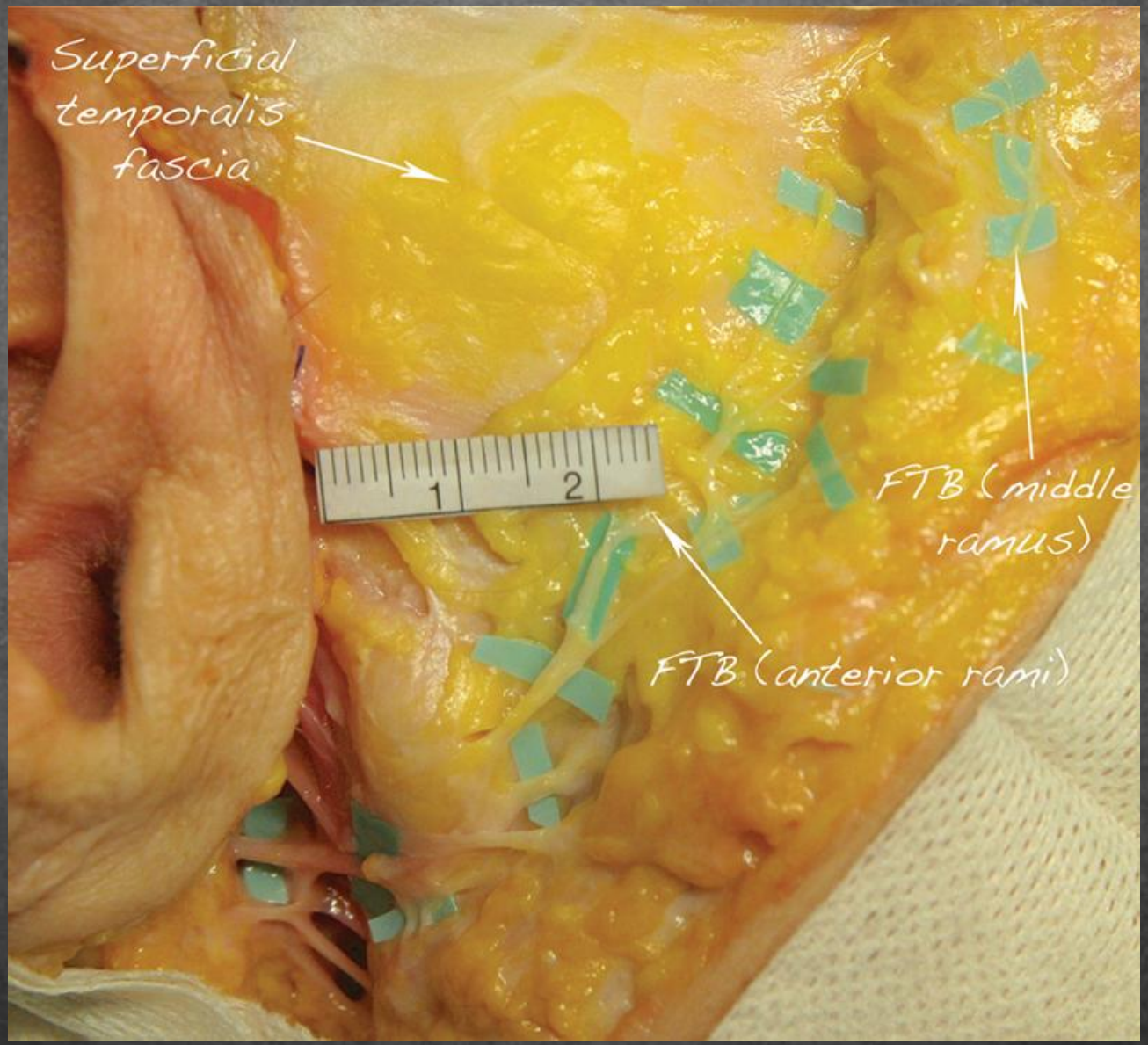
2 Zygomatique

3 Buccal

4 Mandibulaire

5 Cervical

NERF FACIAL



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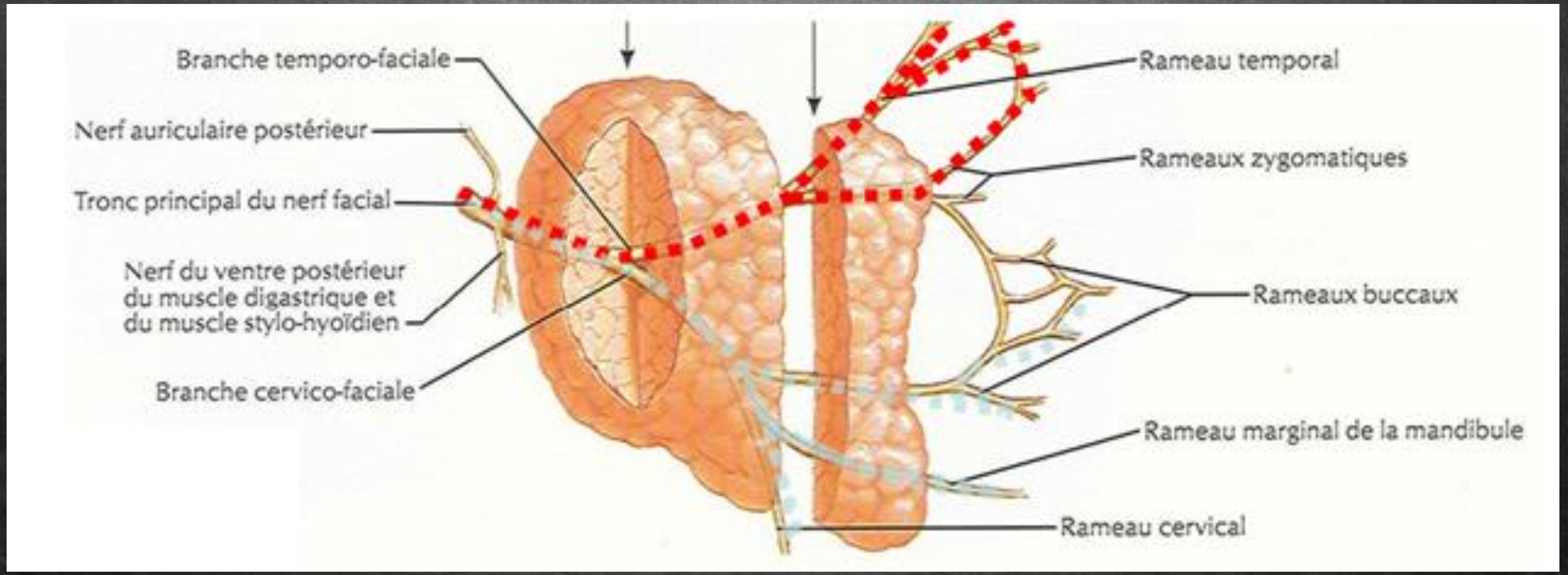
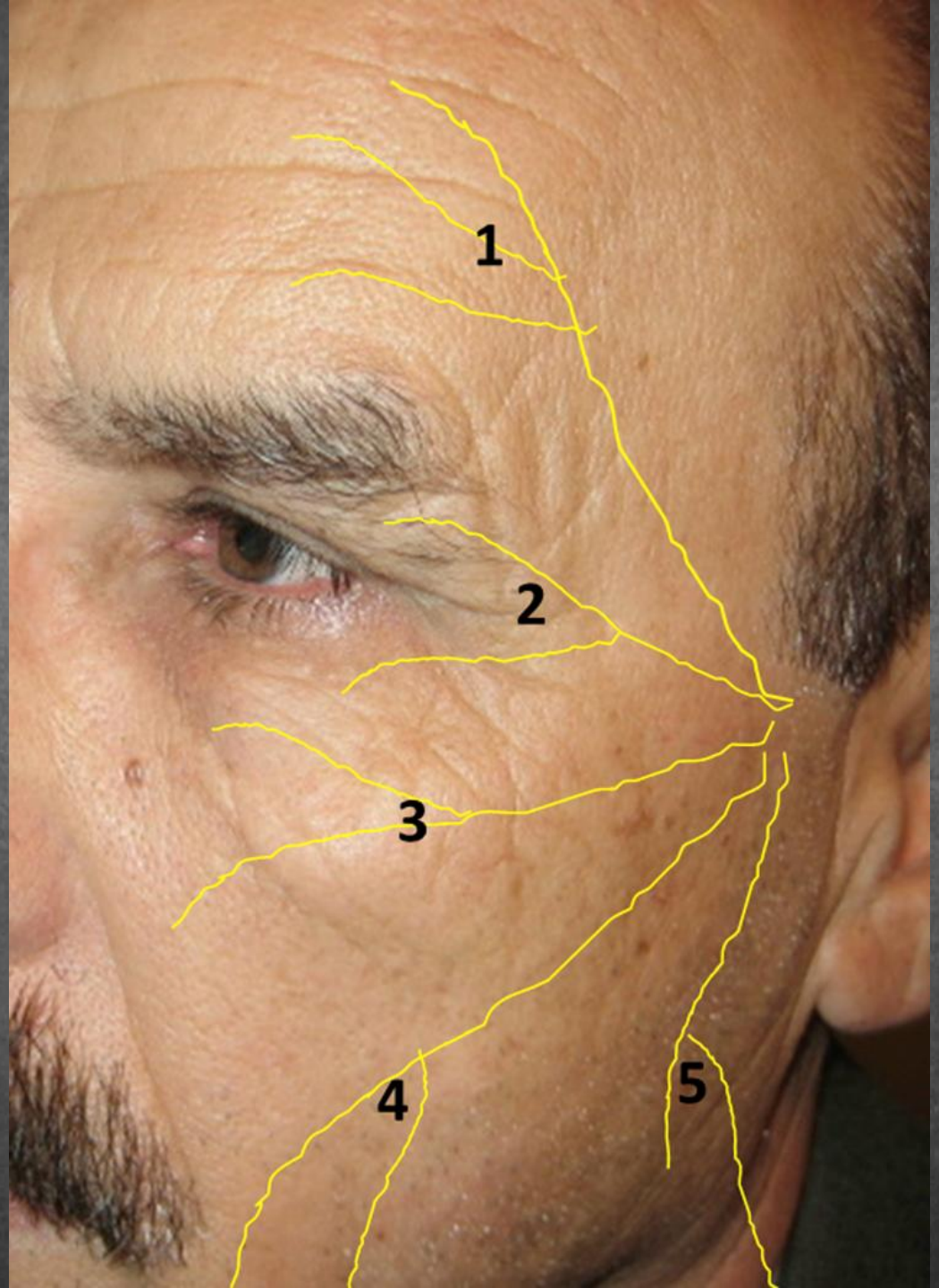
BRANCHES DU FACIAL

Rapports parotidiens





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VASCULARISATION

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ARTÈRE FACIALE

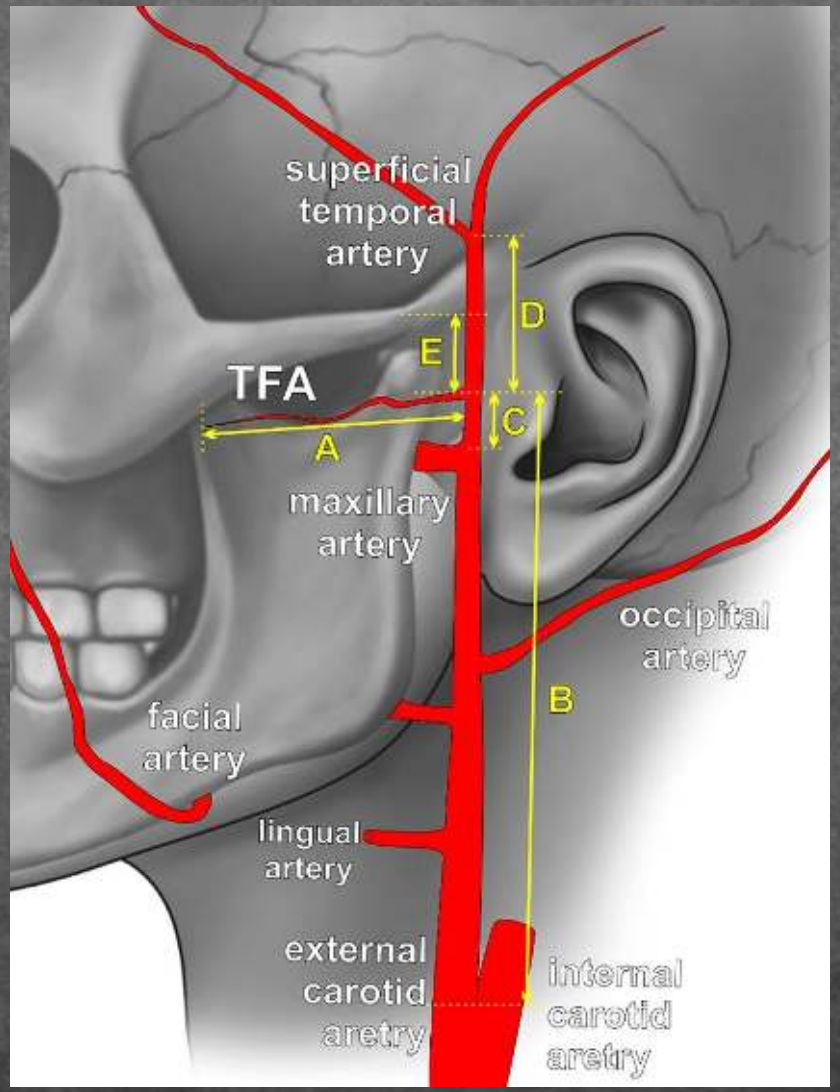
Nait de la face antérieure de l'artère carotide externe
Profonde dans sa partie cervicale et superficielle au niveau de la face

Contourne la glande submandibulaire, elle fait un crochet autour du bord inférieur de la mandibule et se dirige en haut et en avant vers la commissure labiale

En regard du sillon naso-génien où elle prend le nom d'artère angulaire

C'est là qu'elle est la + superficielle.
donc il faut éviter à tout prix d'aller trop profond au niveau du sillon.

