

THE CHIN: MALE REFERENCE

MORPHOLOGY, PROJECTION AND AESTHETICS

· STRUCTURAL ANALYSIS

1.1 Mental Protuberance

◆ THE CENTRAL DRIVER

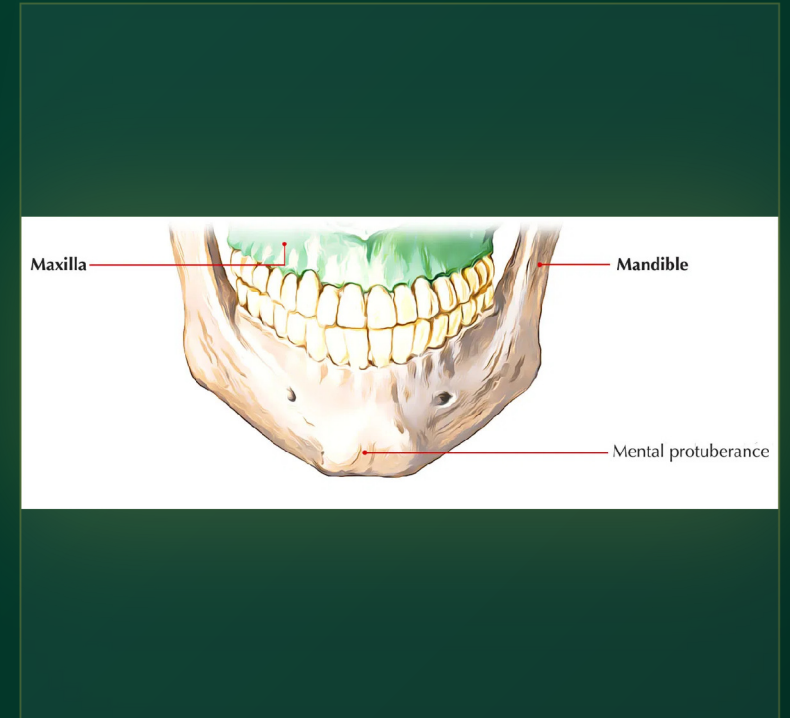
The mental protuberance is the central forward projection of the chin at the mandibular symphysis.

◆ PROJECTION STRENGTH

When well developed the chin appears strong and forward; when small it appears recessed.

◆ PROFILE OUTLINE

It determines how far forward the chin sits in profile and influences the lower facial outline.



1.2 Mental Tubercles

◆ LATERAL WIDTH

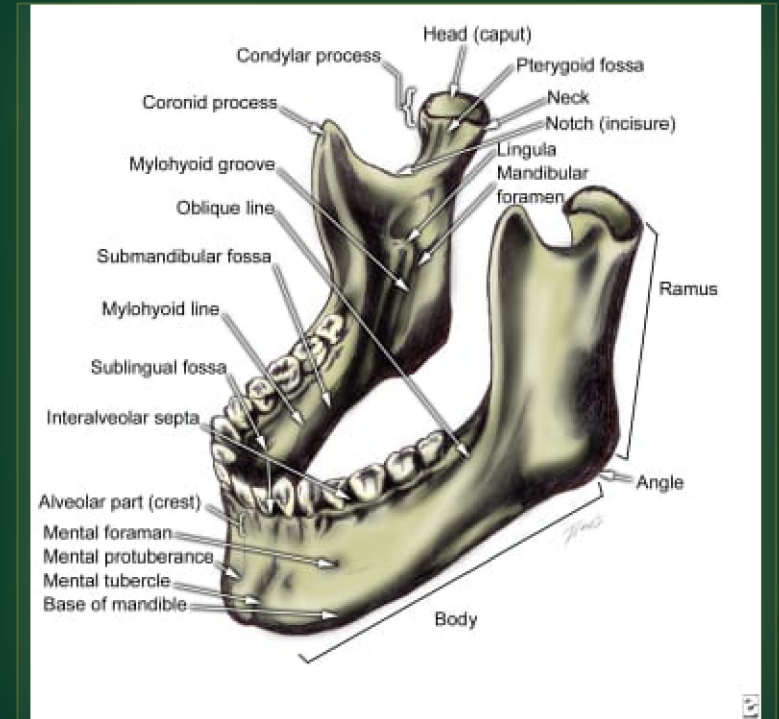
The mental tubercles are paired bony elevations located at the lower outer corners of the mental protuberance. These structures determine the lateral width of the chin.

◆ FRONTAL BALANCE

Well defined tubercles create a wider chin base and a squarer lower facial shape. Weak tubercles create a narrow chin and reduced frontal stability.

◆ MALE NORMS

Typical male separation between tubercles is 25 to 35 mm. This measurement is critical for achieving a masculine frontal appearance.



1.3 Mental Trigone and 1.4 Mandibular Concavity

◆ MENTAL TRIGONE

The mental trigone is the combined triangular structure formed by the mental protuberance and the two mental tubercles. Together these make up the whole bony chin you see. It determines frontal chin width, symmetry, and basal stability. From profile view it supports projection strength and contour smoothness.

