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CASE REPORT
Cosmetic

Dimples as Desired Outcomes: Rethinking Their Role in Thread Lifting Procedures

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Summary: Facial thread lifts, known for being minimally invasive with quick results, can sometimes lead to dimpling. A case report of a 35-year-old Asian man who developed a pleasing unilateral dimple after a thread lift highlights the potential for intentional dimple creation through this method. With surgical dimple creation in demand, as dimples symbolize good luck in Chinese culture and beauty in Arabic traditions, thread lifts may offer a less invasive alternative for those seeking dimples without surgery. The patient in the case report was satisfied and chose not to reduce the dimple, though further studies are needed to ensure safety and improve patient satisfaction. *(Plast Reconstr Surg Glob Open 2025; 13:e6486; doi: 10.1097/GOX.0000000000006486; Published online 16 January 2025.)*

Facial thread lifting, a minimally invasive procedure designed to rejuvenate the face, has gained popularity due to its promise of immediate results with minimal downtime. Although dimpling has been described as a potential complication, this case report presents the unintentional positioning and creation of a facial dimple following a thread lift.

CASE PRESENTATION

A 35-year-old Asian man underwent a thread lift procedure to improve his nasolabial folds. The reverse technique has been adopted from the lateral part of the cheilion to the zygomatic arch. However, skin tagging occurred due to insufficient pull before cutting the thread protruded extracutaneously (Fig. 1). Postprocedure, he was satisfied with the lifted corners of his mouth and sculpted cheek appearance. However, a unilateral skin dimple, 1.5 cm lateral to the right oral commissure, became noticeable when he smiled. The dimple was more pronounced with facial expressions. Although manual reduction was offered to mitigate the dimpling, the patient declined, finding the dimple aesthetically pleasing. At rest, a superficial irregularity is observed (Fig. 2). When the patient closes his mouth and smiles, the risorius muscle typically pulls the corners of the mouth outward, which further deepens the dimple (Fig. 3). This dimple was created in the risorius muscle area, resulting in the observed effect.

DISCUSSION

Dimple creation is a noted complication of thread lifting. If the advancing thread is too superficial or uneven, it can cause a depression near the skin, resulting in dimpling or an irregular contour. These dimples, when unwanted, can be manually reduced or addressed with cannula dissection.[1] We present this case to highlight that dimples appearing in specific positions during thread lifting can sometimes be seen as an application rather than a complication. The desired position of dimples is subjective and varies widely; thus, the necessity to correct this complication might not always be imperative.

Dimples occur equally in both sexes and are an autosomal dominant trait, with cheek dimples linked to chromosome 16 and cleft chin dimples to chromosome 5.[2] Cheek dimples are caused by the insertion of fibers from the zygomaticus major muscle, becoming more visible when smiling, whereas chin dimples result from bone defects.[3] Facial dimples are found in more mobile tissue, mostly on the cheeks, with lower para-angle dimples being the most common.[4] There is growing global demand for surgical dimple creation, often enhancing preexisting faint dimples or matching them on both sides of the face.[4]

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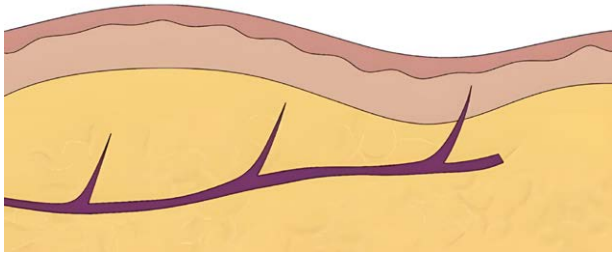

Fig. 1. An illustration of dimpling shows how a thread placed too superficially can pull the skin, causing irregular contours.

Fig. 2. A 35-year-old man is shown immediately after thread lifting on the right side while at rest.

Creating a qualified dimple involves both static and dynamic techniques, where static dimples are achieved through direct filler injections or surgical excision for permanence, whereas dynamic dimples rely on the interaction of facial muscles to enhance visibility during expressions, necessitating thorough assessment and customization based on individual anatomy for optimal results.

Surgical creation of facial dimples is well documented. The classical reference for cheek dimple surgery is by Boo-Chai,[4] with an alternative technique by Argamaso.[5] The ideal position of dimples remains subjective, with further studies needed to establish a standard. Recent studies highlight the impact of ethnicity on the perception of beauty,[6] possibly explaining the difference of ideal anatomical location for dimple relation between the 2 authors.

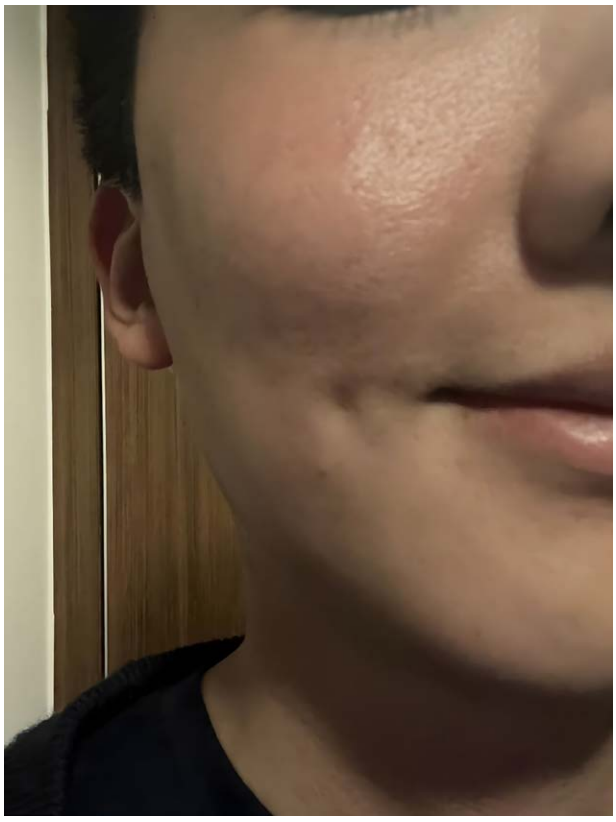

Fig. 3. A 35-year-old man is shown immediately after thread lifting on the right side while smiling.

In surgical dimple creation, a tissue scar is formed via sutures between the buccinator muscle and the dermis.[7] Various factors influence the consistency and predictability of the dimple,[8] which are important considerations for dimple creation via thread lifting. The location of the dimple is premarked on both the skin and oral mucosa for accuracy, and the depth is controlled by the strength of the knot during surgery.[9]

Meta-analytical studies in anatomy show that the bifid zygomaticus major muscle, which plays a role in dimple formation, has a prevalence of 22.7% in the general population, with variations among different ethnic groups.[10] In South Korea and other countries, dimples are considered attractive, and there is a high demand for dimple surgery, particularly among Asians.[9]

Typically, unwanted dimples resulting from thread lifting tend to fade and weaken over time. Further follow-up is required to determine the longevity and depth of dimples created over time.

CONCLUSIONS

Dimple creation surgery is frequently and consistently sought after by those desiring a more attractive smile. Through this serendipitous case report, we

propose the potential for developing a minimally invasive option to create dimples. However, we recognize that further prospective studies are necessary to ensure safety and enhance postprocedure patient satisfaction.

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DISCLOSURE

The authors have no financial interest to declare in relation to the content of this article.

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