Questions and Answers: ASCDAS 5th Annual Meeting

Renowned dermatologists Joel L. Cohen, MD; Lisa M. Donofrio, MD; David M. Duffy, MD; Ranella J. Hirsch, MD; Michael A.C. Kane, MD; Vic A. Narurkar, MD; Marta I. Rendon, MD; and Wm. Philip Werschler, MD, were speakers at a general session focusing on dermal fillers at the 5th Annual Meeting, Exhibition & Workshops of the American Society of Cosmetic Dermatology & Aesthetic Surgery (ASCDAS). They used their expertise to answer questions from fellow dermatologists attending the session. Selections from the question and answer segment are featured in this issue.

Q: Is there anything you feel comfortable using to treat patients who are pregnant or breast-feeding?

Narurkar: I do not treat pregnant patients with semipermanent fillers or any other type of filler.

Dr. Cohen is Director, AboutSkin Dermatology and DermSurgery, PC, Englewood, Colorado. Dr. Donofrio is Associate Clinical Professor, Dermatology, Yale University School of Medicine, New Haven, Connecticut. Dr. Kane is Attending Plastic Surgeon, Manhattan Eye, Ear & Throat Hospital, New York, New York. Dr. Narurkar is Director, Bay Area Laser Institute, San Francisco, California, and Assistant Clinical Professor, University of California, Davis, School of Medicine. Dr. Werschler is Assistant Clinical Professor of Medicine/Dermatology, University of Washington School of Medicine, Seattle.

Dr. Cohen is a consultant and researcher for Allergan, Inc, and Medicis Pharmaceutical Corporation. Dr. Donofrio is an advisory board member and researcher for Allergan, Inc, and an advisory board member, consultant, and researcher for Medicis Pharmaceutical Corporation. Dr. Kane is an advisory board member and speaker for Allergan, Inc, Medicis Pharmaceutical Corporation, Mentor Corporation, and sanofiaventis; a consultant for Allergan, Inc, Medicis Pharmaceutical Corporation; and a stockholder of Medicis Pharmaceutical Corporation; and a stockholder of Allergan, Inc; Medicis Pharmaceutical Corporation; and Mentor Corporation. Dr. Narurkar is a consultant for Allergan, Inc, BioForm Medical, Inc, and Medicis Pharmaceutical Corporation. Dr. Werschler is an advisory board member, consultant, and/or investigator for Allergan, Inc, BioForm Medical, Inc, and Dermik Laboratories.

Q: When you inject Restylane® into the nipple, do you consider whether that person is breast-feeding, and do you inject any Botox® into the nipple to exaggerate the effects of Restylane? I would also like to know how you inject Restylane into the labia major. I get a lot of requests for this, but have not done it yet.

Werschler: We certainly would never inject the nipple of a breast-feeding woman with Restylane. I do not have any experience injecting the nipple with Botox.

Donofrio: I do not think that the female genitals are a good place for injection.

Q: What technique do you use to raise the lateral brow? Do you go down to the periosteum, and do you go under the brow, over the brow, or both?

Kane: There is no consistent place from which to raise the level of the brow because everyone does not age in the same way. The ideal place would be a little bit under the hair of the brow and a little above the orbital rim, but that would not always work because people age differently. Therefore, when treating a patient with brow ptosis, where the tail of the brow is actually below the orbital rim, I inject above the eyebrow proper. Sometimes I inject above the brow, but most of the time I inject in the brow and just under the brow. I inject in the mid dermis. I do not inject very deeply and almost form a small arc, almost a c shape. If you really want to achieve maximum brow elevation, I warn you that you can overelevate a patient's brow so that the result really is unaesthetic. If you inject in a c shape, bringing the injection around the tail of the brow, around the lateral canthus, and onto the malar prominence, when the Restylane sits on that shelf, you can push a patient's lateral brow up approximately 6 or 7 mm, which looks bad.

Cohen: There is an article that Steve Dayan and I wrote based on an Allergan-sponsored study; we did a dose comparison on lateral brow-lifts. First and foremost, we had to agree on the spot of injection. I think that patients who have mild to moderate eyelid redundancy, not people

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who have significant dermatochalasis, would clearly benefit more from blepharoplasty. However, if you have your patients elevate their eyebrows you can really see where

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the temporal fusion line is and where those lateral fibers of the frontalis are. Then, if you have them squint you can see where the points of maximal pull inward and downward of the orbicularis are. If, when injecting, you hit the orbicularis and are about a centimeter or a centimeter and a half away from the frontalis, then you are going to have a greater chance of success in terms of elevating the lateral brow rather than offsetting things with Botox.

Future issues of Cosmetic Dermatology® will include questions and answers from other programs presented at the ASCDAS meeting. For more information on ASCDAS, visit www.ascdas.org.

ANNOUNCEMENT

ASCDAS Alan Scott Residency Award

he American Society of Cosmetic Dermatology & Aesthetic Surgery (ASCDAS) is pleased to announce the second annual Alan Scott Residency Award for excellence in dermatology residency training. Dr. Alan Scott was the first physician to use botulinum toxin type A and mentored many leading scientists and physicians, including Drs. Jean and Alastair Carruthers.

Made possible through an unrestricted educational grant from Allergan, Inc, the Alan Scott Residency Award will recognize the best resident's research paper relevant to cosmetic dermatology, including basic science and clinical research. The paper must not have been previously published and must be original research.

Three finalists will be selected and their papers will be published in *Cosmetic Dermatology*®. The first-place winner will present his or her research at the ASCDAS annual meeting, held December 1 through 4, 2007, in Las Vegas, Nev, and will receive a \$1000 honorarium. The second-place winner will receive a \$500 honorarium and the third-place winner, \$250.

All current dermatology residents are invited to attend our most exciting annual meeting; all registration is free. Through generous pharmaceutical support, ASCDAS is inviting a limited number of residents on a first-come, first-served basis. Airfare, 3 nights' lodging, and meals will be provided. Register early to take advantage of this opportunity.

Please visit www.ascdas.org to preview the meeting content, workshops, and excitement of Las Vegas.

You are encouraged to submit your research by October 30, 2007. Winners will be notified by November 15, 2007. Please submit your research papers to:

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