FRONTAL STABILITY

◆ MANDIBULAR CONCAVITY

This shallow concavity sits above the mental protuberance between the alveolar region and basal bone. It separates your chin from your lip so it does not just blend in. A well defined concavity produces clear lip chin separation and a defined contour break. Definition varies across ethnicities but remains a critical aesthetic marker.

LIP CHIN SEPARATION

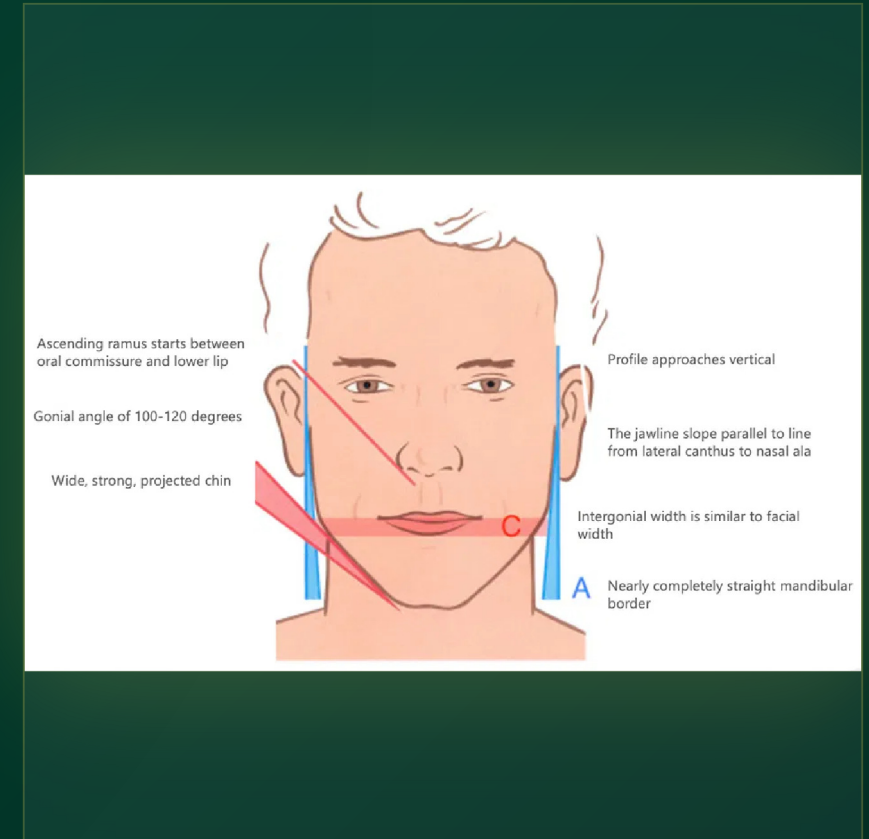
1.5 & 1.6 Alveolar and Basal Core

◆ ALVEOLAR CONTOUR

This region supports the lower incisors and shapes the slope between lip and chin. It dictates the mentolabial fold depth and the lip transition slope. Forward incisors flatten this area while backward incisors deepen the fold.

◆ BASAL SYMPHYSEAL BODY

The structural core of the chin. It controls chin thickness, vertical length, and structural mass. Typical male basal thickness is 15 to 16 mm. Thicker bone produces heavier frontal presence and stronger visual mass.



1.7 Soft Tissue Envelope

◆ THE VISUAL FILTER

The soft tissue wraps the bone and decides how it actually looks. It includes skin, fat, muscle tone, and connective tissue.

◆ DEFINITION CONTROL

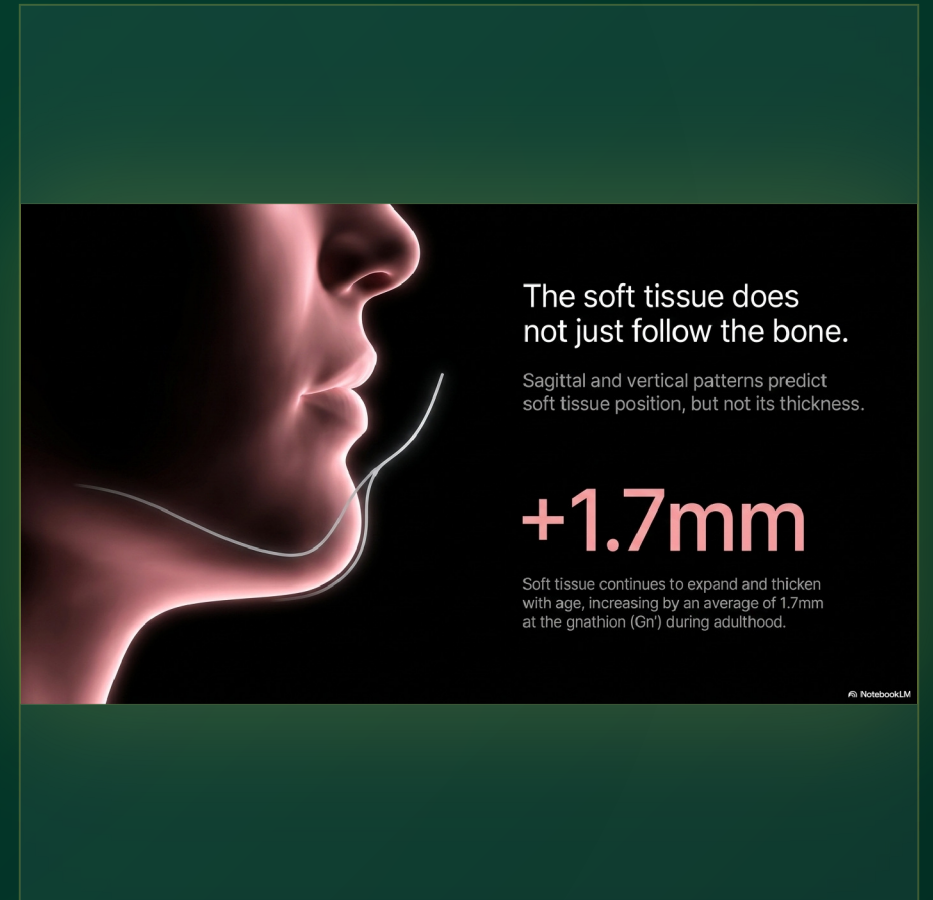
Thicker tissue softens definition while thinner tissue sharpens edges. This layer determines the final visible projection.

