

Traditional versus limited delamination entry points: a study assessing the enhancement of the jowl and the labiomandibular fold in primary rhytidectomy

Submission date 28/06/2026	Recruitment status No longer recruiting	☐ Prospectively registered ☒ Protocol
Registration date 01/07/2026	Overall study status Completed	☐ Statistical analysis plan ☐ Results
Last Edited 30/06/2026	Condition category Other	☐ Individual participant data ☒ Record updated in last year

Plain English summary of protocol

Background and study aims

This research compared two different surgical techniques for face and neck lifts to see which approach provides better and longer-lasting results for the lower face and jawline.

Who can participate?

Adult patients (ages 45–70) seeking a primary face and neck lift for signs of aging, such as sagging jowls and prominent mouth lines.

What does the study involve?

Patients were randomly assigned to one of two groups using a computer-generated sequence. Group A (Traditional Entry Point): Surgeons performed a wider area of skin separation (delamination) before reaching the deeper tissue layers.

Group B (Preservation Entry Point): Surgeons used a newer "limited delamination" technique, which involves keeping more of the skin connected to the underlying tissue layers.

Measurements: Visual Assessment: Independent surgeons, who did not know which technique was used for each patient, graded the patients' jowl and mouth line improvements using standardized photographic scales.

Patient Satisfaction: Patients completed standardized questionnaires (FACE-Q) to rate their satisfaction with their appearance and the surgical outcome.

Tissue Science (Biomechanical Testing): During the surgery, small samples of the tissue layer, usually removed during a facelift (the SMAS), were tested in a laboratory to measure how much they stretch, relax, and elongate under tension.

Follow-up: Surgeons and patients evaluated the results at 1 month and again at 12 months after the surgery to check for long-term stability.

What are the possible benefits and risks of participating?

Participants may benefit from facial rejuvenation and improved aesthetic outcomes. Risks are those associated with elective rhytidectomy, including potential hematoma, seroma, and temporary neuropraxia, all of which are managed with standard conservative care.

Where is the study run from?

Ain Shams University Faculty of Medicine, Egypt.

When is the study starting and how long is it expected to run for?

September 2024 to June 2026.

Who is funding the study?

Investigator initiated and funded.

Who is the main contact?

Dr Mohamed Afifi, mohamednagyb0100066@med.asu.edu.eg

Contact information

Type(s)

Principal investigator, Public, Scientific

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Additional identifiers

Study information

Scientific Title

TEP vs. PEP in primary rhytidectomy

Study objectives

To compare aesthetic efficacy: The primary objective was to perform the first prospective, randomized comparison of the aesthetic efficacy of the Traditional Entry Point (TEP) versus the Preservation Entry Point (PEP) rhytidectomy approaches.

To assess long-term longevity: The study aimed to determine if either approach offers verifiable improvements in the longevity of aesthetic results against gravitational descent over a 12-month follow-up interval.

To quantify biomechanical properties: An explicit objective was to bridge the current lack of quantitative data by providing an ex-vivo biomechanical analysis to compare the tensiometric and viscoelastic properties of the SMAS tissue used in each surgical approach.

To evaluate lower facial correction: The study sought to specifically quantify the statistical superiority of each entry point in correcting the labiomandibular fold (marionette lines) and jowls.

Ethics approval required

Ethics approval required

Ethics approval(s)

Submitted 24/09/2024, Aln Shams University Faculty of Medicine, Research Ethics Committee (Ain Shams University Faculty of Medicine, El-Khalyfa El-Mamoun Street, Abbasya, Cairo, 11546, Egypt; +20 00201099223531; ecat@med.asu.edu.eg), ref: 00006379

Primary study design

Interventional

Allocation

Randomized controlled trial

Masking

Blinded (masking used)

Control

Active

Assignment

Computer based program

Purpose

Treatment

Study type(s)

Health condition(s) or problem(s) studied

Aesthetic study requiring the clinical presence of moderate to severe lower facial aging, specifically defined by visible jowling equivalent to Grade 2 or higher on the Croma Jawline Sagging Assessment Scale, accompanied by the presence of clearly delineated labiomandibular folds (marionette lines).

Interventions

Patients were randomly assigned to one of two groups using a computer-generated sequence.

Group A: Traditional Entry Point (TEP):

This approach involved a subcutaneous dissection from the preauricular incision, extending anteriorly across the cheek to a vertical line drawn from the lateral canthus to the gonial angle of the mandible. The SMAS layer was incised at this specific line, followed by deep plane dissection, independent rotation and suspension of the SMAS flap, and subsequent skin redraping and excision.

Group B: Preservation Entry Point (PEP): This approach featured subcutaneous dissection limited to less than 2.0 cm from the initial preauricular incision. The deep plane entry point was defined using the lateral "sailboat" modification. The skin and SMAS were entered as a single composite flap and mobilized extensively following the release of the retaining ligaments.

Intervention Type

Procedure/Surgery

Primary outcome(s)

1. Aesthetic enhancement of the lower face measured using the Croma Jawline Sagging Assessment Scale, Marionette Lines Grading Scale and FACE-Q Aesthetics module at baseline (preoperatively) and 12-Months

Key secondary outcome(s)

Completion date

28/06/2026

Eligibility

Key inclusion criteria

1. Male and female patients
2. Aged between 45 and 70 years
3. Deemed medically fit for elective general anesthesia (ASA class I or II)
4. Aesthetic inclusion strictly required:
 - 4.1. The clinical presence of moderate to severe lower facial aging
 - 4.2. Specifically defined by visible jowling equivalent to Grade 2 or higher on the Croma Jawline Sagging Assessment Scale, accompanied by the presence of clearly delineated labiomandibular folds (marionette lines)

Healthy volunteers allowed

Yes

Age group

Mixed

Lower age limit

45 Years

Upper age limit

70 Years

Sex

All

Total final enrolment

96

Key exclusion criteria

Patients with a history of any previous surgical facial rejuvenation were strictly excluded to prevent confounding anatomical alterations

2. Active tobacco smoking or nicotine use within the preceding four weeks

3. The presence of systemic connective tissue disorders

4. Uncontrolled diabetes mellitus (HbA1c > 7.0%)

5. A Body Mass Index (BMI) exceeding 30 kg/m², and a clinical diagnosis of body dysmorphic disorder.

Date of first enrolment

01/09/2024

Date of final enrolment

01/04/2026

Locations

Countries of recruitment

Egypt

Sponsor information

Organisation

Ain Shams University Faculty of Medicine

ROR

<https://ror.org/00cb9w016>

Funder(s)

Funder type

Funder Name

Investigator initiated and funded

Results and Publications

Individual participant data (IPD) sharing plan

IPD sharing plan summary

Not expected to be made available

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Other files	version 3		30/06/2026	No	No
Other files			30/06/2026	No	No
Participant information sheet			30/06/2026	No	Yes
Participant information sheet			30/06/2026	No	Yes
Protocol file			30/06/2026	No	No