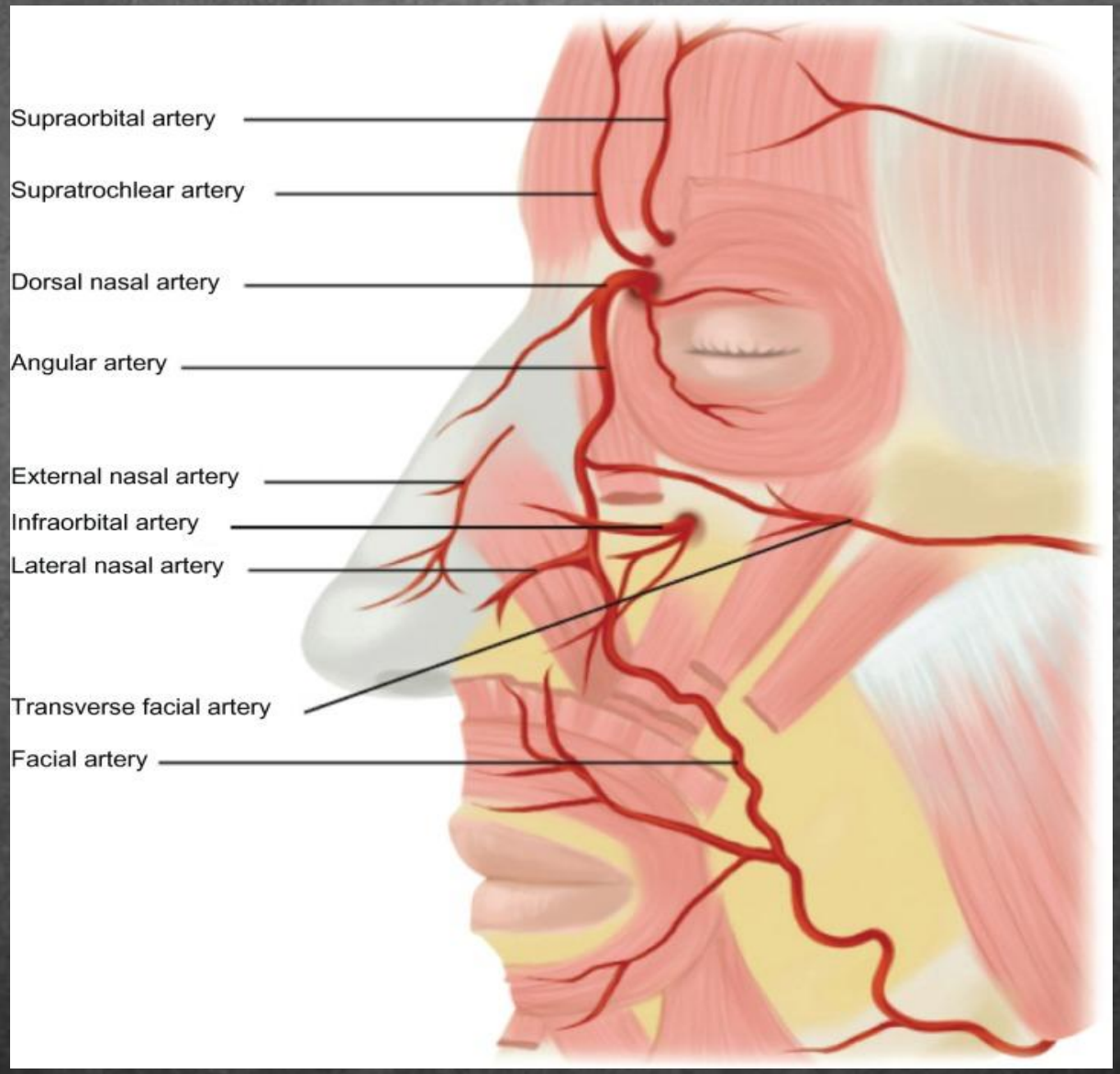
ARTÈRE FACIALE



⚠ Qd on fait des lèvres

Si atd > 1 poussée herpès par an -> antiviral suppressif.

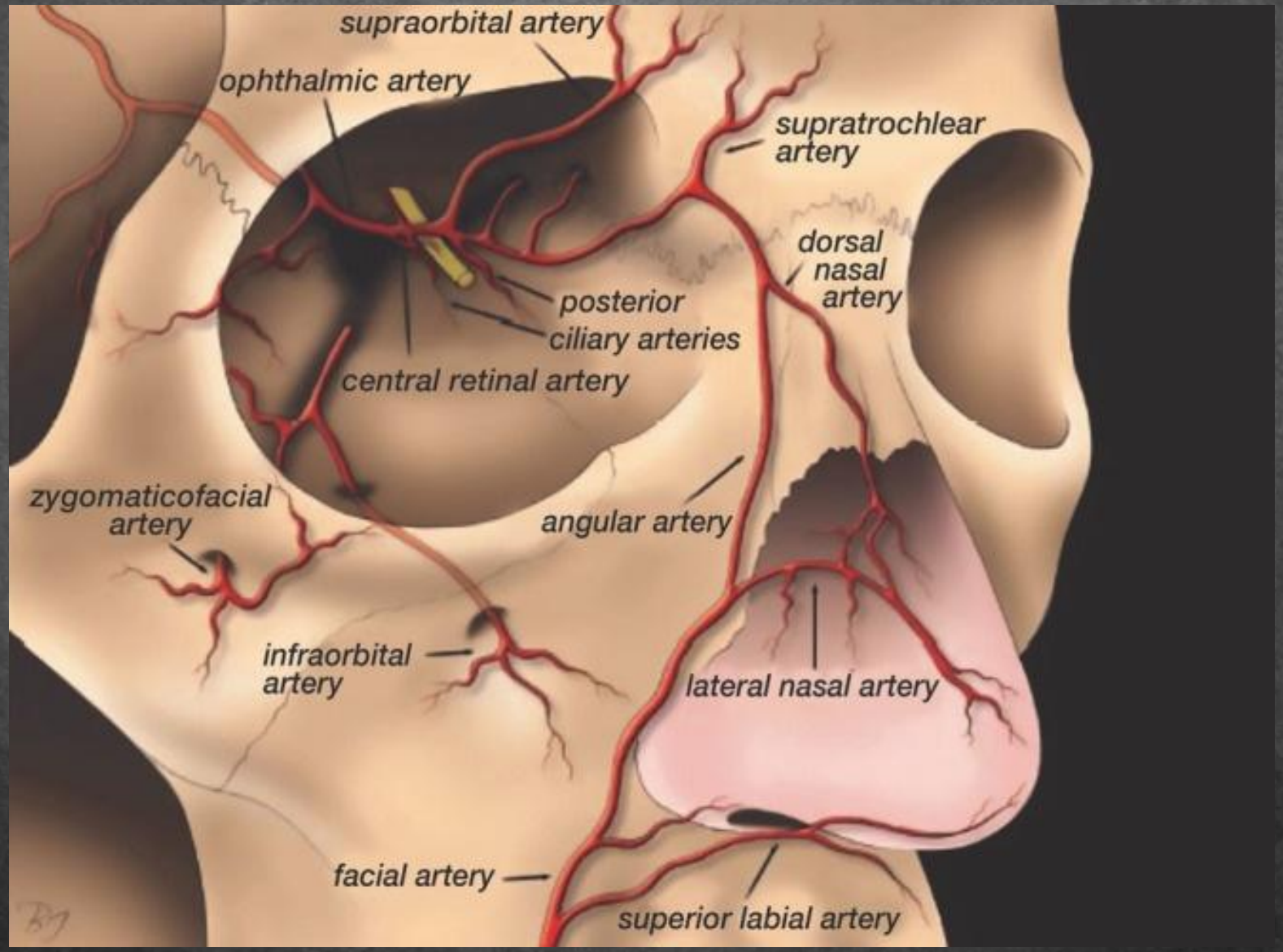
ARTÈRE FACIALE



ARTÈRE FACIALE

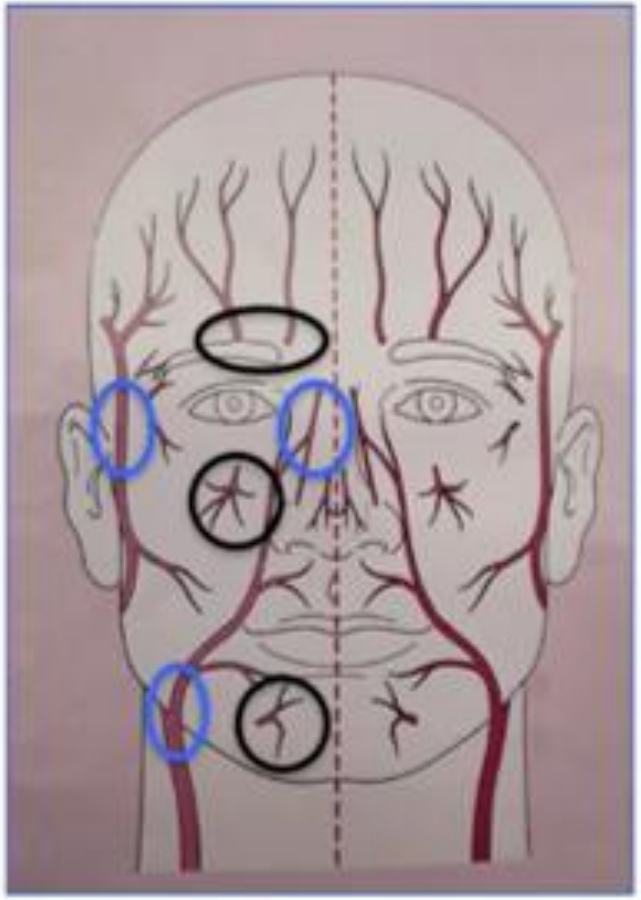
ARTÈRE FACIALE

Angulaire rejoint l'ophtalmique



Tuyau.

ZONES A RISQUES



Points émergents :

- Supra-trochléaire
- Supra-orbital
- Sous orbitaire
- Mandibulaire

Points fixes :

- Artère faciale ---- Mandibule
- Temporale ---- Pre-auriculaire
- Angulaire

EFFETS SECONDAIRES

Réactions immédiates :

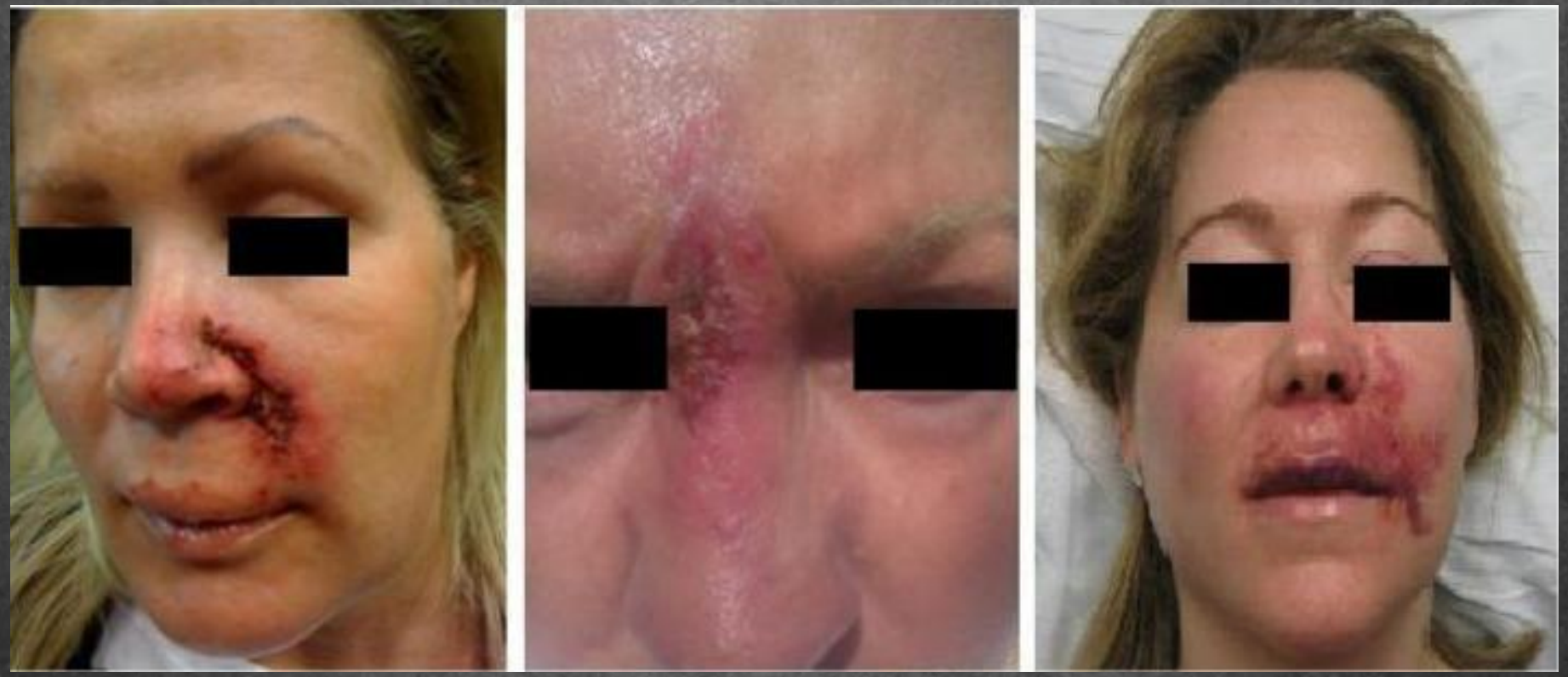
Lésions vasculaires Nécroses
Inflammatoires
Infectieuses
Allergiques

Relatives : Douleur – Ecchymoses - Erythème
Site d'injection inapproprié

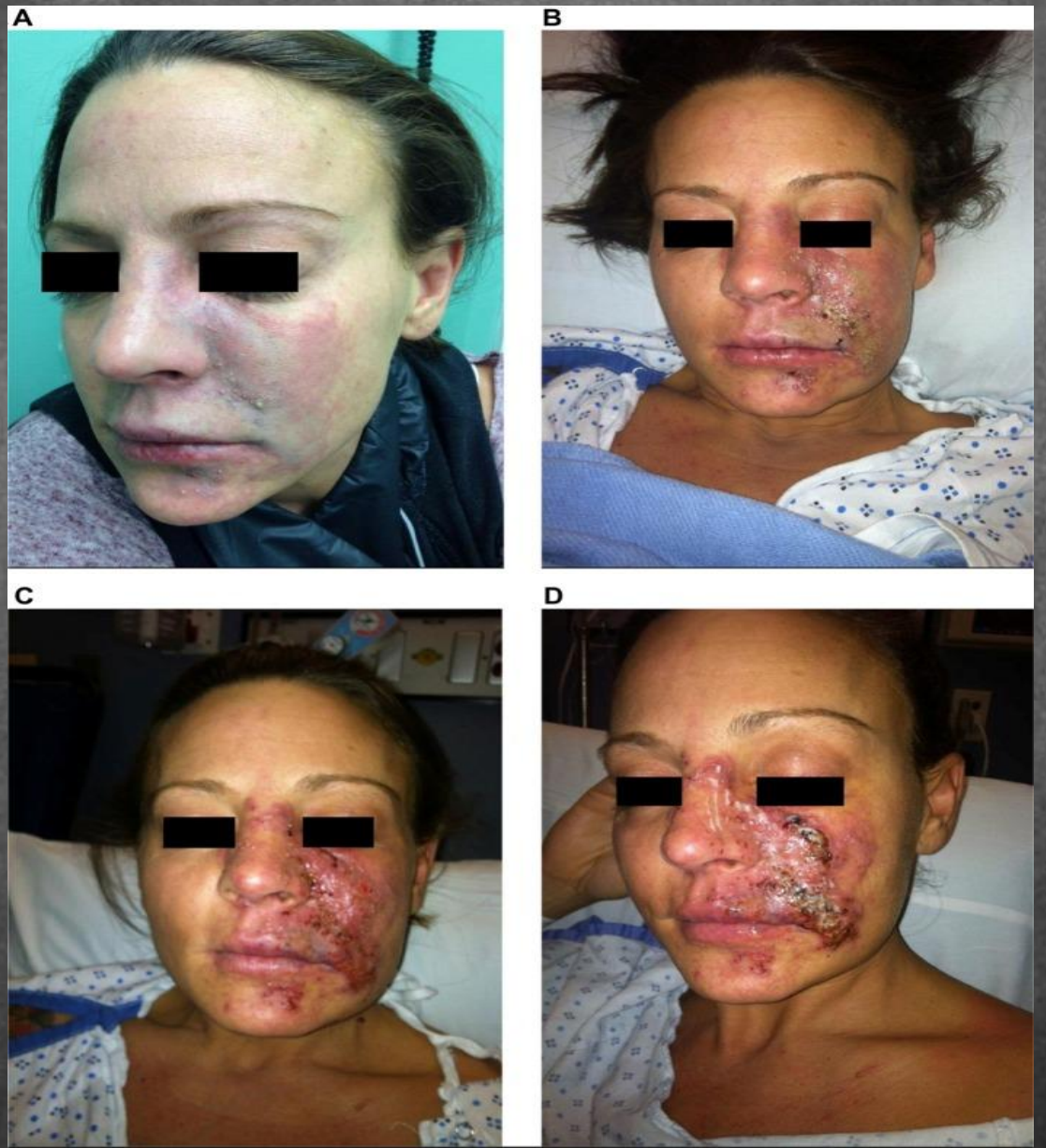
Réactions tardives :