12.9 mm

AVG. POGONION THICKNESS

11.6 mm

AVG. GNATHION THICKNESS



Landmarks: Menton (Me)

ANATOMICAL DEFINITION

SKELETAL POINT

The Menton is formally defined as the most inferior point of the mandibular symphysis. It is the absolute lowest point on the bottom edge of the chin bone when viewed from the front or side.

SOFT TISSUE VERSION

The soft tissue Menton (Me prime) is the lowest point on the actual skin contour of the chin, representing the visible base of the lower face.

CLINICAL SIGNIFICANCE

VERTICAL LENGTH CONTROL

Its primary role in facial analysis is to control the measurement of vertical length. Clinicians measure the distance down to the Menton to determine lower facial height.

MANDIBULAR PLANE

The Menton is a critical part of the Mandibular Plane, a reference line connecting the Gonion at the back of the jaw to the Menton at the front.

Landmarks: Gnathion (Gn)

◆ ANTERIOR INFERIOR POINT

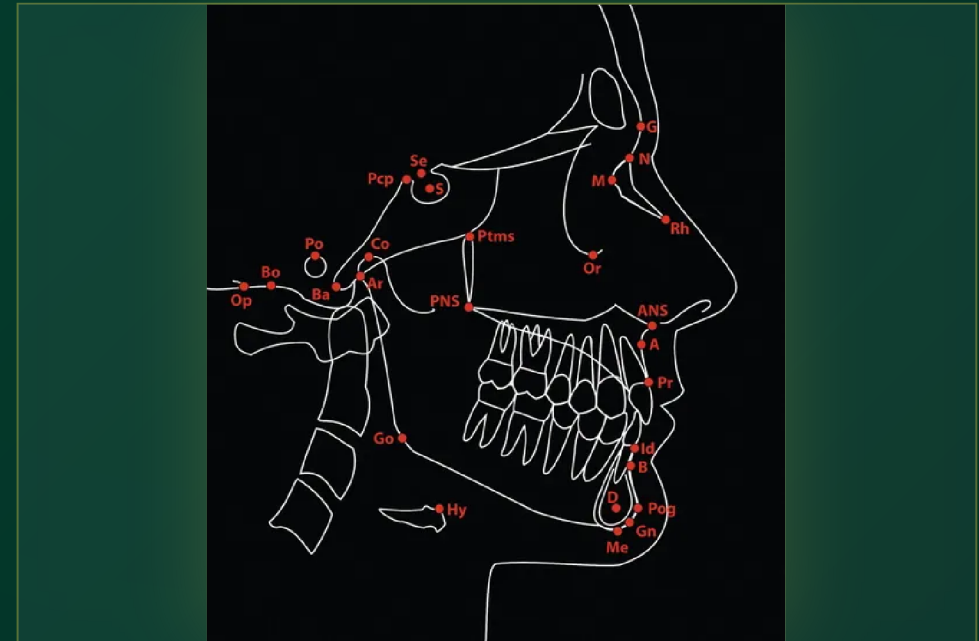
The Gnathion is defined as the most anterior inferior point on the mandibular symphysis. It sits on the curved part of the chin bone between the front surface and the bottom surface.

◆ VERTICAL EXTENSION

While the Menton is used for vertical length the Gnathion is used to define vertical extension. It determines the forward and downward curve of your chin transition.

◆ CONSTRUCTED REFERENCE

It is often a calculated point used to find the middle of the chin curve. In clinical practice it is used to draw the Y axis to show the direction of facial growth.



CLINICAL REFERENCE: LANDMARKS

Landmarks: Pogonion and B-Point

POGONION (POG)

DEFINITION

The absolute most forward point on the bony contour of the mandibular symphysis in the midsagittal plane. It is the primary skeletal landmark for determining true chin strength.

