

The Aging Face. Preferred Terms

Wrinkles, Mimetic Lines, Mimetic Furrows, and Folds

The skin superficial age related changes can be classified as follows:

Wrinkles – Fine superficial lines. They are associated with textural changes of the skin surface.

Mimetic Wrinkles – Lines and Furrows. They are the visible effect of deep dermal creasing caused by repeated facial movement and expression combined with dermal elastosis. These lines are perpendicularly oriented with respect to the underlying muscular fibers. The mimetic wrinkles can be divided into **Lines** (partial thickness) and **Furrows** (full thickness).

Skin Folds – Overlapping skin. They are the result of overlapping skin caused by laxity, loss of tone, gravity and consequent sagging.

Baggy Eyelid (Inferior Lid Bags) – The bulge affecting the lower lid area secondary to the combination of attenuation and lengthening of the skin, orbicularis oculi muscle, canthal tendons, and orbital septum with pseudoherniation of orbital fat.

Blepharochalasis – Should be differentiated from Dermatochalasis. It is an uncommon condition characterized by episodic edema and erythema of the eyelids. Blepharochalasis is more common in young women and may result in premature relaxation and laxity of the eyelid skin with wrinkling and hooding.

Connell's Sign – It is a lateral extension over the eyelid and onto the lateral periorbital region. The Connell's Sign is considered a hallmark of forehead ptosis.

Crow's Feet and Eyelid Wrinkles – Fine wrinkles or lines developing on the lower lid and the lateral aspect of the orbital region perpendicular to the fibers of the underlying orbicularis oculi muscle (see also Mimetic Wrinkles, Lines and Furrows).

Eyelid Bags (Baggy Eyelid) – It is the visible bags of the lower eyelid caused by the processes of pseudoherniation of orbital fat and the attenuation and lengthening of the orbital septum, orbicularis oculi muscle, skin, and lower canthus (see also festoons).

Dermatochalasis – Excess of eyelid skin that is usually more prevalent in the upper eyelids. It is a frequent condition in middle-aged subjects and a common one in the elderly.

Festoons (or Cheek Bags, Malar Bags) – It is the ptosis of the sub-orbicularis oculi fat (SOOF). Malar bags should be differentiated from eyelid bags because they occur below the inferior orbital rim.

Forehead Transverse Furrows (Worry Lines) – The long horizontal mimetic furrows developing on the forehead perpendicular to the fibers of the underlying frontalis muscle.

Glabellar creases (Frown Lines, Vertical Glabellar Lines) – The mainly vertical oriented mimetic skin lines developing on the glabella perpendicular to the fibers of the underlying corrugator muscle.

Herniated Orbital Fat (Pseudoherniated Orbital Fat) – The anterior displacement of the fat located under the orbital septum. It should be examined with the patient in the upright sitting or standing position. The orbital fat pads are classically divided into two upper compartments (medial and central) and three lower compartments (medial, central, and lateral).

Horizontal Upper Lip Lines (Transverse Upper Lip Lines) – They are one or two horizontal lines located centrally over the Philtrum of the upper lip.

Intercanthal axis – The imaginary line connecting the medial and lateral canthus.

Jowls – It is a visible accumulation of subcutaneous fat along and inferior to the mandibular border. Its anterior limits, the pre-jowl depression, is given by the presence of the mandibular retaining ligaments which prevent any further anterior migration of fat

Labial commissure – The point of lateral confluence of the lips. During the act of smiling it consists of the inner and the outer commissure.

Lagophthalmos - Incomplete eyelids closure.

Lateral Canthal Bowing – It is secondary to the progressive laxity of the lateral canthal tendon. The visible effect is an inferiorly rotated lateral lid commissure with a loss of the upward lateral tilt of the intercanthal axis [LaTrenta].

Lid Tone (Eyelid Laxity) – It is the ability of the lids to maintain spontaneously and recover (recapture) quickly its normal position against the globe. The presence of horizontal lid laxity should be assessed by performing the snap test and the lid distraction test. The lid should not pulled more than 7 mm away from the globe (distraction test) and should snap back into its normal position immediately (snap test).

Lip White Rolls – The linear white skin relief placed around the vermillion border of both lips. It flattens and sometimes totally disappears with ageing.

Lip Lines - The upper and lower radial lip lines. They are mimetic wrinkles which are more pronounced as they reach the vermillion.

Marionette and Commissural Lines (Corner of the Mouth Line) – They are vertically oriented lines, which develop directly from the oral commissure (Commissural Line) or above and laterally to it (Marionette Line).

Nasolabial Fold and Nasolabial Groove (Nasolabial Line) – It is the landmark that separates the lip from the cheek. Loss of cheek support results in anteroinferior descent of subcutaneous fat with accumulation of inferior tissue, deepening the fold, and loss of superior tissue. Because the fat can not continue its descent because of the presence, at the level of the nasolabial line, of a dense fascia-to-dermis adherence, the various final effects are the formation of a deep nasolabial groove and a heavy nasolabial fold.

Palpebral malar groove – It is the eventual demarcation between the lower lid and the malar area.

Platysma bands (“Turkey Gobbler” effect) – The vertical skin bands, usually one for each side, of the aged submental and neck region. It is caused by platysma muscle

attenuation, lengthening, and dehiscence, along with fat accumulation and skin excess and photodamage.

Preauricular Lines – They are vertically oriented lines, usually two or three, which develop in the preauricular region, in front of the tragus and the lobule.

Prolapsed Lacrimal Gland – A prolapsed lacrimal gland can produce an excessive fullness of the upper eyelid in the temporal third (there is no orbital fat in the upper temporal angle of the orbit).

Red Lip Involutions – the progressive reduction of exposed vermillion as well its volume combined with the augmentation of the vertical length of the upper lip skin.

Scleral Show (Inferior Scleral Show) – is the presence of a strip of white sclera between the iris and the lower lid margin with the subject in Natural Head Position and straight gaze. It may be a sign of exophthalmos, previous trauma, prior surgery, lower lid laxity or dentofacial deformities with maxillary hypoplasia.

Submandibular Gland Ptosis – The visible bulge produced by the inferior pole of the submandibular gland in the submandibular triangle.

Tear Trough Deformity (palpebrojugal fold) – It is a depression that develops along the medial part of the inferior orbital rim which makes the region skeletonized. It is related to loss of fat secondary to ageing or aggressive surgical lipectomy but it can also be present in young untreated subjects.

Temporal Atrophy – The progressive loss of soft-tissue volume that affects the temporal region and makes its skeletal boundaries more visible.

Transverse Nasal Line – The horizontal single frown line occupying the radix perpendicular to the orientation of the fibers of procerus muscle.

Witch's Chin Deformity (Ptotic Chin) – the flattening and the ptosis of the chin pad associated with the deepening of the submental crease. It can be age related or iatrogenic.

Worry Lines – see Forehead Transverse Furrows