Inflammatoires
Infectieuses
Granulome
Nodules
Dépigmentation
Déplacement de l'AH

NÉCROSES



NÉCROSES



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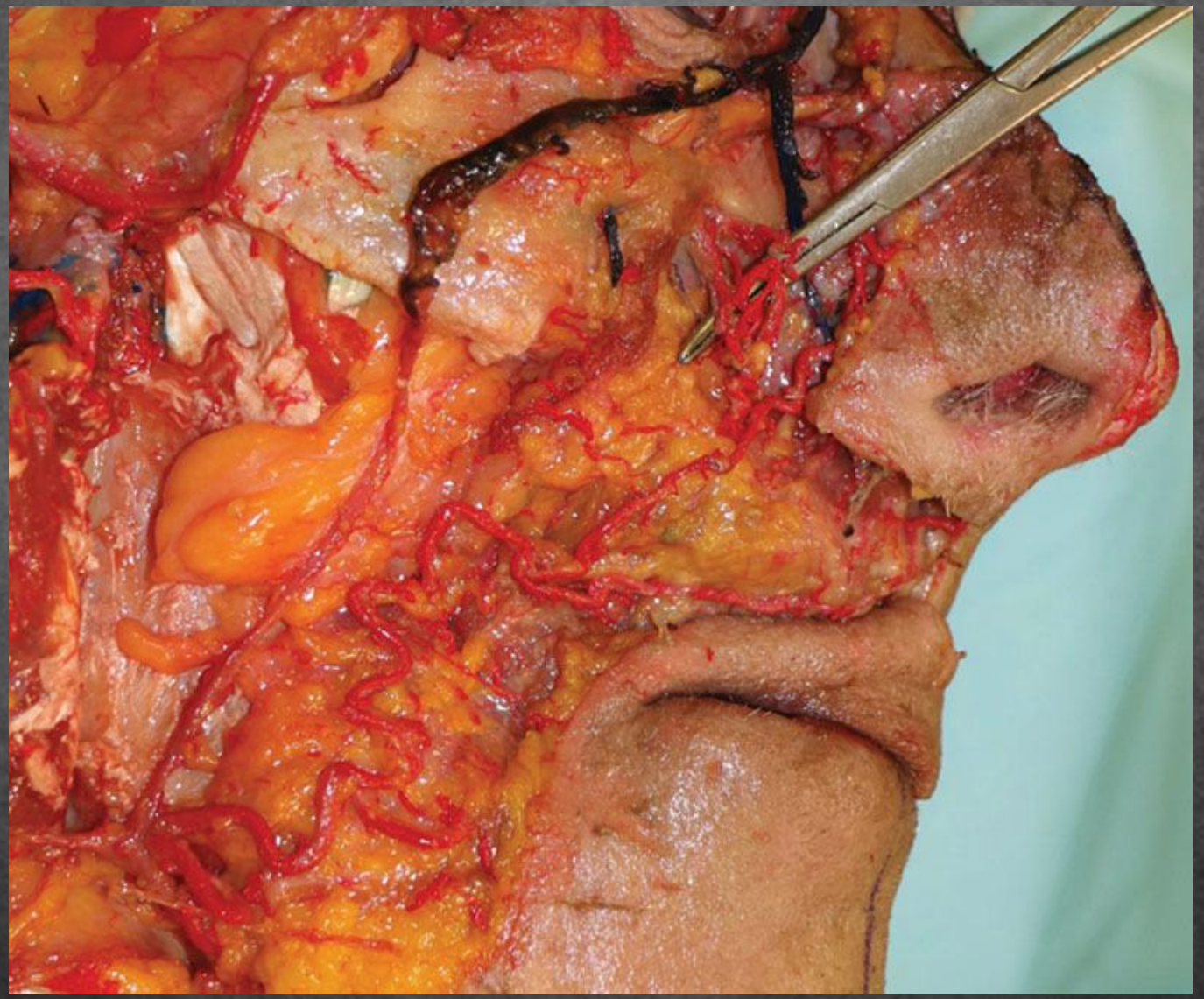
ZONES A RISQUES



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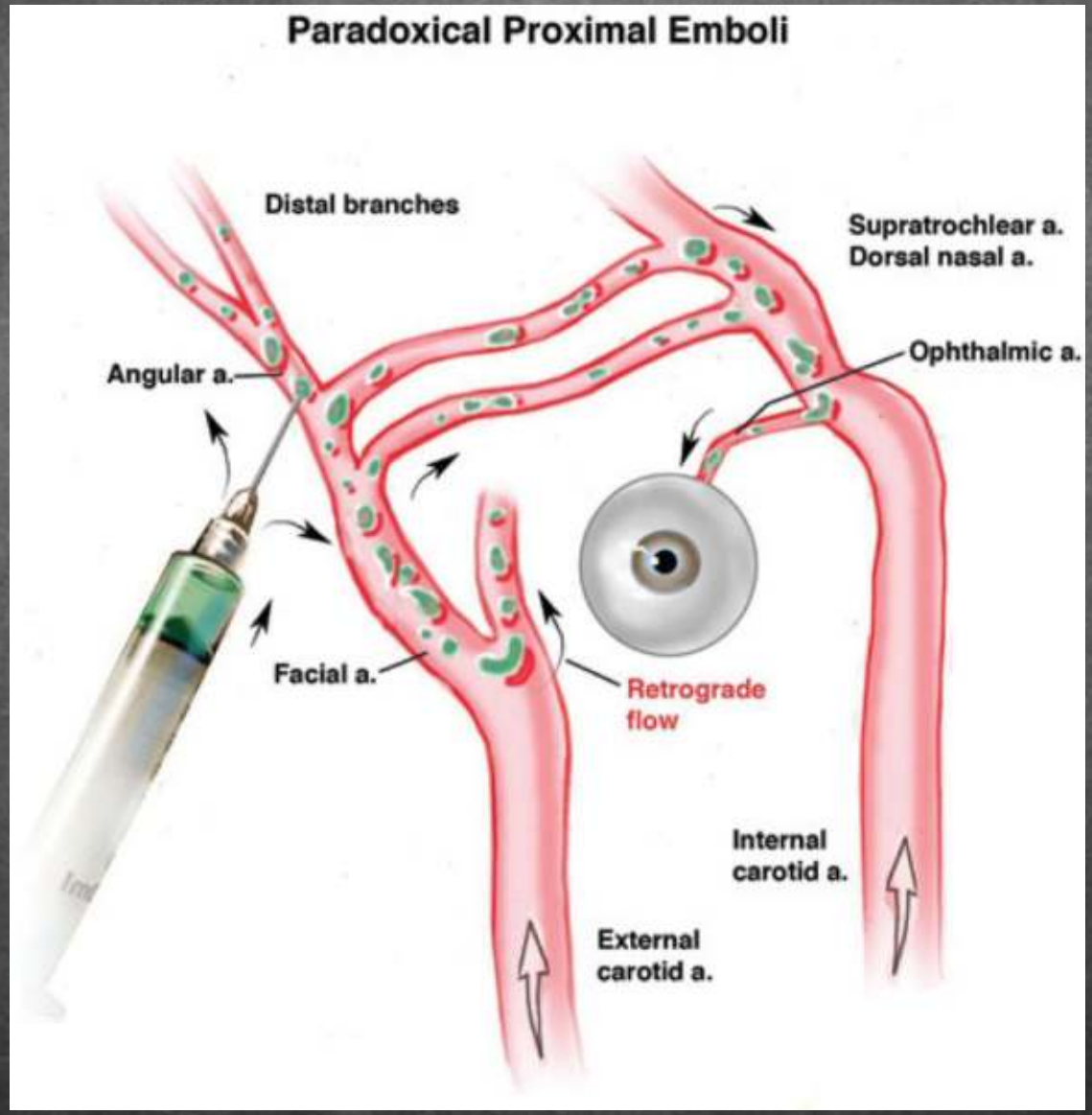
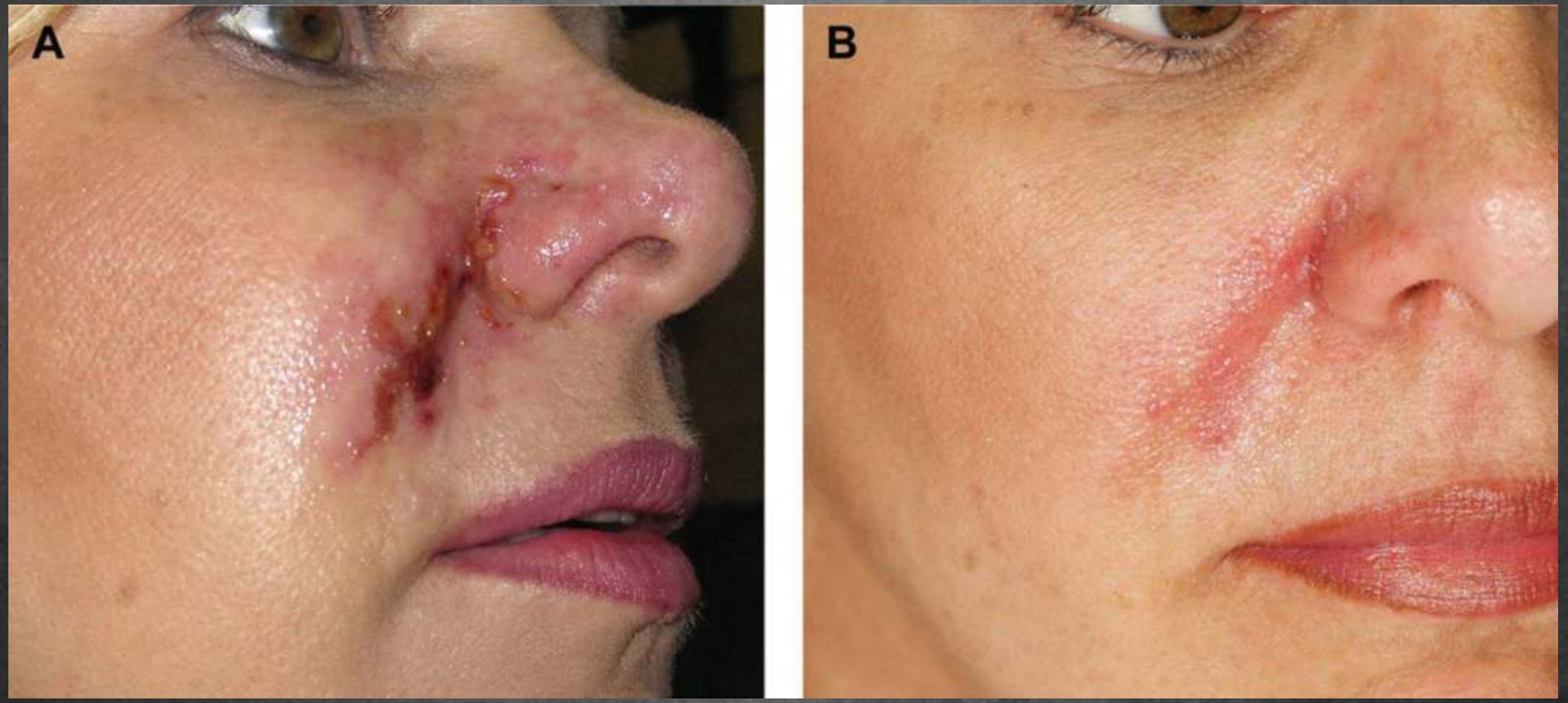
RISQUES


Paradoxical Proximal Emboli
Distal branches
Supratrochlear a.
Dorsal nasal a.
Ophthalmic a.
Angular a.
Facial a.
Retrograde flow
Internal carotid a.
External carotid a.