CLINICAL ROLE

Surgeons use the Pogonion to decide how many millimeters to slide a chin forward during a genioplasty or where to place a permanent implant for profile correction.

B-POINT (SUPRAMENTALE)

DEFINITION

The deepest point in the midline concavity of the mandibular bone located between the teeth and the chin. It acts as the structural manager of the upper chin contour.

CLINICAL ROLE

The physical gap between this point and the Pogonion determines how sharp or smooth the transition into the chin appears. A deep B point creates a very defined dip.

Landmarks: Soft Pog and Sublabiale

SOFT TISSUE POGONION

VISIBLE PROJECTION

The Soft Tissue Pogonion (Pog prime) is the most forward point on the actual skin and flesh of the chin. This landmark is what the world actually sees, representing the visible external projection of your face.

AESTHETIC HARMONY

It is used in major aesthetic measurements like Ricketts E-line to see if the lips and chin are in harmony. In men, there is usually about 12.9 mm of soft tissue thickness at this spot.

SUBLABIALE

MENTOLABIAL FOLD

The Sublabiale is the designated landmark for the deepest point of the mentolabial fold, which is the visible curve sitting between your lower lip and the top of your chin.

INDENTATION DEPTH

It defines the indentation depth of this transition. For an ideal male appearance, this dip should be about 4 mm deep. If it is shallower, the profile looks flat.

Section 2: Core Cephalometric Landmarks

LANDMARK	ABBR.	DESCRIPTION AND ROLE
Pogonion	Pog	Most forward bony point. Defines skeletal projection. Primary reference for chin strength.
Gnathion	Gn	Most forward and lowest point. Defines vertical extension.
Menton	Me	Lowest chin point. Controls vertical length.
B-Point	—	Deepest concavity above chin. Controls upper contour curvature.
Soft Pogonion	Pog'	Visible forward surface point. Represents external projection.
Sublabiale	—	Deepest lip chin fold point. Defines indentation depth.
Cervical Point	—	Transition between chin and neck. Controls jaw neck clarity.

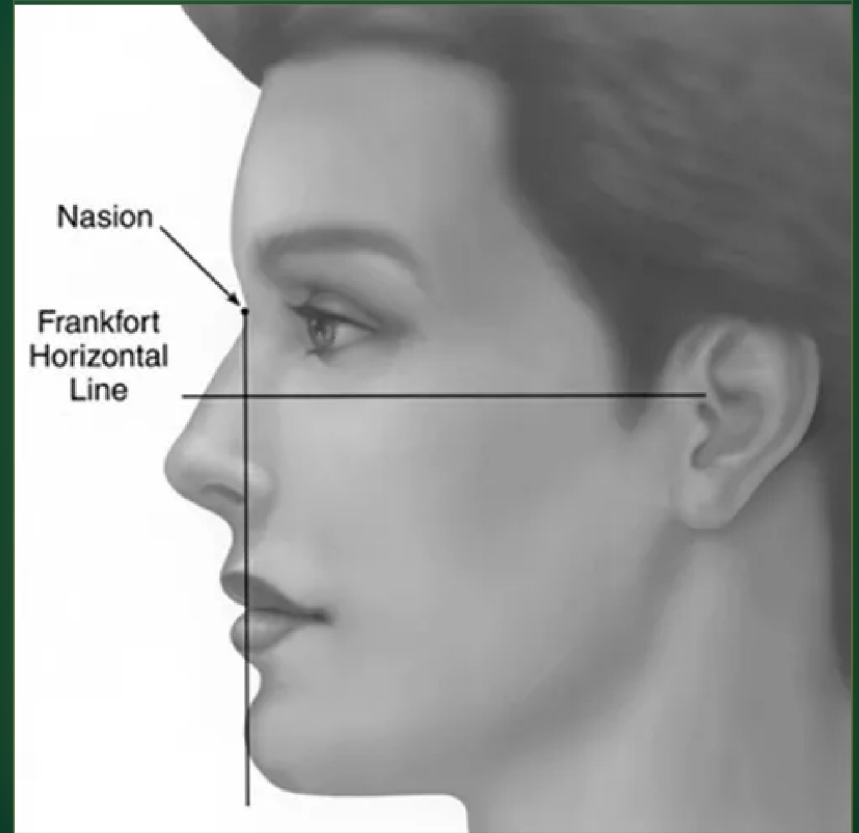
Determinants of Projection: Bone

◆ BASAL SYMPHYSIS

The primary skeletal driver of forward placement. It dictates the structural thickness and the overall inclination of the chin profile. Skeletal projection is fundamentally rooted in the development of this basal foundation.

◆ DENTOALVEOLAR SEGMENT

This layer shapes the upper chin contour and the mentolabial fold. The relationship between the B point and Pogonion sets the contour sharpness. Forward teeth can flatten this area while backward teeth deepen the fold.



Determinants of Projection: Tissue

◆ SOFT TISSUE ENVELOPE

The soft tissue acts as a visual filter. Fat distribution and muscle tone such as the mentalis influence surface definition and the chin neck transition. It decides how the underlying bone actually looks to the world.

