Understanding of facial anatomy is a fundamental virtue of dermatologists in that the need of cosmetic procedures such as botulinum toxin and filler injections are taken for granted as well as dermatologic surgical procedures (skin biopsy, excision, Moh’s microscopic surgery, etc). Recently, the importance of anatomical knowledge has increased since interstitial laser approaching from subcutaneous tissue or ultrasonic equipment targeting the SMAS(Superficial Musculo-Aponeurotic System) layer have been developed.

In this session, the surgical anatomy needed for dermatologists, classified by procedures, will be thoroughly reviewed.

1. Terminology: for accurate records and communication
   - Fold & crease: nasojugal fold, palpebrojugal fold, infraorbital crease, nasolabial fold, melolabial fold, nasofacial sulcus
   - Nose: columella, soft triangle, rhinion, nason
   - Lip: cupid’s bow, tubercle
2. Nerve block points: for efficient anesthesia before procedures
   - Supratrochlear n., supraorbital n., infraorbital n., mental n.
3. Danger zones to be careful of during the procedures
   - Temporal branch of the facial n., marginal mandibular n., spinal accessory n.
   - Facial danger zone 4 (bounded by the parotid gland, zygomatic major muscle, and mandible): zygomatic and buccal branches of facial n., parotid duct, branches of the facial artery and vein
4. Points of consideration to reduce scars and side effects
   - RSTL(Relaxed skin tension lines), cosmetic units, skin thickness and characteristics
5. Understanding of facial muscles for effective botulinum toxin injections
   - Frontalis m., procerus m., corrugators m., orbicularis oculi m., etc.
6. Understanding of facial blood vessels for the prevention of side effects during the filler injection
   - Lateral nasal a. supratrochlear a. palpebral branch of the infraorbital a.

References
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