ZONES A RISQUES



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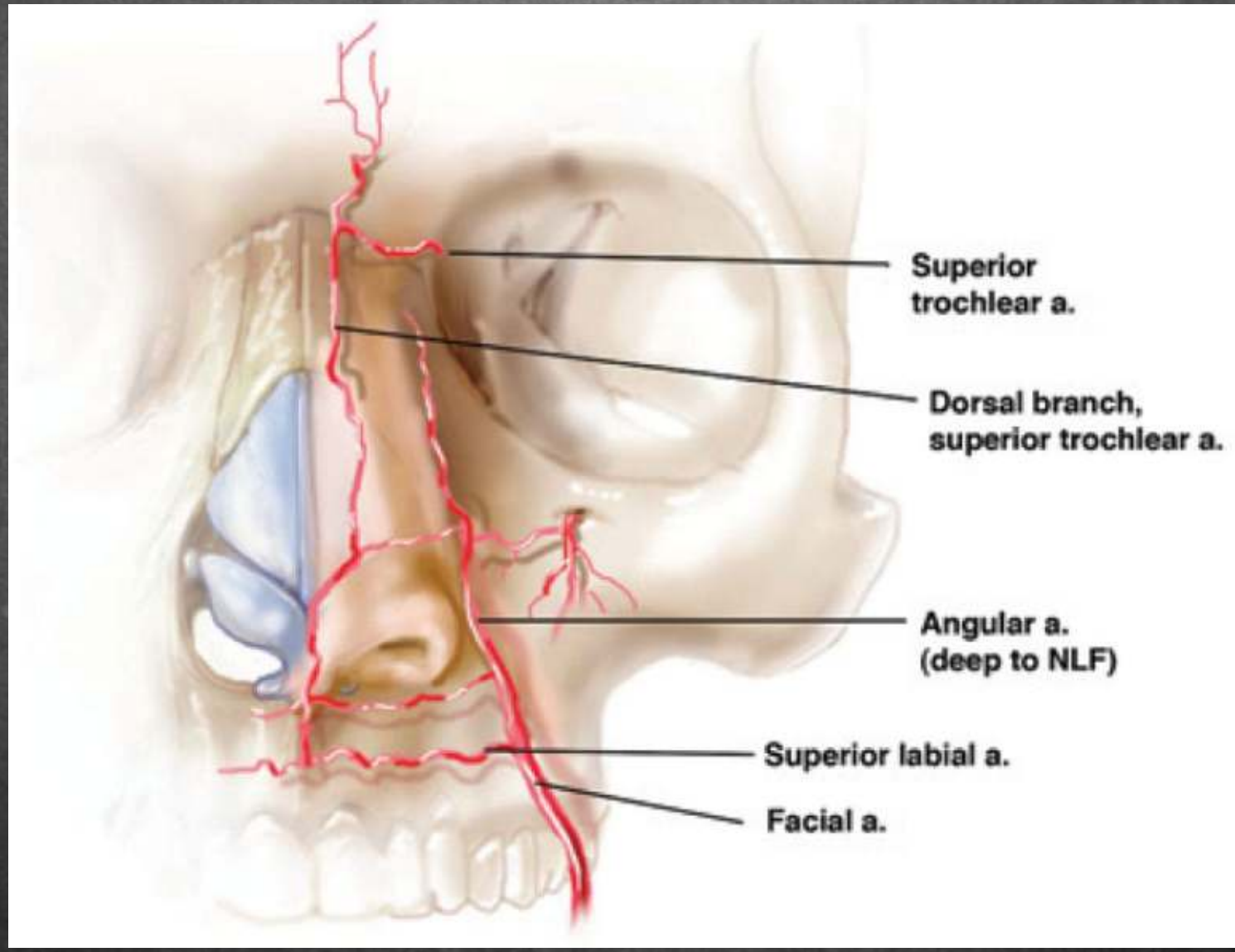

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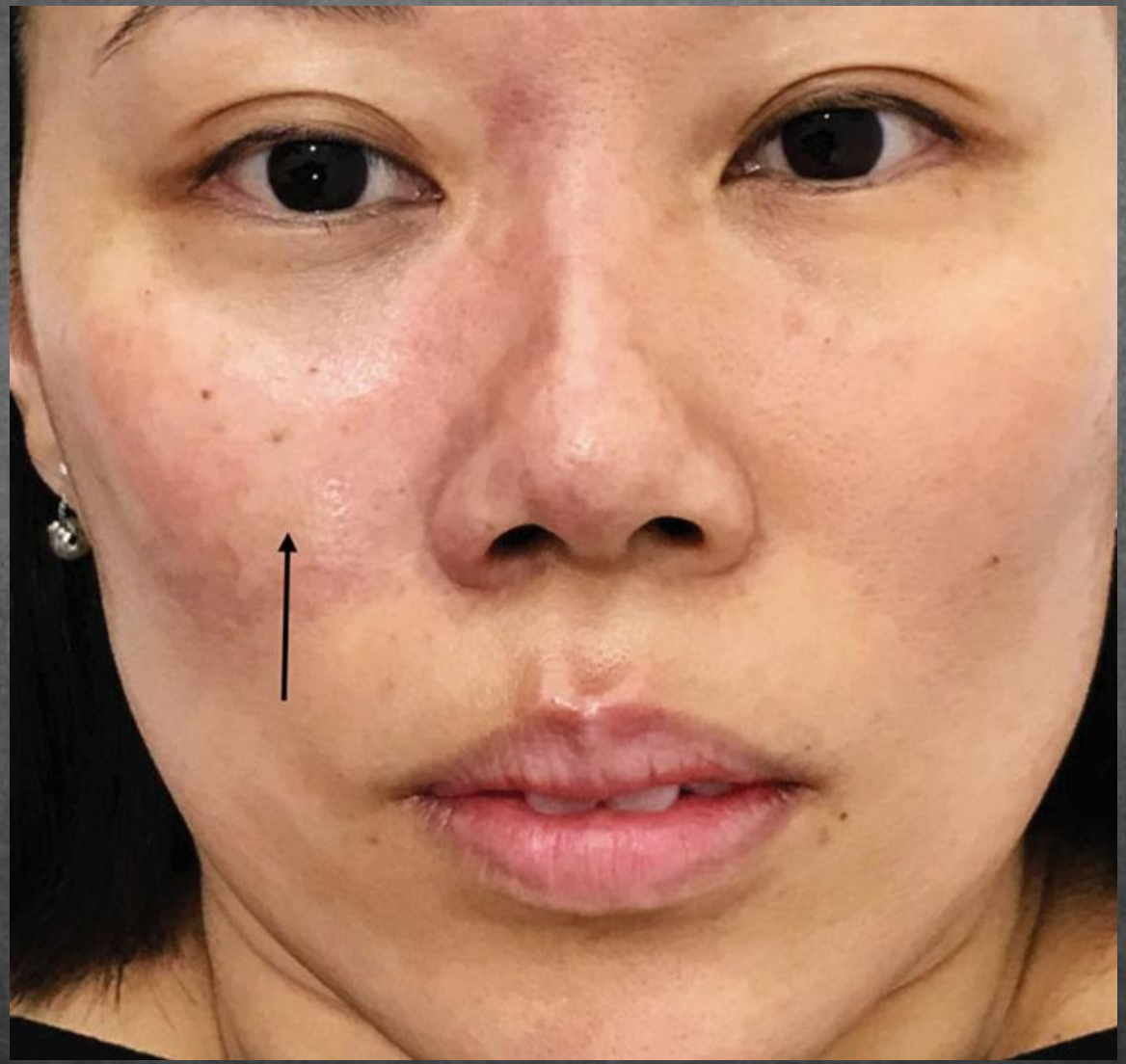

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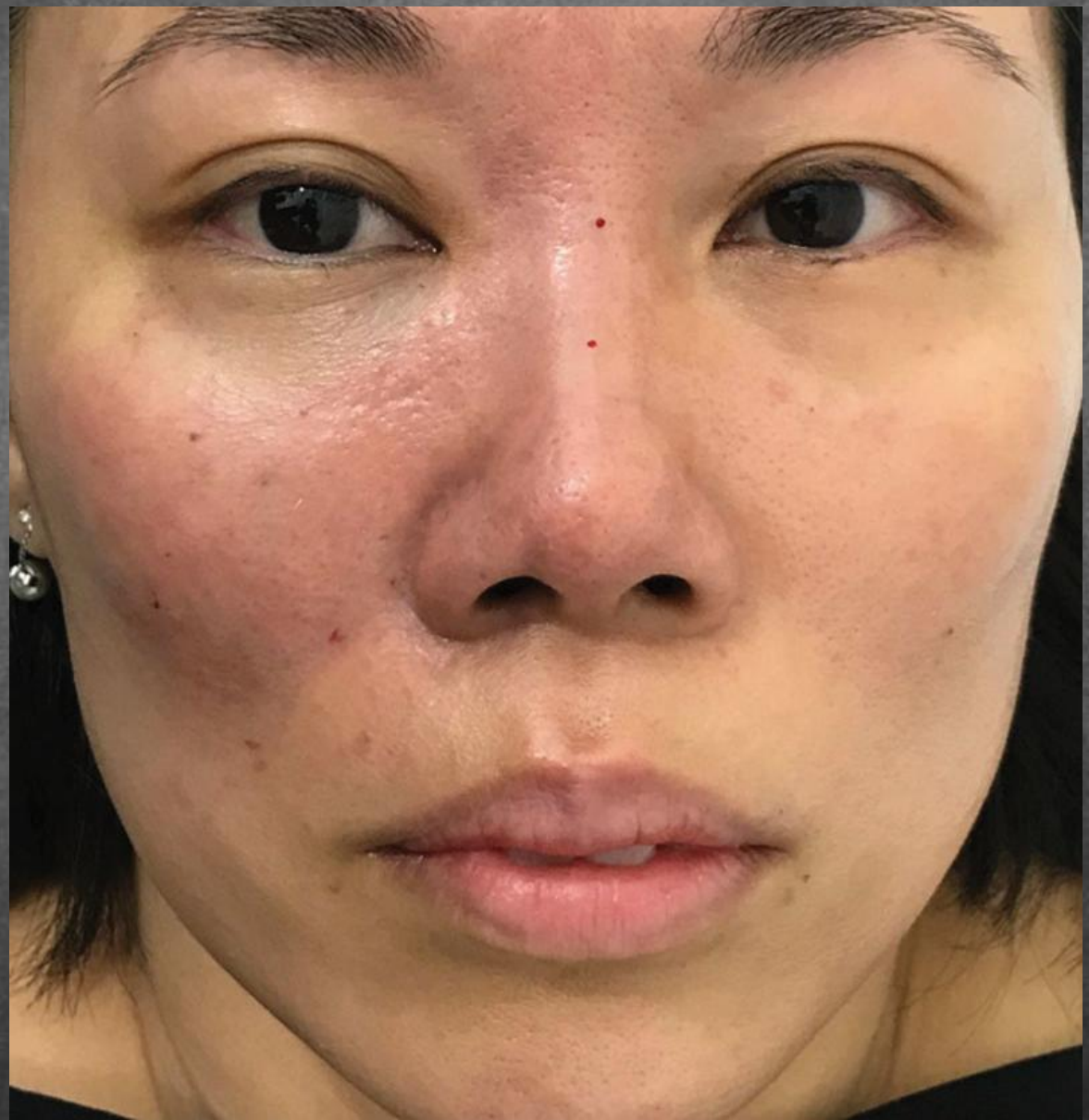

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ZONES A RISQUES

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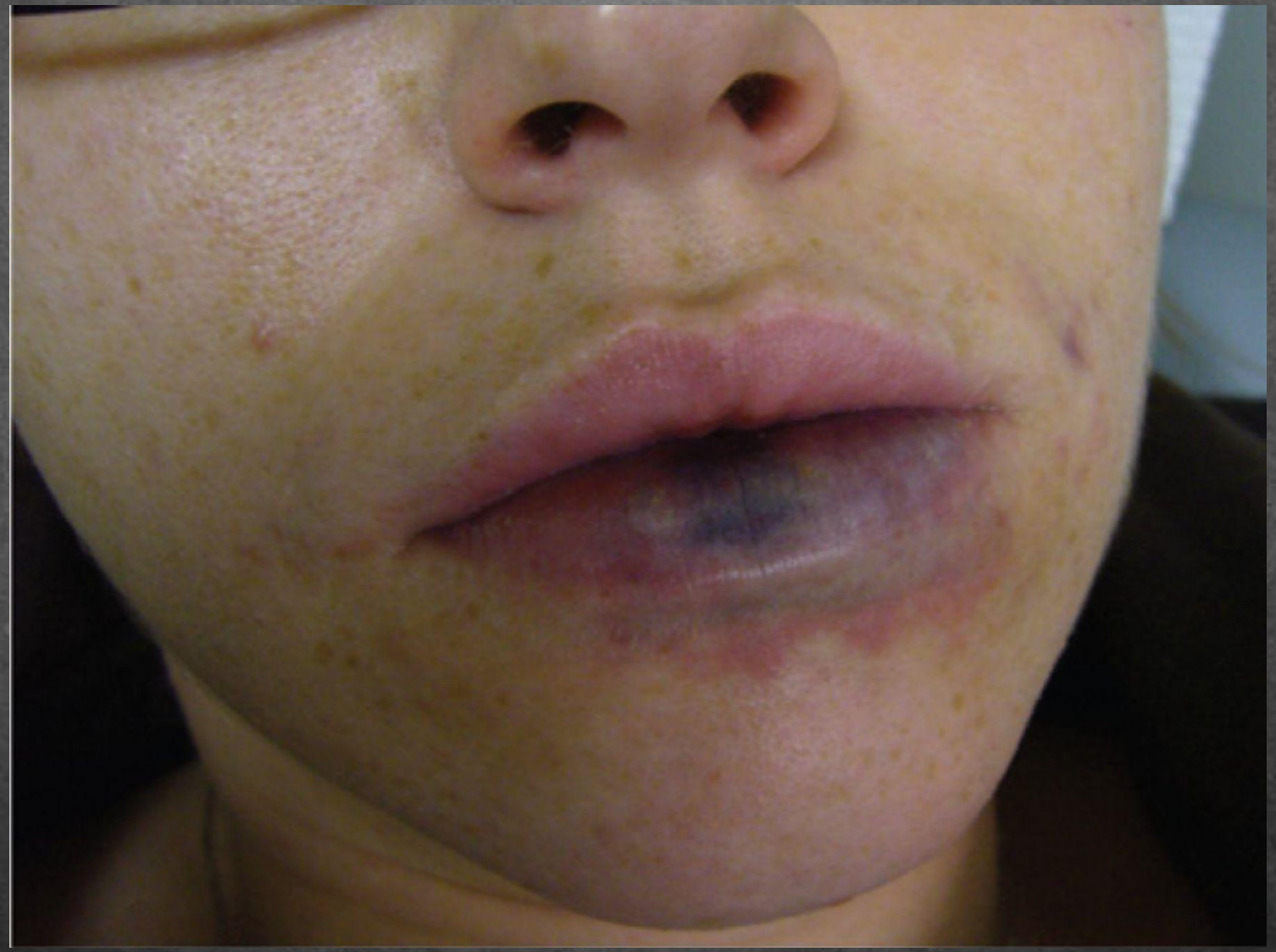