◆ DEFINITION CONTROL

Optimized soft tissue thickness allows for sharp skeletal contouring. Average male thickness is about 12.9 mm in the Pogonion region. Thicker tissue softens definition while thinner tissue sharpens edges.



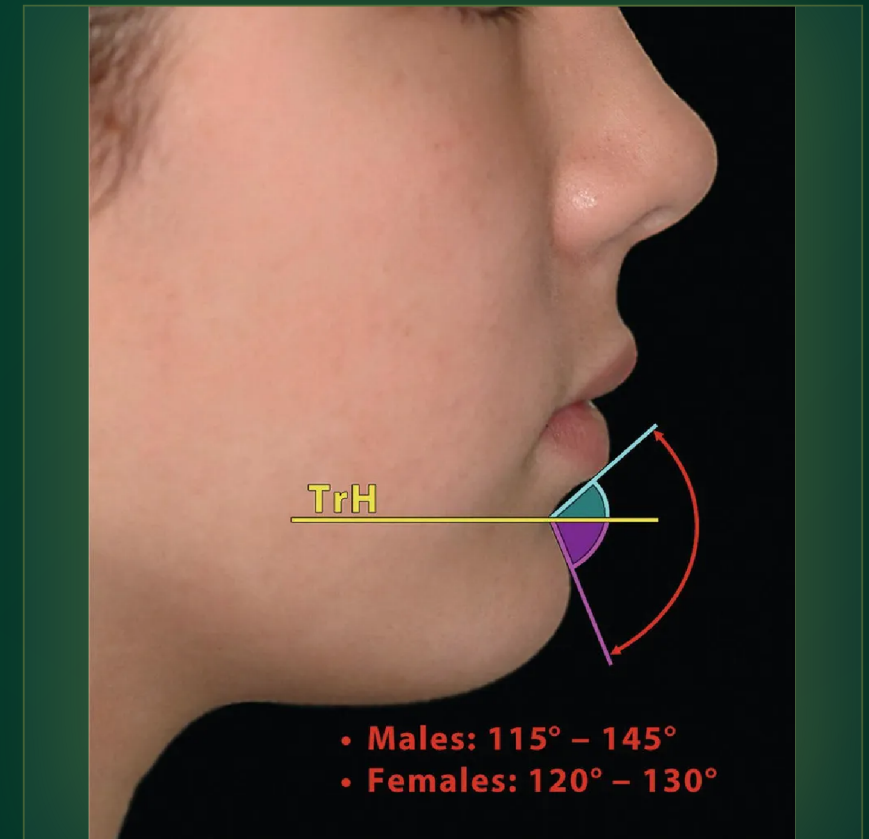
Aesthetic Ideals: Key Angles

◆ MENTOLABIAL ANGLE

The ideal range for men is 115 to 145 degrees. This angle controls the sharpness of the transition between the lower lip and the chin. A proper angle ensures a masculine profile without a flat or overly deep fold.

◆ MENTOCERVICAL ANGLE

The ideal range is 80 to 95 degrees. This is the critical break between the jaw and the neck. A sharp angle in this range provides the definition necessary for a strong masculine jawline reading.



Clinical Measurement: mentolabial angle

Aesthetic Ideals: Balance Angles

◆ NASOMENTAL ANGLE

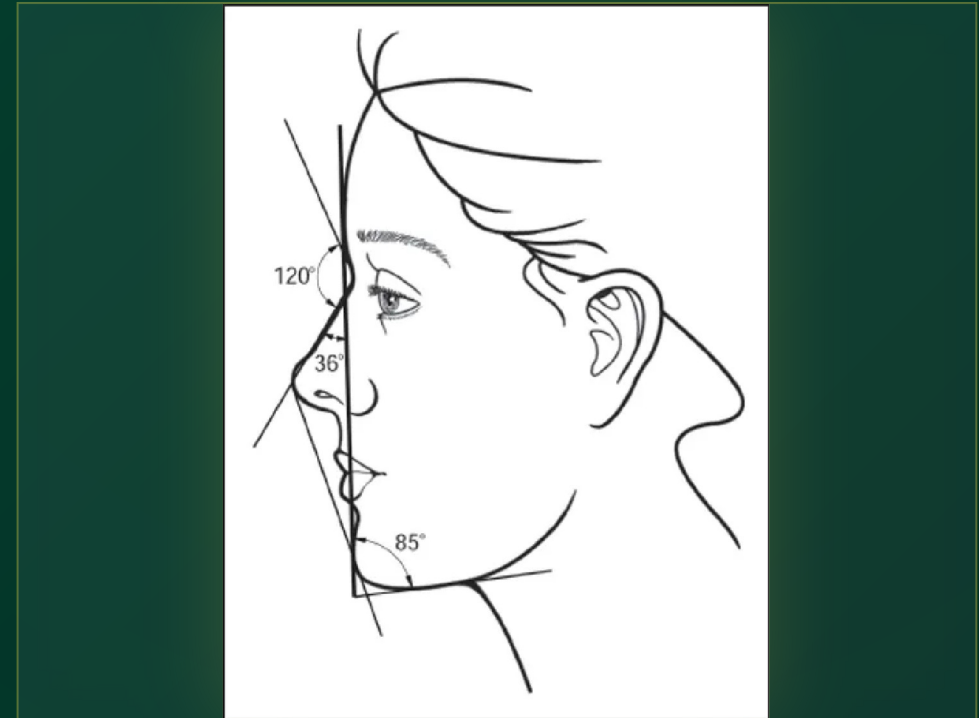
Ideal range: 120 to 132 degrees. This angle connects the nose tip to the chin projection, ensuring a balanced relationship between the mid and lower face.

