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Preface

Congenital Deformities of the Face, Head, and Neck

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This issue is dedicated to the surgical reconstruction of facial deformities, which have occurred due to abnormalities of development. We revere the delicate balance of craniofacial development. The phenomena of organized fusion and communication between embryonal growth centers lead to a perfectly beautiful spectrum of facial structures.

In this issue, leaders from several surgical specialties have brought forth the *state of the science* in the management of *craniosynostosis* and *congenital nasal and eyelid deformities*. The management strategies for children with cleft lip and palate are outlined in relation to treatment in the early years of speech development and *secondary speech surgery*. An evidence-based approach to *vascular malformations* of the head and neck is presented with rigorous inspection of the available supportive research for the treatment of these varied and difficult facial deformities.

In addition, the management options for newborns with tongue-based airway obstruction have expanded with broad application of the principles of *distraction osteogenesis*. The algorithm for treating these children is presented with detailed surgical technique and images. *Microtia reconstruction* is one of the most challenging and often humbling endeavors, due in part to the complex ear shape, unpredictable healing, and the need for staged procedures. The authors have produced a synthesis of decades of experience in microtia repair, which is a testament to teamwork and streamlining an efficient surgical paradigm.

The area of *facial nerve reanimation* has grown significantly for children with developmental or congenital facial paralysis. The evolution of the transplanted neuromuscular flap for reanimating a paralyzed face is most commonly

performed with the gracilis muscle. The authors' current approach is detailed with attention to the techniques of the colleagues who popularized the procedures.

As the field of *global surgery* emerges, traveling surgical (missions) teams are transitioning from solely short-term humanitarian care delivery to hybrid models, which incorporate host country health care professionals, academic-private partnerships, a broader view of education, and support. These novel models and the research in the burden of surgical disease are summarized.

I hope you will enjoy reading this issue as much as I have. As Mark Twain suggests, these authors contribute to the surgical literature with recapitulation of work from others, while innovating with modern technologies.

We simply take a lot of old ideas & put them into a sort of mental kaleidoscope...

We give them a turn and they make new and curious combinations... indefinitely.

—Mark Twain, a Biography¹



Travis T. Tollefson, MD, MPH, FACS

Reference

- ¹ Paine AB. Mark Twain, a Biography. Vol III, Part 1: 1900–1907. ECHO LIB, 2006:103. ISBN: 1847029833

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