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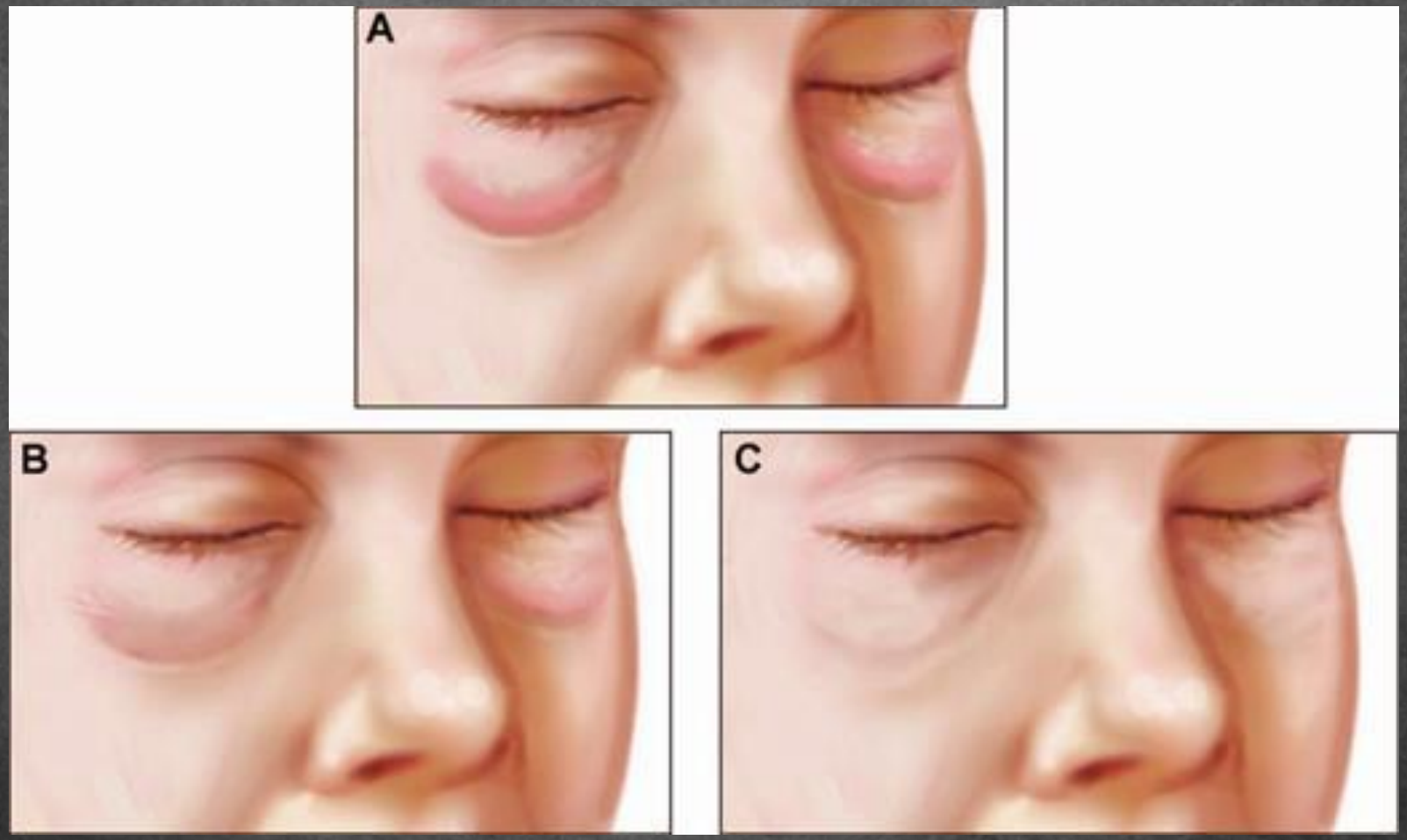
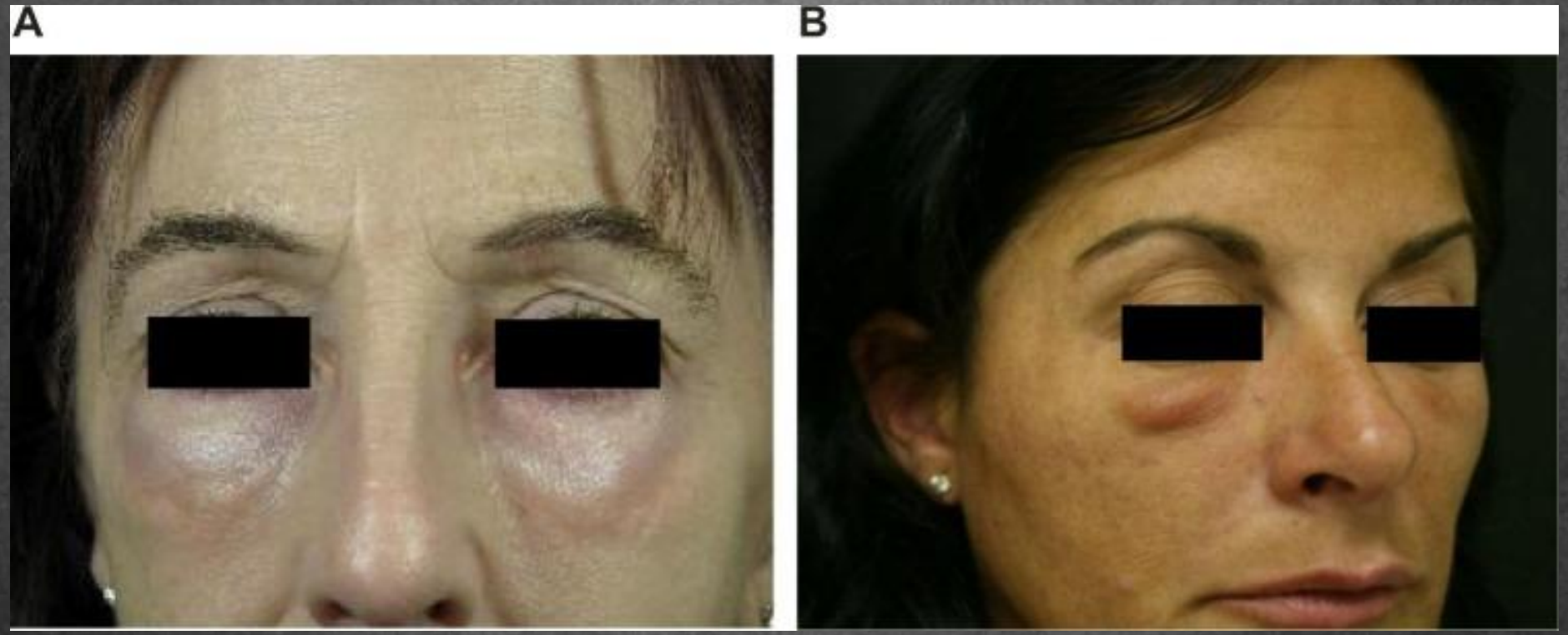
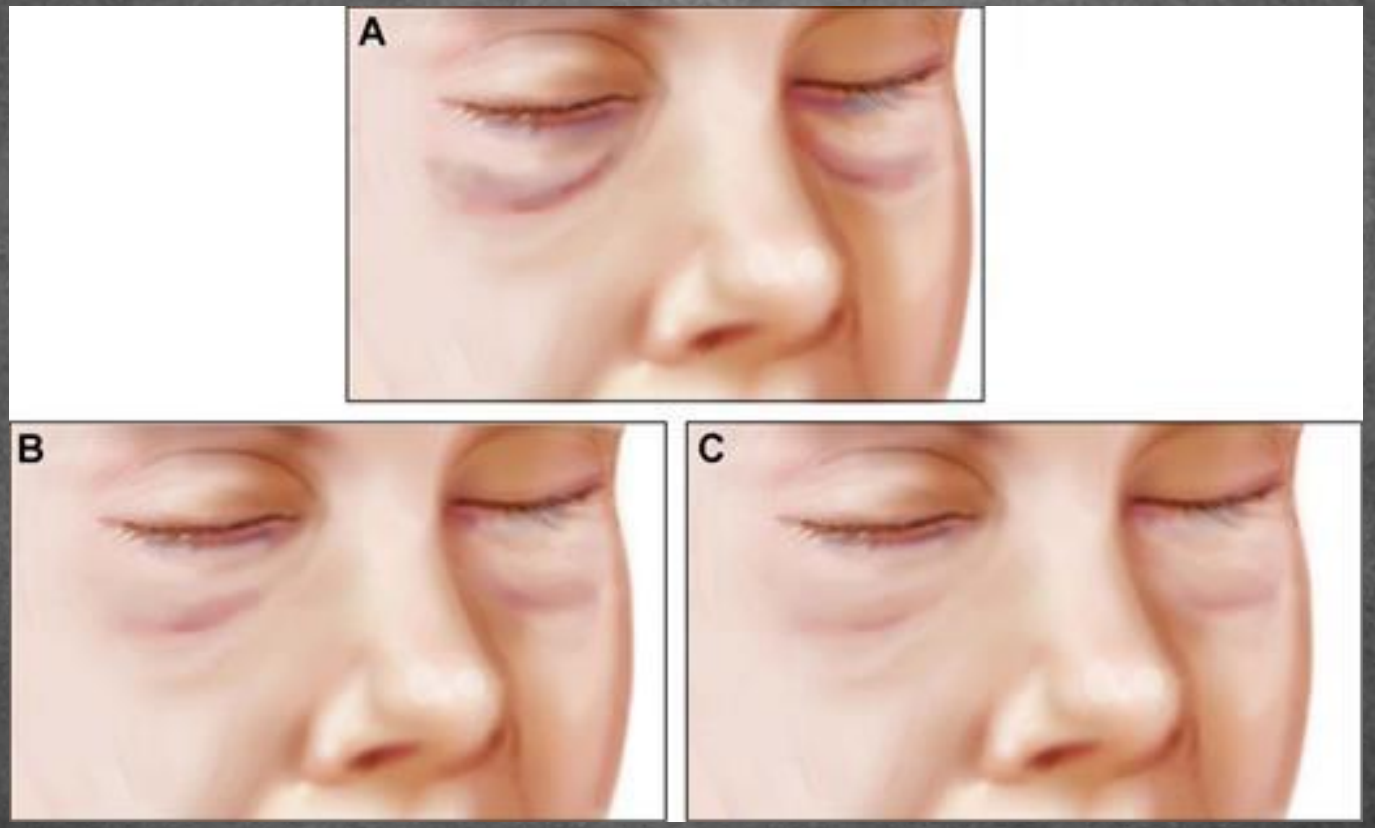
SITE ET QUANTITÉ



