

22.5-Degree Photo Angle Documents Filler Result

BY BRUCE JANCIN

MAUI, HAWAII — Snapping a set of before and after photos at an unconventional 22.5-degree angle in addition to the standard anteroposterior, lateral, and oblique shots often makes it easier for patients to recognize the improvement they have gained with poly-L-lactic acid injections, according to one expert.

“The mechanism of action with PLLA [Sculptra] is so delayed that patients forget what they looked like. A set of photos taken at a less acute 22.5-degree angle shows the convexity of the malar eminence better. You notice the baseline volume loss much more,” Dr. Douglas R. Mest explained at the annual Hawaii dermatology seminar sponsored by Skin Disease Education Foundation.

Facial volume loss averages 1 teaspoon per year after age 40. It’s due to a combination of facial fat loss and redistribution, bone resorption, facial muscle atrophy, and dermal thinning. This volume deficit is a three-dimensional cosmetic problem, and PLLA—a pure biostimulant—is the best treatment for it yet, according to Dr. Mest, an anesthesiologist specializing in cosmetic dermatology in Manhattan Beach, Calif., and the chief investigator in the phase III trial that won approval of PLLA for the treatment of HIV-related facial lipoatrophy.

In addition to recommending shooting those 22.5-degree before and after photos, Dr. Mest shared other tips in getting the most out of PLLA:

► **Start with the standard treatment areas.** PLLA is quite unlike other facial fillers, and there is a definite learning curve in its use. The cheeks are the easiest area in which to achieve volume replacement. Other standard areas are the nasolabial folds, submental area and jawline, and marionette lines.

“What we’ve learned about staying out of trouble is that there are areas that are very easy to treat with biostimulating products, including calcium hydroxyapatite [Radiesse] and PLLA, and if you’re starting out, that’s where to start,” he said.

Advanced treatment areas are those where treatment-induced lumps or bumps are more apt to show, either due to thin skin or because active muscle groups sweep up the product and make it more visible. The upper lip, temples, hands, and neck fall into this category.

► **Delay treatment.** The product labeling says to wait at least 4 weeks between PLLA treatments. Dr. Mest said he now routinely waits at least 6 weeks. That’s because collagen synthesis doesn’t really get underway until 2-3 weeks after treatment.

“Sometimes when you treat at 4 weeks, patients will not necessarily have seen the improvement. I think if you wait another



The pretreatment photo at left was taken at a 45-degree angle. In the photo at right, taken at a 22.5-degree angle, the area needing treatment is more obvious.

er 2 weeks you’ll see it,” he explained.

Some experienced physicians now wait 3 months between PLLA treatments, but “I find 6 weeks is a nice compromise,” Dr. Mest added.

► **Treat the whole face, not individual lines.** “Patients often come in asking for treatment of certain lines or wrinkles, when what they really need is treatment of the underlying region with a deep revolumizing agent. The example I use with patients is instead of treating each line on the raisin to make it a grape, we add volume back to the raisin to make it a grape,” he said.

► **Tackle the temple hollows.** This re-proportions the face, restoring the triangle of youth and making for a less severe look, but is best taken on after gaining skill with PLLA.

“Patients seldom come in asking for treatment of temple hollowing, but once you see it done you start noticing how many people need it,” according to Dr. Mest.

He disclosed that he is a consultant to Dermik Laboratories Inc. and a physician trainer for BioForm Medical Inc.

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Tips for Preventing Nodules And Papules With Sculptra

BY BRUCE JANCIN

MAUI, HAWAII — A key to minimizing the risk of bump and nodule formation when injecting poly-L-lactic acid is uniform product distribution by lengthening the dilution time, according to Dr. Douglas Mest.

“I will not inject PLLA if it hasn’t been hydrated at least overnight. Longer is even better. The product insert allows for up to 72 hours hydration in sterile water; if you use bacteriostatic sterile water I think it’s fine to keep it longer. Most experts keep it around for up to 3 weeks,” Dr. Mest said at the annual Hawaii dermatology seminar sponsored by Skin Disease Education Foundation.