◆ Z-ANGLE

Ideal range: 75 to 85 degrees. The Z angle defines lip chin harmony and is a critical marker for a balanced masculine profile. how it measured is shown in page 13

◆ H-ANGLE

Ideal range: 7 to 15 degrees. This metric controls lip prominence relative to the chin, preventing an overly recessed or protruded appearance. how it is measured is shown in the next page



CLINICAL ANALYSIS: NASOMENTAL ANGLE (THE ANGLE B/T THE LINE FROM THE NOSE AND THE LINE FROM THE CHIN)

Aesthetic Ideals: Ratios and Width

◆ LOWER FACIAL RATIO

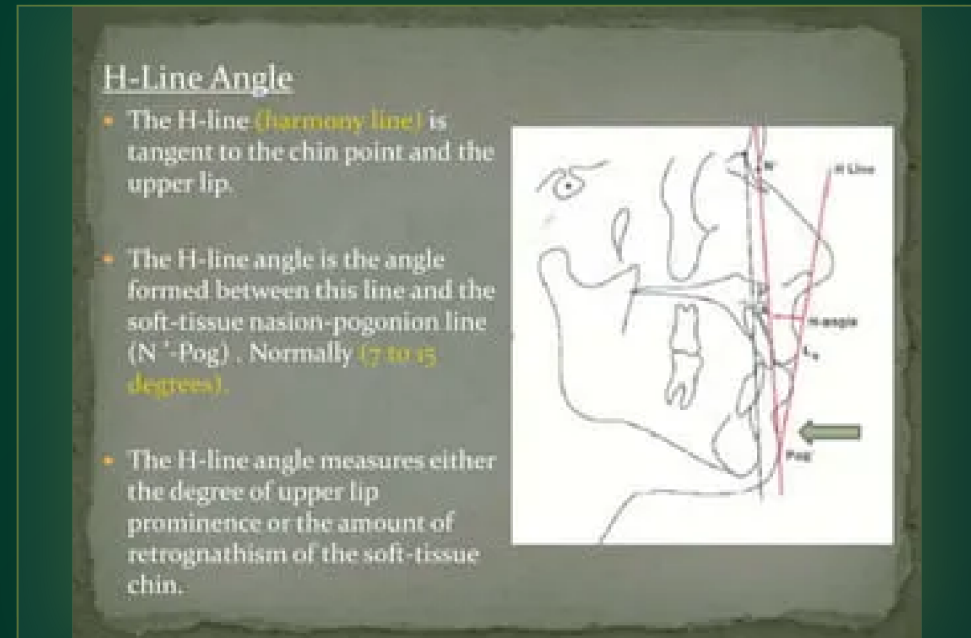
The ideal male lower face follows a 1 to 2 ratio. The distance from the base of the nose to the upper lip should be half the distance from the lower lip to the bottom of the chin.

◆ MENTAL WIDTH PROPORTIONS

For frontal balance the mental width should be approximately 50 to 55 percent of the bigonial width. This ensures the chin provides a stable and masculine foundation for the jawline.

◆ STRUCTURAL HARMONY

These metrics ensure that the chin does not appear too narrow or vertically disproportionate relative to the rest of the facial features.



PROPORTIONAL ANALYSIS: RATIOS AND WIDTH

Section 5: Aesthetic Metrics Table (Part 1)

METRIC	IDEAL VALUE / RANGE	ROLE
Mentolabial Angle	120 to 130 degrees	Controls lip chin transition sharpness.
Mentolabial Fold Depth	4 mm plus or minus 2 mm	Defines indentation clarity.
Mentocervical Angle	80 to 95 degrees	Controls neck definition.
Nasomental Angle	120 to 132 degrees	Controls nose chin balance.
Facial Convexity	12 degrees plus or minus 4	Defines overall projection balance.
Mandibular Plane Angle	27 to 36 degrees	Controls vertical growth pattern.
Z-Angle	75 to 85 degrees	Defines lip chin harmony.
H-Angle	7 to 15 degrees	Controls lip prominence relative to chin.

Section 5: Aesthetic Metrics Table (Part 2)

METRIC	IDEAL VALUE / RANGE	ROLE
Gonial Angle	100 to 120 degrees	Defines mandibular shape.
Bigonial Width	Avg male ~130 mm	Defines lower face width.
Mental Width Ratio	50 to 55% of bigonial	Controls frontal balance.
Bigonial to Bizygomatic	70 to 75%	Defines facial harmony.
Soft Tissue (Pog)	~12.9 mm	Visible projection layer.
Basal Thickness	Avg ~15.6 mm	Controls chin mass.
Tubercle Separation	25 to 35 mm	Defines frontal width.
Pre-Jowl Sulcus	2 to 3 mm in youth	Deepens with age.
Lower Facial Ratio	1 : 2 (Upper : Lower)	Lower lip 1/3; chin 2/3.