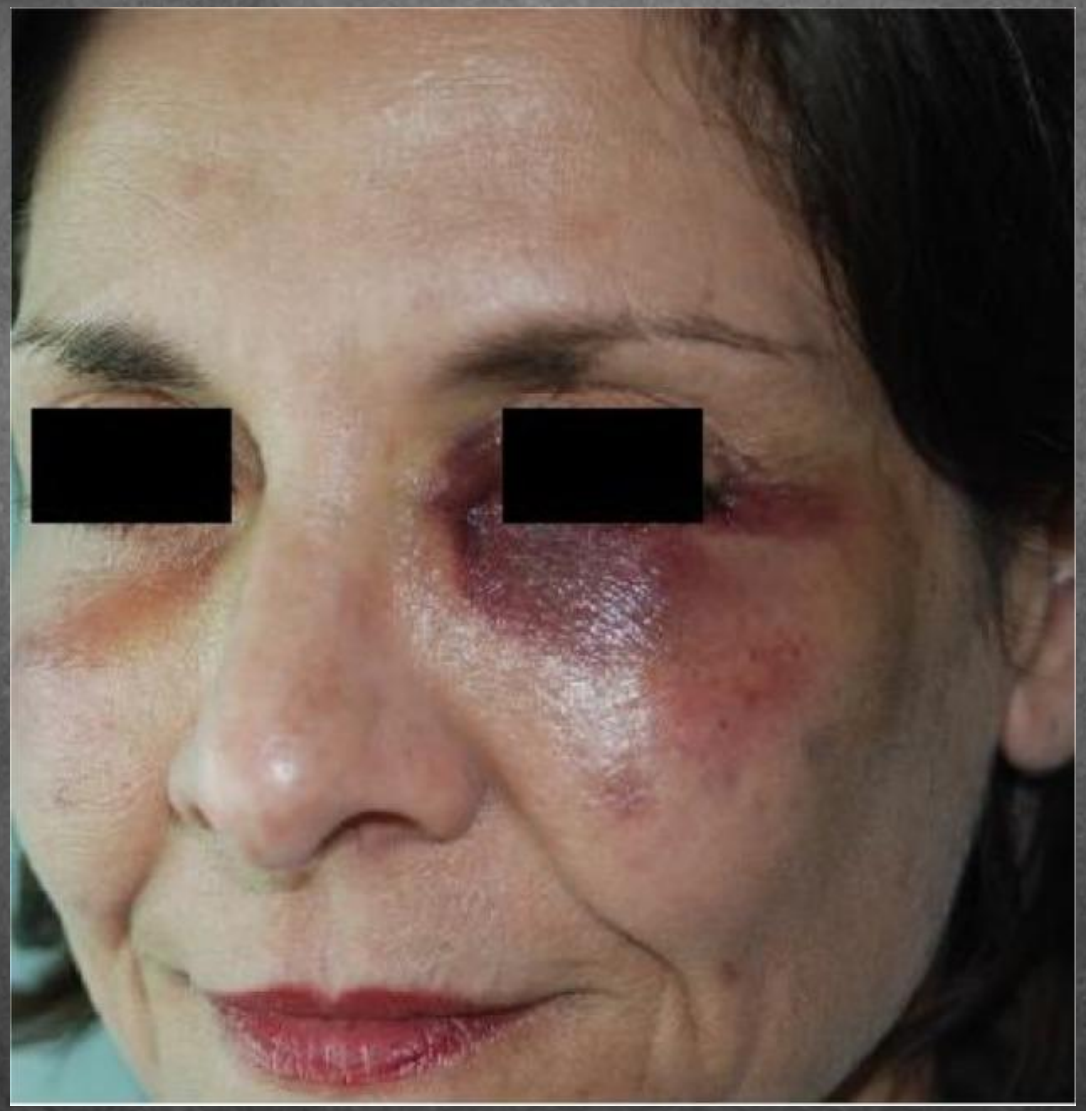
SITE - QUANTITÉ - ŒDÈME



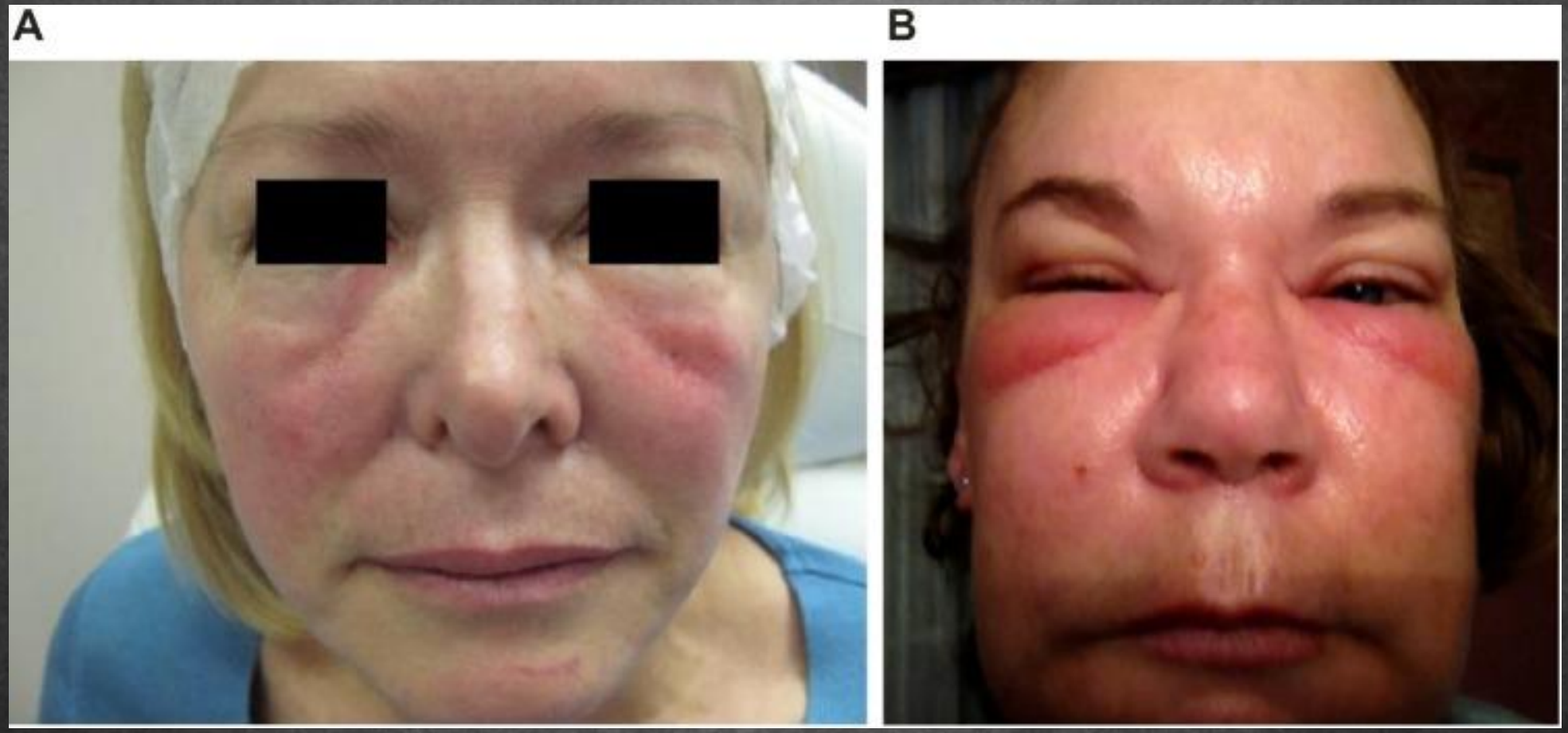
EFFET TYNDHAL



ECCHYMOSE

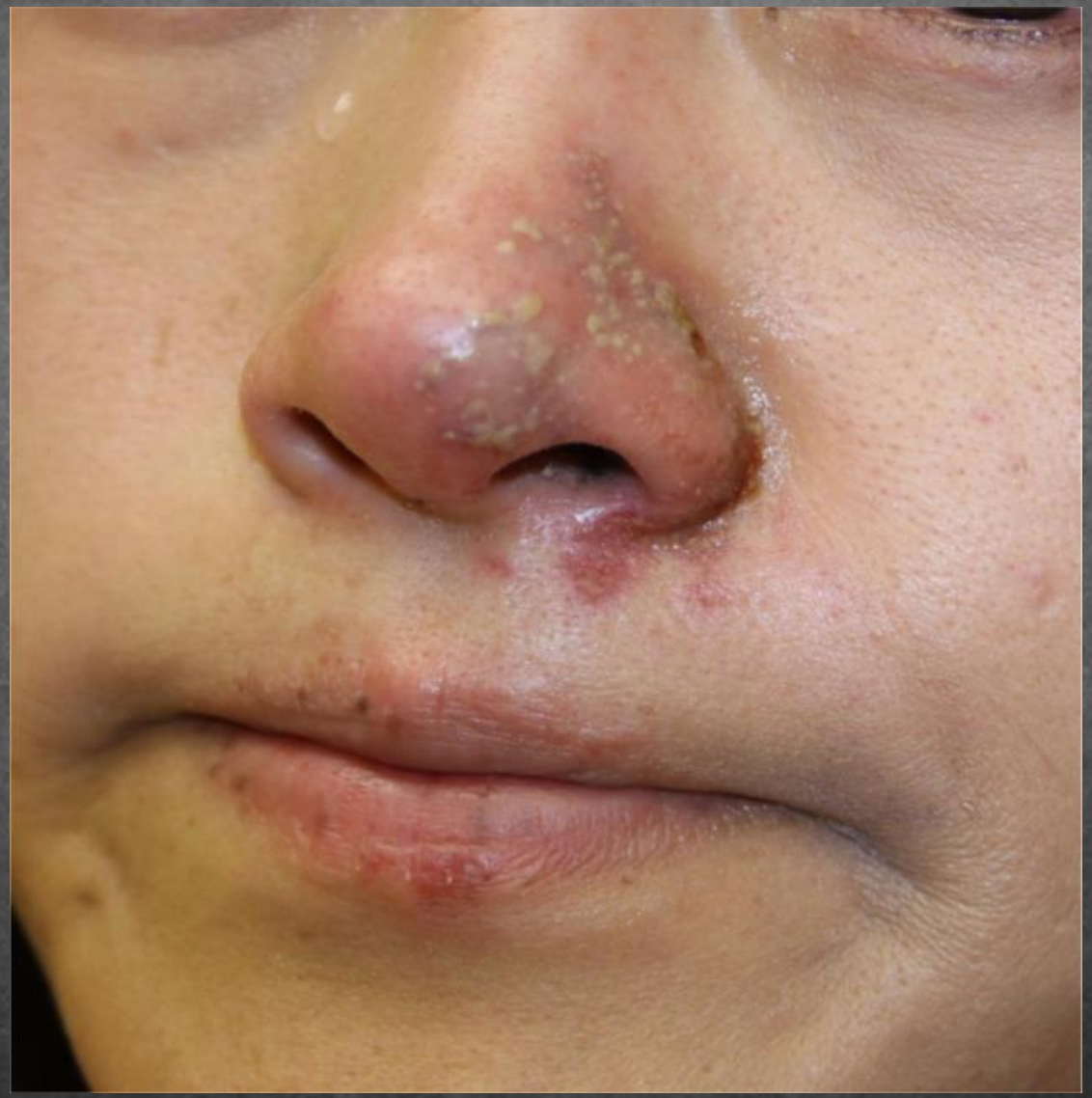


ŒDÈME



HERPES

HERPES



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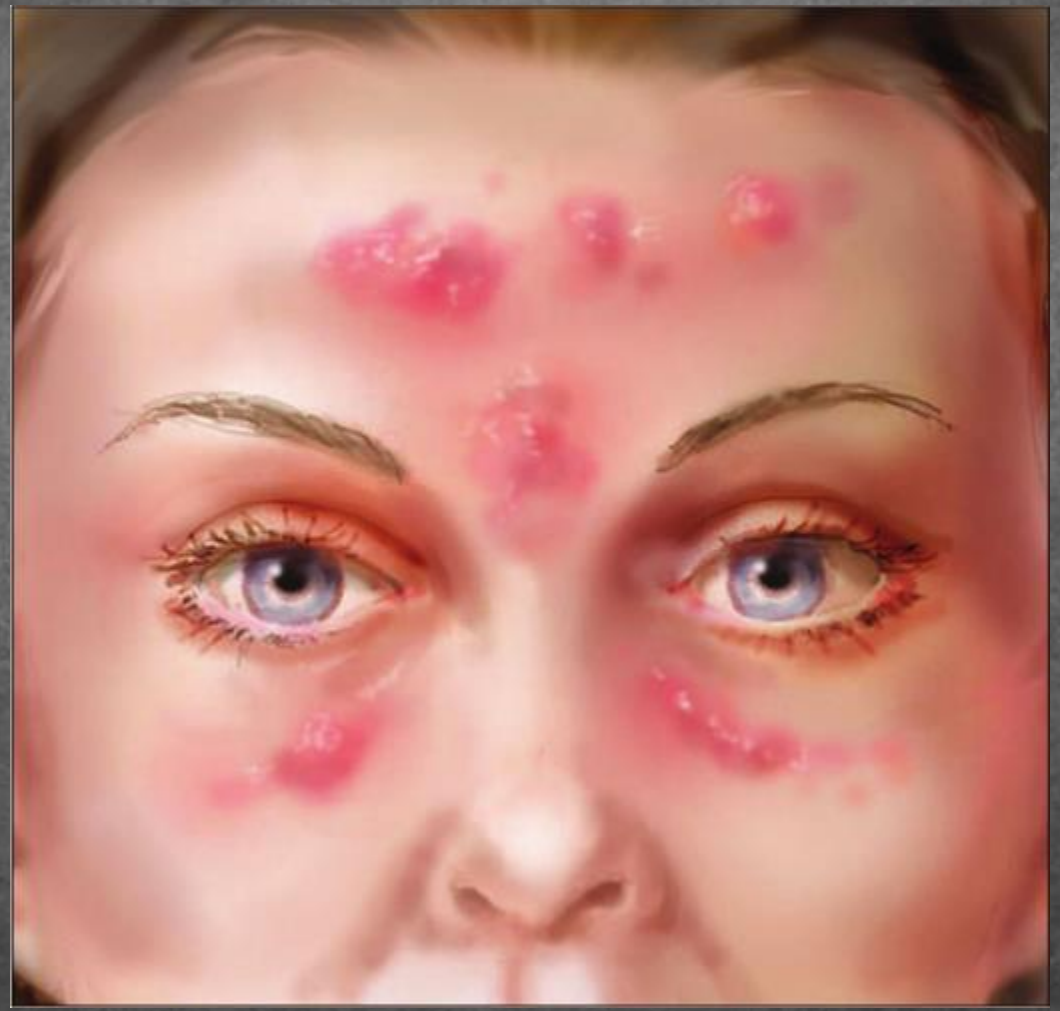
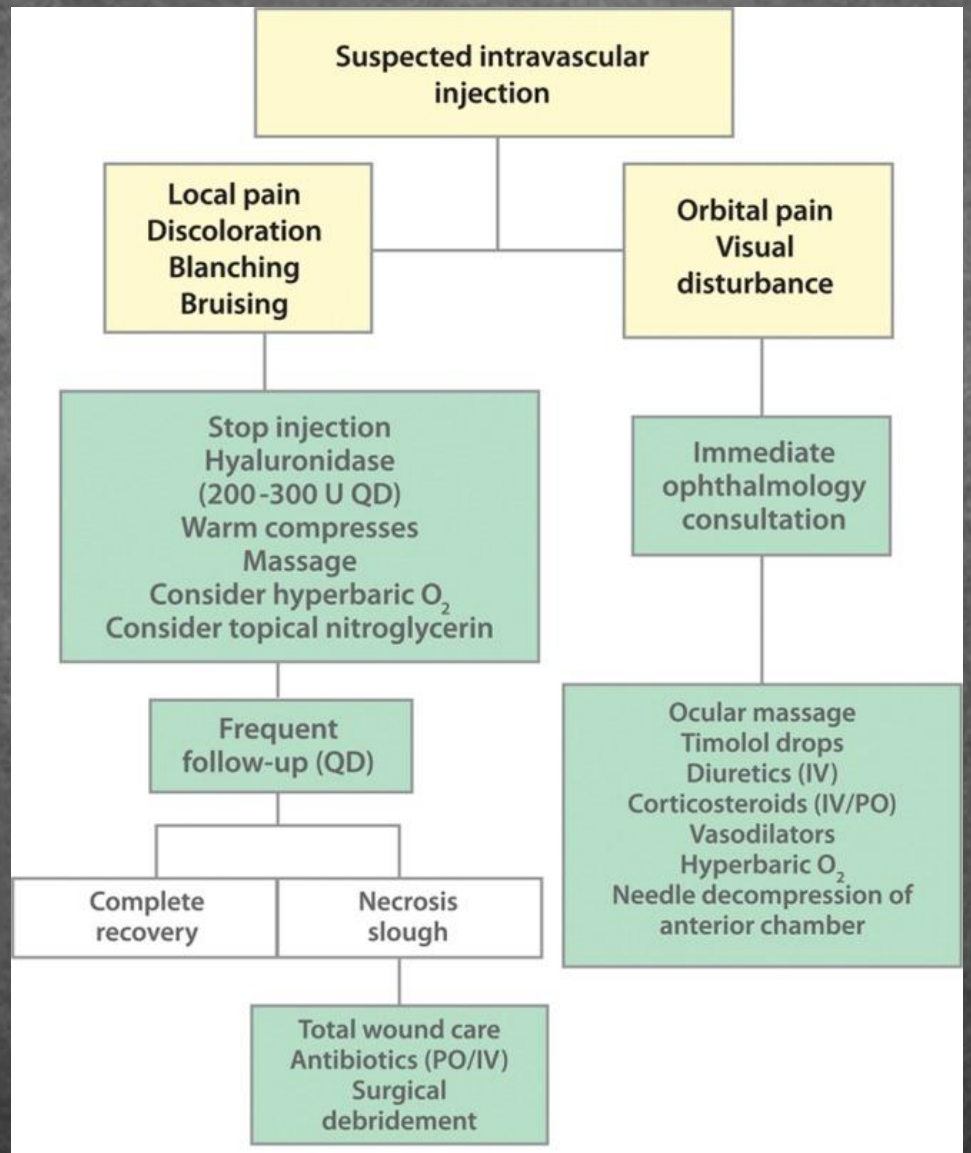
HERPES



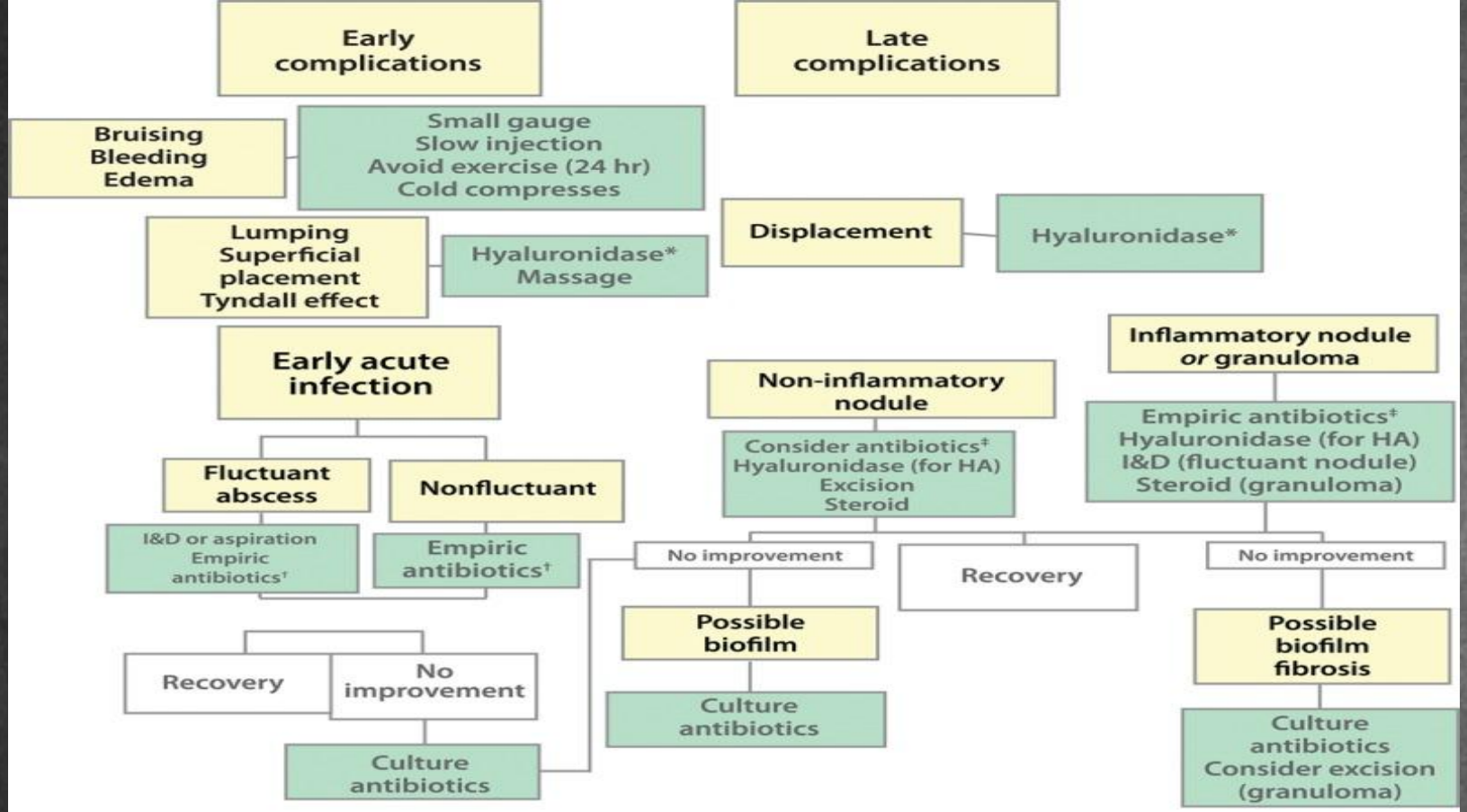
SAFETY

Know injection anatomy
Beware of "danger" areas
Aspirate before injecting
Slowly inject with the least amount of pressure possible
Move tip with delivery of product
Incrementally inject 0.1 to 0.2 ml of product
Use small syringe to deliver precise aliquots
Use small needle to slow injection speed
When indicated, use blunt microcannulas
Carefully consider the patient's medical history
Stop injecting if resistance is encountered or the patient experiences pain/discomfort
Always monitor the patient

CAT



QD, once daily; IV, intravenous; PO, per os.



