Table 1. Evaluation for Convergent Validity between the Youth Quality of Life-Facial Differences Questionnaire and the Munich Quality of Life Questionnaire for Children Quality-of-Life Tests and for Discriminative Validity in the Depression Inventory for Children and Adolescents

<table>
<thead>
<tr>
<th>Youth Quality of Life-Facial Differences Subdomains</th>
<th>KINDL Correlation/ p*</th>
<th>DIKJ Correlation/ p*</th>
<th>p†</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive consequences</td>
<td>0.21/0.24</td>
<td>-0.39/0.03</td>
<td>0.55</td>
</tr>
<tr>
<td>Negative consequences</td>
<td>-0.58/&lt;0.01</td>
<td>0.59/&lt;0.01</td>
<td>0.02</td>
</tr>
<tr>
<td>Coping</td>
<td>-0.14/0.46</td>
<td>0.01/0.97</td>
<td>0.70</td>
</tr>
<tr>
<td>Negative self-image</td>
<td>0.48/&lt;0.01</td>
<td>0.45/0.01</td>
<td>0.03</td>
</tr>
<tr>
<td>Stigma</td>
<td>-0.55/&lt;0.01</td>
<td>0.50/&lt;0.01</td>
<td>0.01</td>
</tr>
</tbody>
</table>

KINDL, Munich Quality of Life Questionnaire for Children; DIKJ, Depression Inventory for Children and Adolescents.

*Pearson’s correlation coefficient/two-sided p value.
†Mann-Whitney U test for unpaired data (low scorers, <18 points, n = 28; high scorers, ≥18 points, n = 4), two-sided p value.

A Newley Designed Surgical Instrument to Facilitate Osteotomy: The Lightening Osteotome

Sir:

Rhinoplasty is one of the most commonly performed aesthetic surgical interventions. Osteotomies consisting of medial, intermediate, and lateral are usually performed to close an open roof, straighten a deviated nose or septum, and narrow a wide bony nasal vault.1,2 The surgeon has to make an accurate planned osteotomy, which depends on the type of existing deformity. We are going to focus on the osteotomies; the remaining steps of rhinoplasty are beyond the scope of this communication.

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DISCLOSURE

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PATIENT CONSENT

Parents or guardians provided written consent for use of the patient’s images.

REFERENCES

occur. Achieving a planned osteotomy line is important for aesthetic and functional outcome of surgery; unfortunately, this is not always easy to accomplish. During osteotomy, the surgeon attempts to localize guidance of the osteotomy by forceful palpation, but sometimes this is not possible because of edema or thick skin. Some surgeons prefer to reinject the local anesthetic agent before osteotomy, which may make locating the osteotome more difficult.

We thought that lateral osteotomy could be performed more easily with an osteotome incorporating a laser or light source. This means that if an electrical system produces a laser or a powerful light and it takes off from the guide part of the osteotome through the skin, surgeons can easily estimate the osteotomy line by following the light that appears beneath the soft tissue (Fig. 1). The osteotomes used in surgical practice are considered to be sufficient in size to incorporate a lighting system within its power supply, a small round battery.

As we know, the osteotome is like hitting with a hammer to cut bone, so it can be considered to have a harmful effect on the lighting system. However, we also know that according to physical rules, the force applied by the hammer is conducted to a sharp edge that cuts bone. Therefore, the lighting system is not expected to be damaged. If the system is placed strictly into the body of the instrument, the system can be protected while the force is conducting.

We have only imagined the instrument and expect to produce the device as soon as possible. In surgical practice, we think it might be a useful and reliable guide, especially for young surgeons. Experienced surgeons may also benefit from it when the skin is too thick or when palpation of the osteotome becomes too difficult because of edema.

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REFERENCES

Angioedema after Treatment with Injectable Poly-L-Lactic Acid (Sculptra)
Sir:

Poly-L-lactic acid, marketed as Sculptra (Sanofi-Aventis, Bridgewater, N.J.), is a commonly used dermal filler for treatment of lipoatrophy and facial aging. Complications of poly-L-lactic acid injection are rare, with the most common being temporary bruising and swelling and the formation of subcutaneous papules.1,2

We report the case of a 59-year-old woman who presented with depleted malar volume and facial aging and