Cross Population Male Norms

◆ STRUCTURAL VARIATIONS

Structural variations across populations significantly influence the perception of chin strength and profile harmony. African male samples typically exhibit sharper mentocervical angles while East Asian norms show smoother lip to chin transitions.

◆ ETHNIC SPECIFIC IDEALS

The ideal for any specific ethnicity is closer to the average of that population rather than a universal standard. This applies to all metrics including projection and contour definition.

◆ COMPARATIVE ANALYSIS

Understanding these differences is critical for accurate facial analysis and reconstruction planning to maintain ethnic harmony and structural balance.



COMPARATIVE ANALYSIS: ETHNIC PROFILE VARIATIONS

Section 6: Population Norms Table

METRIC	AFRICAN	EAST ASIAN	CAUCASIAN	NOTES
Mentocervical Angle	~89.2 degrees	~97.4 degrees	~94.3 degrees	Sharper averages occur in African male samples.
Mentolabial Angle	~130.2 degrees	~134.8 degrees	~128.6 degrees	East Asian averages show smoother lip transitions.
Nasomental Angle	~124.1 degrees	~132.4 degrees	~129.4 degrees	Controls relative nose chin projection balance.
Skeletal Convexity	168.5 degrees	168.3 degrees	167.8 degrees	Very similar across populations.
Facial Width	138 mm avg	141 mm avg	131 mm avg	Wider faces require wider chins for balance.
Mandibular Height	—	44 to 45 mm	~47 mm	Height influences vertical facial dominance.
Lower Facial Height	~72 mm	~67 mm	~69 mm	Controls vertical facial distribution.

Fixing the Pogonion and Projection Strength

NON-SURGICAL INTERVENTIONS

Optical Frauding: Strategic use of matte contour and highlighters to simulate bone projection and push light forward.

Beard Engineering: Goatee and soul patch stacks centered on the pogonion to add visual mass and lengthen the chin.

Dermal Fillers: 1 to 3 mL of thick filler like Radiesse or Volux injected directly on the bone for instant projection.

SURGICAL PROCEDURES

Chin Implants: Alloplastic Medpor or silicone implants to permanently fix forward projection and the H angle.

Sliding Genioplasty: Surgical advancement of the bone by 4 to 10 mm for permanent profile correction.



CASE STUDY: NON-SURGICAL PROFILE ENHANCEMENT

Surgical Fix: Genioplasty and BSSO

SLIDING GENIOPLASTY

Procedure: Involves cutting the chin bone and sliding it 4 to 10 mm forward to permanently fix the profile.

Benefit: Provides a permanent skeletal correction that improves the Z angle and H angle without the need for an implant.

BSSO SURGERY

Procedure: Bilateral Sagittal Split Osteotomy advances the entire lower jaw to correct facial convexity.

Benefit: Corrects the mandibular plane angle and brings the entire lower third of the face forward for cases where the whole mandible is small.



SURGICAL CASE: SLIDING GENIOPLASTY PROFILE
ADVANCEMENT

Fixing Width and Mental Tubercles

NON-SURGICAL INTERVENTIONS

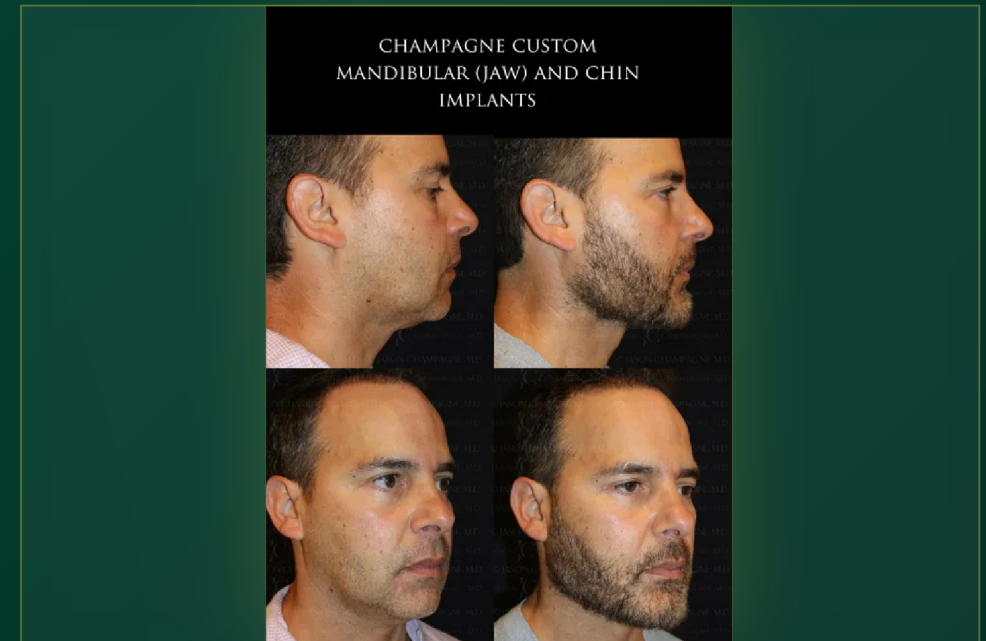
Beard Styling: Growing a wide chin strap or a full beard with squared edges to visually expand the mental width.