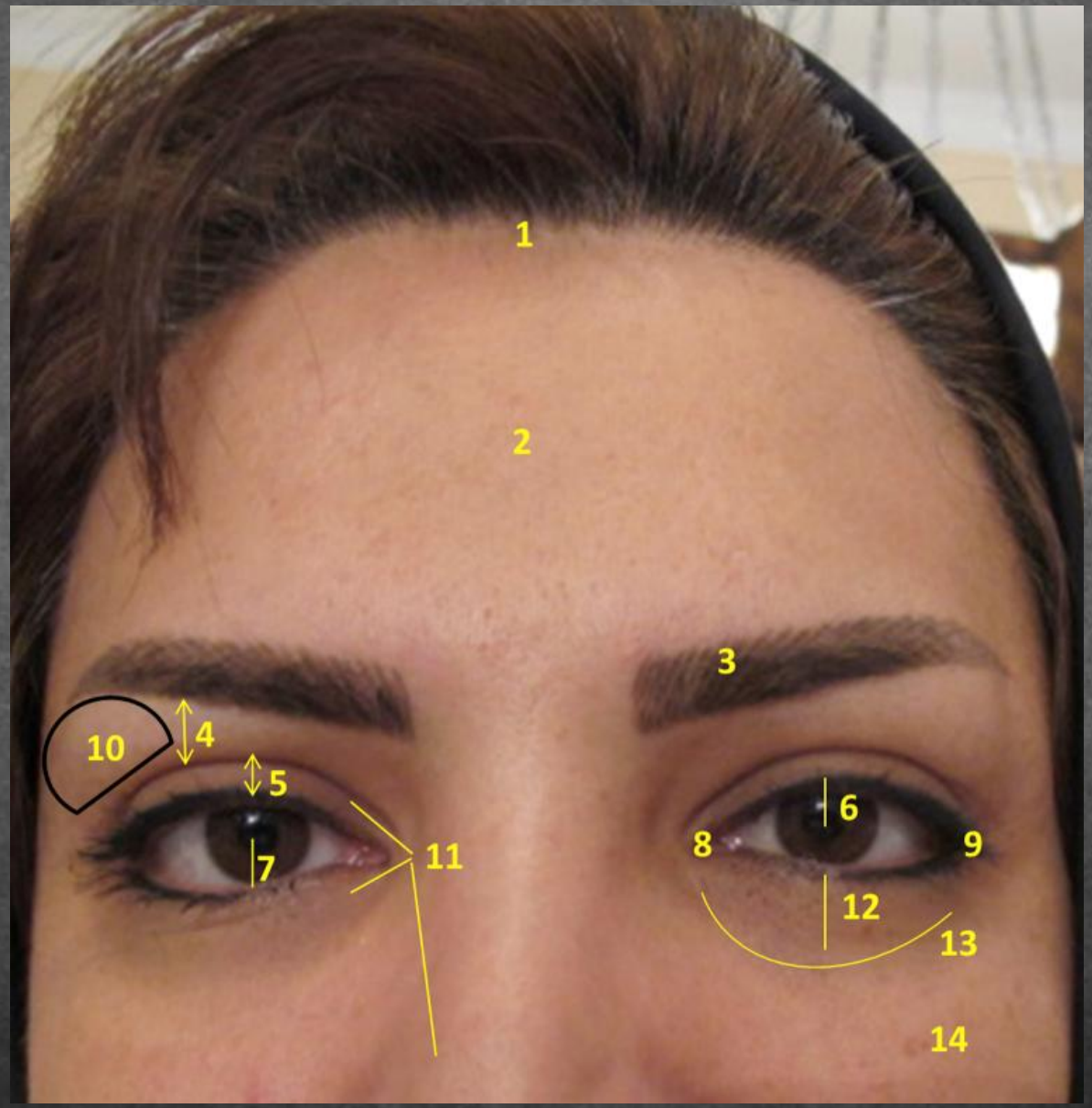
HA, hyaluronic acid; I&D, incision and drainage.

*Recommended hyaluronidase schema:	†Recommended empiric antibiotic therapy:	‡Recommended empiric antibiotic therapy:
• <2.5 mm area: 10 to 20 U single injection; repeat injection if required • 2.5 mm to 1 cm: 2 to 4 injection points with 10 to 20 U per injection point; repeat injection if required	• Amoxicillin + clavulanate *or* • Cephalexin *or* • Ciprofloxacin 750 mg twice daily for 1 week (if penicillin allergy) Both antibiotic and antiviral therapy are reasonable options when etiology is uncertain	• Clarithromycin 500 mg + moxifloxacin 400 mg twice daily for 10 days *or* • Ciprofloxacin 500 to 750 mg twice daily for 2 to 4 weeks *or* • Minocycline 100 mg once daily for 6 months

CAT

EN PRATIQUE

PHYSIOLOGIE 1/3 SUP



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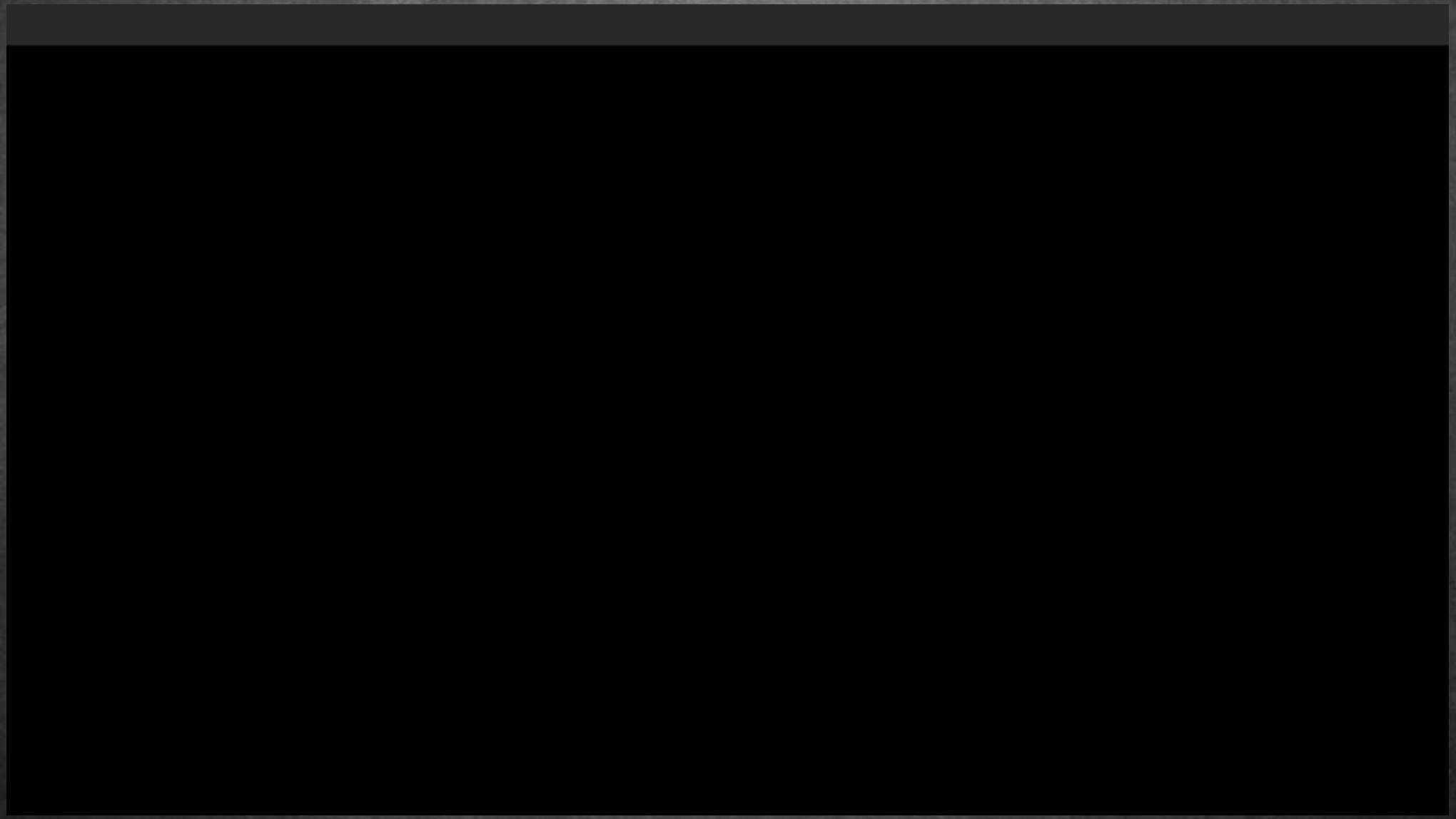
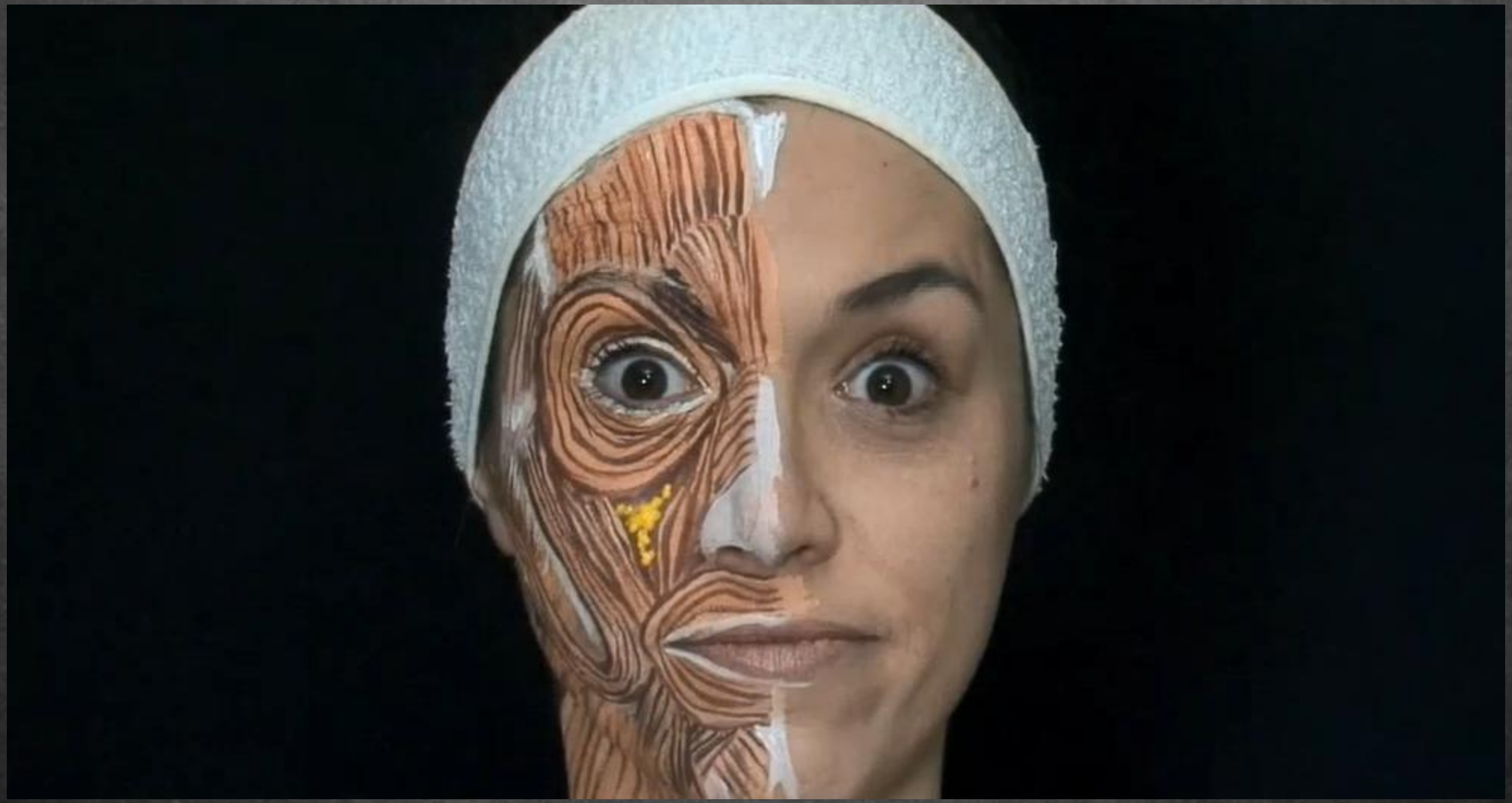
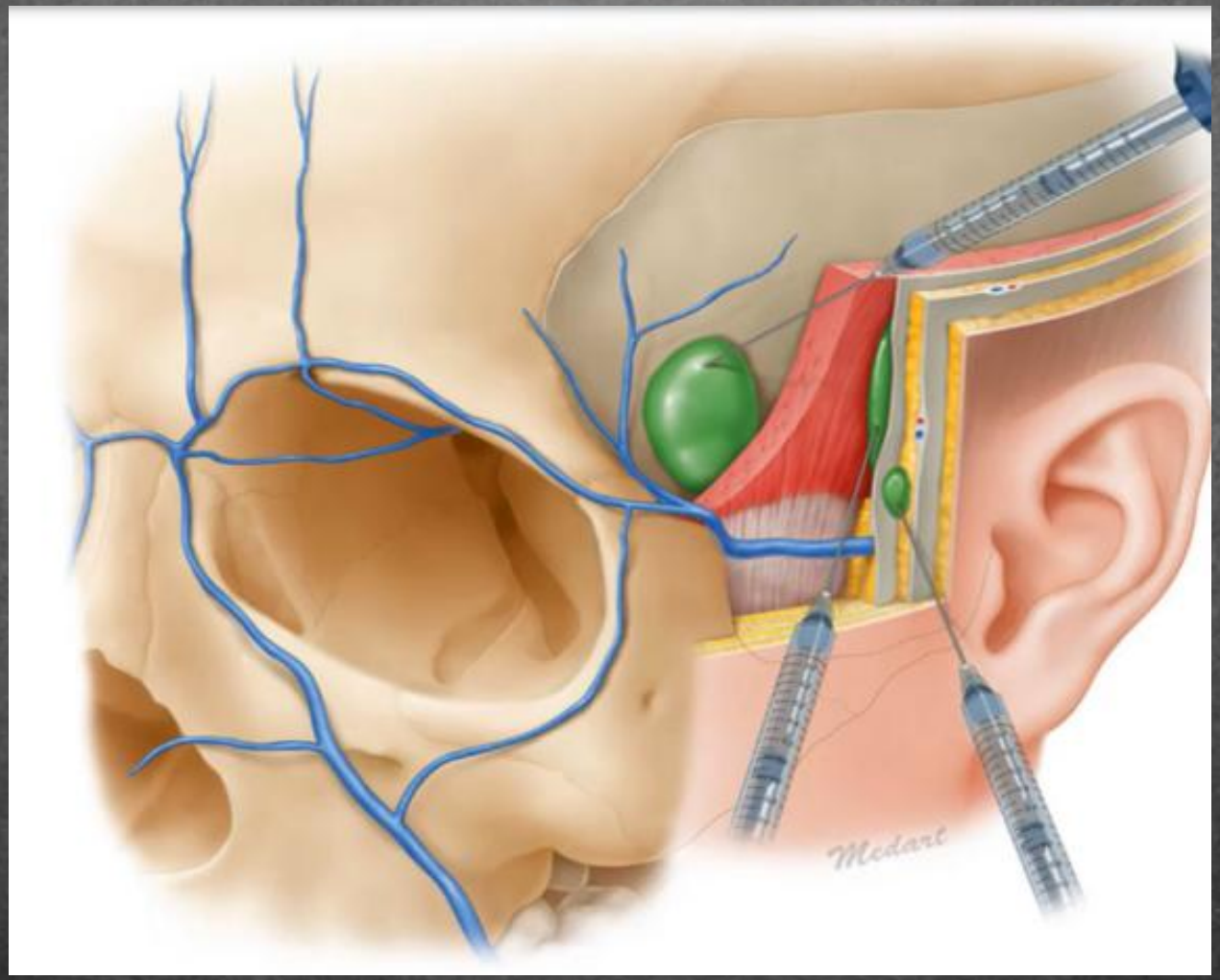
INJECTIONS REPERES TB



