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Faces of beauty

Washington University plastic surgeons study preservation of ethnic features

By Kim Leydig

Feb. 10, 2004 — Just open any issue of *Vogue*, and you'll see that the iconic American standard of beauty — the tanned, blue-eyed blonde — now shares the pages with beauties of every race.

"In the '50s, the only ethnic models in fashion magazines were the ones that looked Caucasian but with slightly different skin tones," says James B. Lowe III, M.D., assistant professor of plastic and reconstructive surgery at Washington University School of Medicine and plastic surgeon at Barnes-Jewish Hospital in St. Louis. "Today, beauty transcends race and color and is truly dependent on the harmonious relationship of someone's features."

A study by the American Academy of Facial Plastic and Reconstructive Surgery reveals that cosmetic and reconstructive surgery increased exponentially among minorities from 1999 to 2001 — more than quadrupling among Asian-Americans and African-Americans and tripling among Hispanics.

As the number of ethnic patients seeking plastic surgery continues to rise, understanding how to preserve ethnicity is critical to creating an attractive and natural look.

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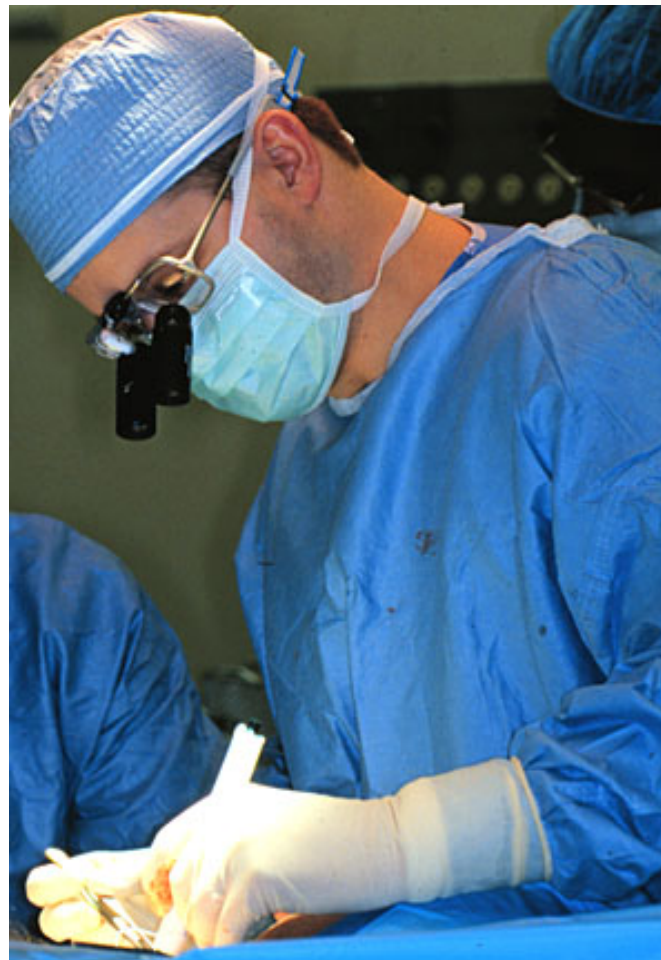
"Caucasian beauty is pretty well defined in our culture, so we know what's acceptable," Lowe says. "We also ought to know what's acceptable for other ethnic groups. What's attractive for Caucasians isn't necessarily beautiful for everyone."

Lowe and his colleagues at Washington University School of Medicine are among only a handful of scientists worldwide who are scientifically studying how to preserve ethnicity in plastic surgery procedures.

For the past three years, Lowe and his team have been researching aesthetic attractiveness for different ethnic groups.

By measuring the position of facial features, such as the lips, brow lines, cheekbones and noses, of people from different ethnic groups ages 18 to 65, the researchers are determining attractive facial features for each group. Lowe's study includes African-Americans, Middle Easterners, Hispanics and Native Americans along with a breakdown of Asian subcultures into Chinese, Japanese, Vietnamese and Hawaiian.

"The goal of plastic surgeons should be to enhance or rejuvenate the patient's natural features," Lowe says. "But we can't make someone look 'natural' if we don't



Dr. James Lowe in the operating room.

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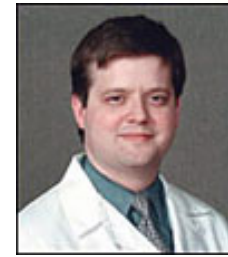
know what 'natural' is for them. Japanese people don't want to look Chinese, and Chinese people don't want to look American. Our goal is to really get to the depths of what is aesthetically acceptable and beautiful for each group."

For the study, Lowe and his team also are analyzing and taking measurements of ethnic models in fashion and other popular magazines to further help define the aesthetic for major ethnic groups.

The extensive study helps Lowe treat patients like Lucille Harris, a 59-year-old African-American elementary school teacher who came to Washington University School of Medicine and Barnes-Jewish Hospital because she wanted to rejuvenate her face.

"I felt like I was 25 inside, but I looked 60 on the outside," she says. "I wanted to look as good as I feel."

Harris had been considering having a face- and brow-lift for years, but she was afraid of the pain and had concerns about the cost. In the early '90s, Lucille Harris' mother elected to have a face-lift at the School of Medicine and became one of the first older African-American women to have facial plastic surgery in the region. Her mother was so ecstatic with the results that she encouraged Lucille to go ahead and have plastic surgery.



James Lowe

"My mother was my mentor, and she gave me the courage to go forward with it because she loved the results so much," says Harris, who adds that her daughter now plans to have plastic facial surgery as well. "It was very rare at that time for an African-American woman who was in her 70s to have plastic surgery."

Harris explains that many of her African-American friends think of plastic surgery as something severe or for people who are disfigured. "A lot of people think it's something really extravagant and don't realize it's more affordable than they think."

The signs of aging in dark skin typically appear much later in life, and fine wrinkling

may not occur at all. Harris, who is biracial and has fair skin, was bothered by signs of aging earlier in life than her mother was. She applauds Lowe for his careful attention to her skin tone when recommending procedures.

Skin tone and facial structure influence the aging process and affect the types of procedures that are most effective for a particular skin type.

For example, African-American and Middle Eastern skin may scar and change color after surface procedures that penetrate the skin, such as laser resurfacing. So these procedures may not work as well on people with dark skin.

Light skin shows signs of aging much earlier than Hispanic or African-American skin. Fine lines and deep wrinkles can be difficult to remove, therefore procedures that minimize aging — face-lifts, brow-lifts, Botox injections, chemical peels — are common with this group.

Lowe explains that almost all of his patients want to improve their appearance while preserving their ethnicity. He says it's rare for an ethnic person to want to look Caucasian, and most of the time patients bring in pictures of their brother, sister or other person who is considered attractive in their culture.

"Patients want to look their best, but within their own ethnic group," Lowe says. "The goal is to achieve a natural look that brings individual facial features into a harmonious balance while maintaining ethnic traits."

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