Dermal Fillers: Injecting high G prime fillers laterally at the mental tubercles to increase the distance between them to the 25 to 35 mm range.

SURGICAL PROCEDURES

Custom Implants: Wrap around implants designed to widen the chin base and provide a squarer frontal appearance.

Lateral Wing Genioplasty: A specialized bone cut that allows for the widening of the chin segment during advancement.



CASE STUDY: FRONTAL WIDTH AND DEFINITION
ENHANCEMENT

Fixing the Mentolabial Fold

NON-SURGICAL INTERVENTIONS

Soft Tissue Fillers: Injecting filler at the Sublabiale point to soften an overly deep fold or at the B point to sharpen a flat transition.

Orthodontic Management: Adjusting the position of the lower incisors to change the support of the alveolar bone and the depth of the fold.

SURGICAL PROCEDURES

Vertical Genioplasty: Changing the vertical height of the chin bone to influence the tension and depth of the mentolabial fold.

Fat Grafting: Using autologous fat to provide a permanent soft tissue volume increase in the fold region.



Profile Analysis: Mentolabial Fold improvement via filler

Fixing the Mandibular Border

NON-SURGICAL INTERVENTIONS

Jawline Fillers: Injecting filler along the mandibular border and into the pre-jowl sulcus to restore a continuous and unbroken jawline.

Masseter Botox: Reducing the bulk of the masseter muscle to refine the transition from the jaw angle to the chin.

SURGICAL PROCEDURES

Custom Jawline Implants: Permanent implants that wrap around the entire mandibular border for total jawline reconstruction.

Mandibular Angle Surgery: Augmenting or reducing the jaw angles to create a more harmonious transition to the chin.



Jawline Analysis: Mandibular angle surgery

Fixing the Cervicomental Angle

NON-SURGICAL INTERVENTIONS

Kybella: Injectable deoxycholic acid to dissolve submental fat and sharpen the angle between the jaw and neck.

Ultherapy: Focused ultrasound to tighten the skin and underlying tissue for a more defined cervicomental break.

SURGICAL PROCEDURES

Submental Liposuction: Direct removal of fat under the chin to instantly improve the mentocervical and cervicomental angles.

Neck Lift: Surgical tightening of the platysma muscle and skin for a permanent and sharp jaw neck transition.



JAW NECK ANALYSIS: CERVICOMENTAL ANGLE METRICS

Fixing Other Structural Metrics

◆ NASOMENTAL ANGLE

Corrected via **Rhinoplasty** to reduce nose projection or **Chin Advancement** to bring the lower face into balance with the midface.

◆ SOFT TISSUE THICKNESS

Managed through **Fat Grafting** for volume increase or **Weight Management** and **Liposuction** for volume reduction and sharpening.

◆ PRE-JOWL SULCUS

Addressed with **Targeted Fillers** to smooth the transition or **Custom Jawline Implants** to permanently fill the skeletal deficit.



Clinical Analysis:pre jowl sulcus

TLDR: Flaw Fixing Summary Table

METRIC / AREA	NON-SURGICAL FIXES	SURGICAL FIXES
Pogonion Projection	Optical frauding; Beard engineering; Dermal fillers.	Chin implants; Sliding genioplasty.
Mental Tubercles (Width)	Wide beard styling; Lateral tubercle fillers.	Custom wrap around implants; Lateral wing genioplasty.
Mentolabial Fold	Soft tissue fillers; Orthodontic management.	Vertical genioplasty; Fat grafting.
Mandibular Border	Jawline fillers; Masseter Botox.	Custom jawline implants; Mandibular angle surgery.
Cervicomental Angle	Kybella (fat reduction); Ultherapy (tightening).	Submental liposuction; Neck lift (platysmaplasty).
Nasomental Angle	Optical frauding.	Rhinoplasty; Chin advancement.
Soft Tissue Thickness	Weight management.	Fat grafting; Submental liposuction.
Pre-Jowl Sulcus	Targeted dermal fillers.	Custom jawline implants; Facelift.

The Core Pillars of a Strong Masculine Chin



PROJECTION

The sagittal strength driven by the Pogonion. It defines the profile power and the fundamental masculine presence.



WIDTH

The frontal stability driven by the Mental Tubercles. It creates the square base and the stable lower facial foundation.



HARMONY

The vertical balance driven by the Menton and Ratios. It ensures the chin integrates perfectly with the whole face.

note:i will be inactive more and will only post threads from now on if you want to talk to me go pms, this is a new style of formating i have been working on hope you like it took a lot of time