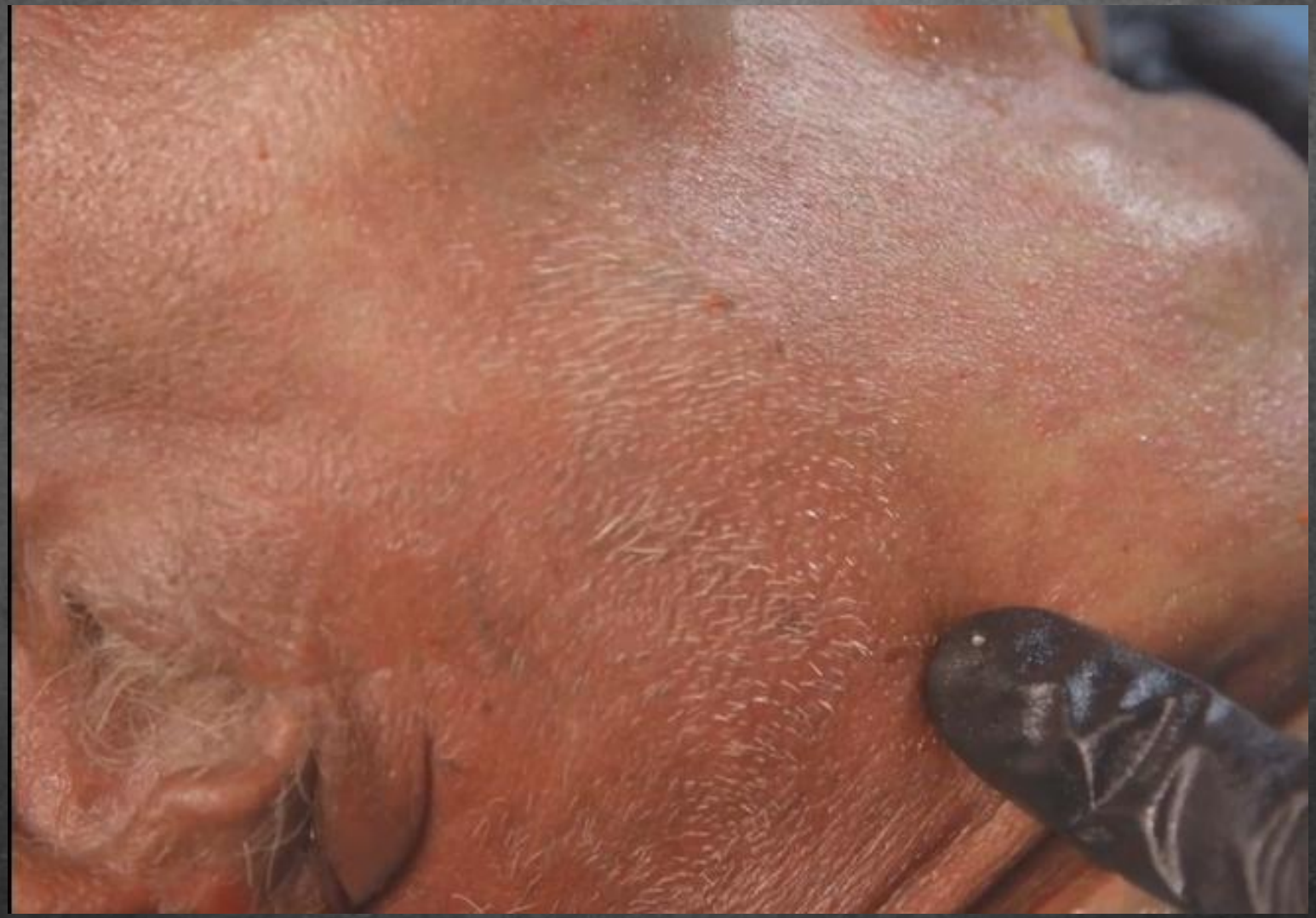
EXAMEN DYNAMIQUE



LOGE TEMPORALE



INJECTION MANDIBULAIRE PLAN



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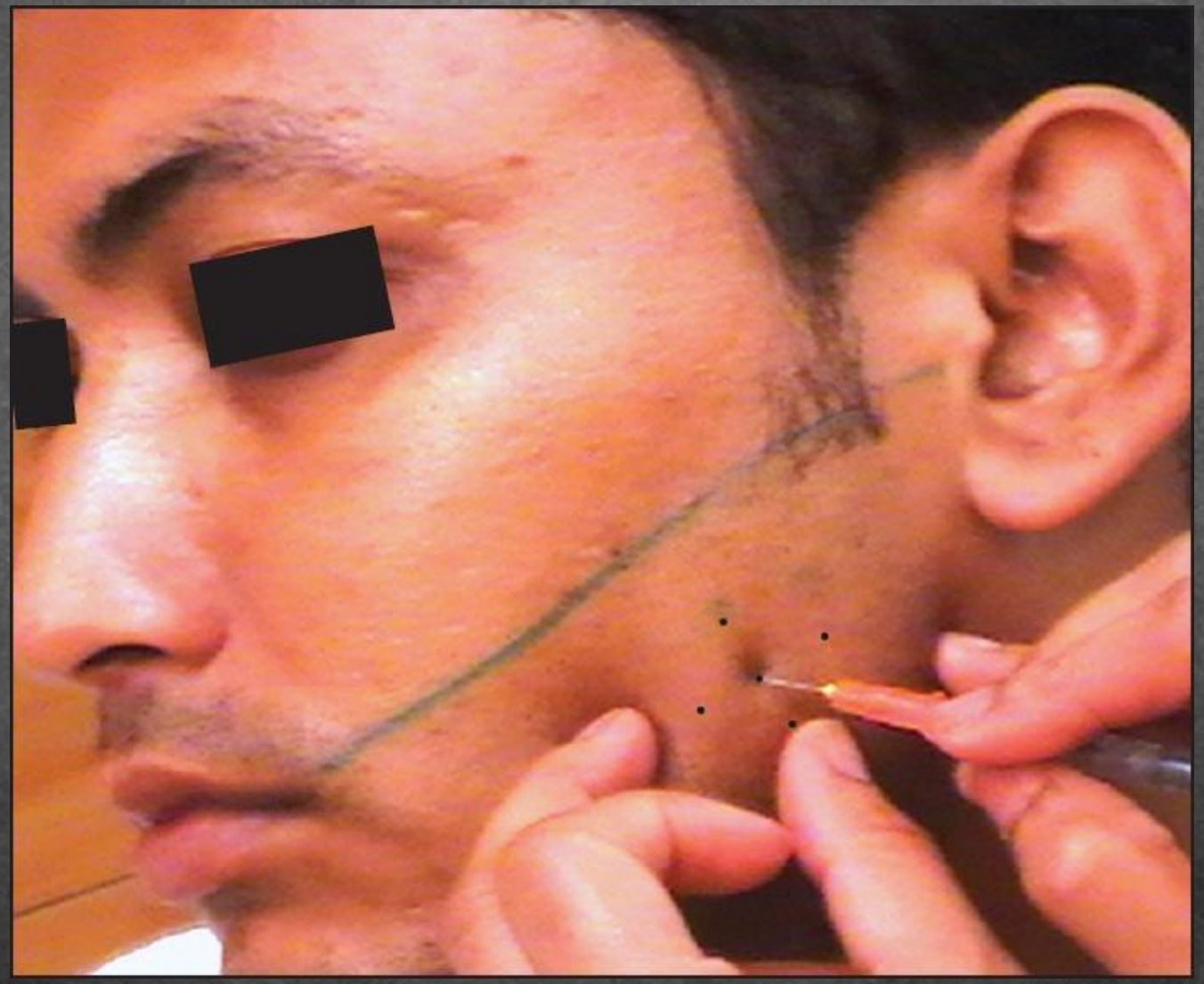
MASSETER INJECTION



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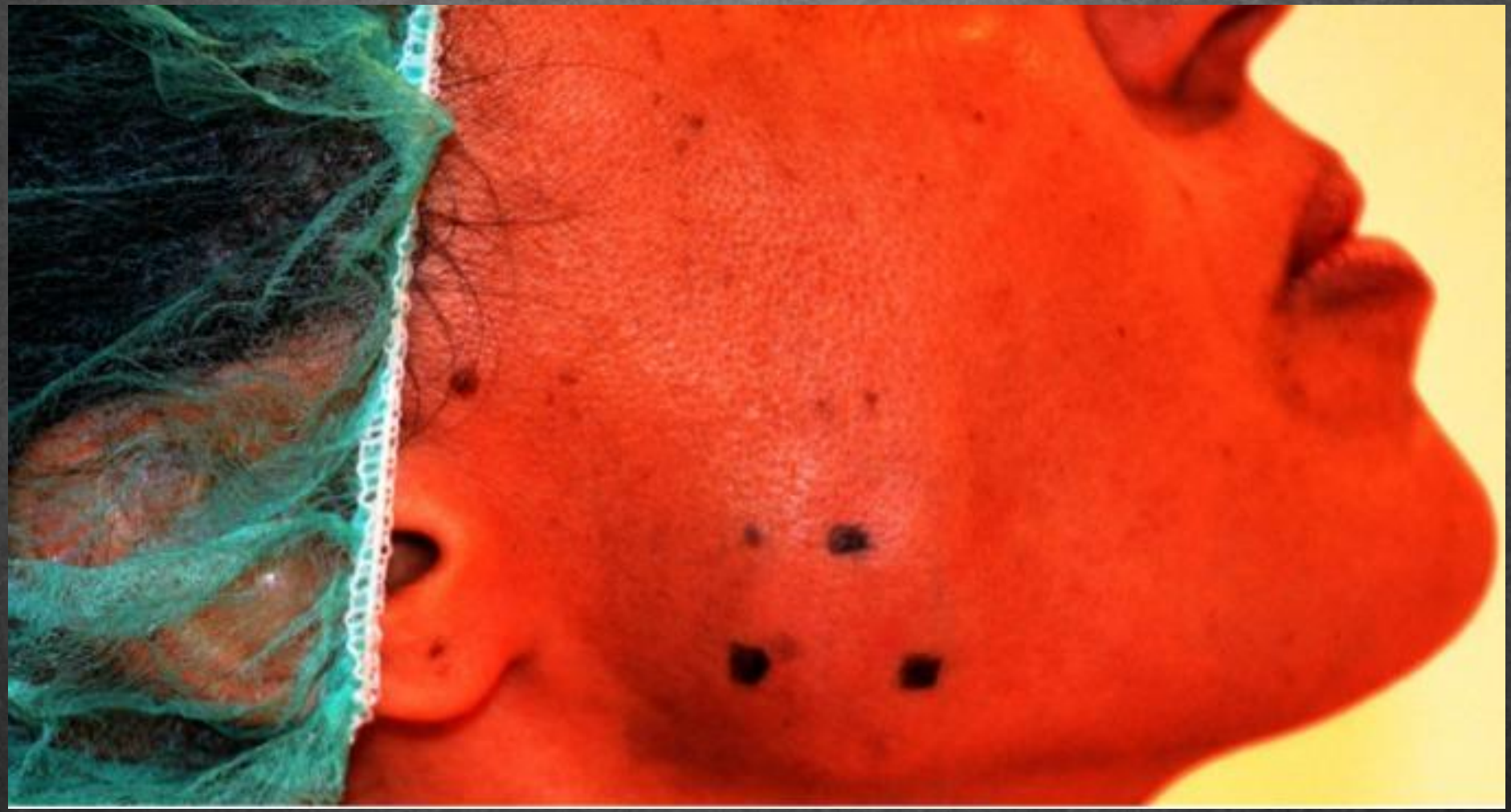
Kasturi Bhattacharjee, Manpreet Singh, and Harsha Bhattacharjee
Extended effect after a single dose of type A botulinum toxin for asymmetric masseter muscle hypertrophy

MASSÉTER POINTS D'INJECTIONS



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MERCI !