The hydrated product can be kept in the refrigerator but should be brought to room temperature before injection. It should not be heated because that can damage the microscopic PLLA particles, according to Dr. Mest of the Blue Pacific Aesthetic Medical Group, El Segundo, Calif.

Other tips he offered to avoid papules and nodules with PLLA (Sculptra) include: ► **Adjust dilution volume to fit the clinical situation.** Small dilution volumes can lead to nonhomogeneous distribution—and increased likelihood of nodules.

“The product insert says use 3-5 mL because that’s how the original studies were done. But I’ve learned with this product

that to have a more robust response, as in an on-label patient [with HIV-related facial lipoatrophy], I’ll increase the total diluent to 6 mL per vial,” he said.

► **Use the appropriate gauge needle.** Dr. Mest’s analysis of the published literature suggests that adverse event rates are similar with 25- and 26-gauge needles. Using a smaller-gauge needle than 25 is not recommended, he said.

► **Supraperiosteal placement is best.** “This way you’re only going to have volume go outward, so if you have any problems you’re not going to feel them. Personally in the midface I’ll do a supraperiosteal placement, then a more superficial placement, staying out of any active muscle areas,” he explained.

► **Don’t overcorrect.** PLLA is a pure biostimulant. The improvement may not be evident for 4-6 weeks or longer.

► **Don’t superficially place.** “You should not see your needle when you’re doing this. It’s not a dermal product,” he noted.

► **Treat nodules conservatively.** In a clinical trial led by Dr. Mest, 12 of 13 nodules that occurred resolved spontaneously during 36 months of follow-up. “I don’t recommend aggressively treating the nodules and papules with high-dose steroids,” said Dr. Mest, who serves as a consultant to Dermik Laboratories, which markets Sculptra.

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Fillers Could Cause Foreign Body Granuloma Formation

BY LORINDA BULLOCK

Although a variety of injectable cosmetic fillers are in high demand, physicians should be aware that rare adverse reactions—like foreign body granulomas—are being reported, according to a case report.

Injectable permanent fillers containing polymethyl methacrylate (PMMA) immersed in a solution of collagen have been implicated in several types of adverse reactions, reported Dr. M.C. da Costa Miguel of the department of oral pathology at the Federal University of Rio Grande do Norte, Brazil, and his colleagues.

Foreign body granulomas only develop in some patients, and this particular granuloma formation caused by a reaction to injectable fillers is only observed in 0.01% of patients, further adding to the diagnostic challenge, the researchers wrote.

Dr. da Costa and his colleagues found the granulomas in a 56-year-old woman after performing a number of examinations. Initial examinations showed a “firm, pink nodule covered with non-ulcerated mucosa located in the right anterior inferior alveolar mucosa.” The swelling was painless and moveable. There was no bone involvement, no palpable adenopathies,

and the patient showed no symptoms of atopy (Int. J. Oral Maxillofac. Surg. 2009;38:385-7).

Salivary gland mucocoele was considered initially. After a biopsy, the researchers found that “immunohistochemical analysis using anti-CD68 antibody confirmed the presence of numerous macrophages and CD68-positive multinucleated giant cells.”

The patient was asked if any aesthetic procedure had been performed close to the site of her swelling and she confirmed that she had an injection of a cosmetic filler containing PMMA for lip enlargement about 1 year earlier.

According to Dr. da Costa and his colleagues, what made this case particularly rare was its “unusual clinical presentation as a painless nodule located exclusively inside the oral cavity.” They described the lesion as “indistinguishable from other pathologies such as salivary gland mucocoele or soft tissue neoplasm.”

Foreign body granulomas can be successfully treated with intralesional or systemic corticosteroids, they noted. In this case, simple surgical excision was performed because it was a well-demarcated lesion.

Dr. da Costa and colleagues reported having no conflicts of interest. ■