

Chin-Jowl Implants Better Than Chin Only

Combined implants are anchored laterally and are better retained over time than chin implants alone.

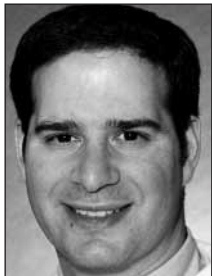
BY ROBERT FINN
San Francisco Bureau

SPOKANE, WASH. — Combined chin-jowl implants give a better, longer-lasting cosmetic result than central chin implants alone, Greg S. Morganroth, M.D., said at the annual Pacific Northwest Dermatological Conference.

Central chin implants provide only frontal projection and can shift over time. The chin-jowl implants, on the other hand, are anchored laterally and are better retained. They can improve the appearance of

the anterior mandibular groove (also called the prejowl sulcus) and can be sculpted to help restore facial symmetry in patients with hemifacial atrophy.

"This procedure can be performed solo, or it can be integrated into your neck



lipo," said Dr. Morganroth, a dermatologic surgeon in private practice in Mountain View, Calif. "It can be integrated into your facelifts. It makes a huge difference because part of that great facial result is having that nice, sharp jawline."

When combined with a "facial lipolift" (which includes neck and jowl liposuction, a laser peel, and a short-scar facelift), im-

plants can rival the results of a traditional surgical facelift. Unlike a traditional facelift, however, the full implant procedure can be performed in 2-3 hours under local anesthesia and allows patients to

return to work in a week.

Any patient whose recessed chin is less than 2 cm behind his or her forehead is a candidate for a chin-jowl implant. Patients whose chins are more than 2 cm behind the forehead will more likely require max-

illofacial surgery to bring the jaw forward.

The procedure is relatively simple, Dr. Morganroth said at the conference, sponsored by the Washington State Dermatology Association. It requires the same instrument pack a dermatologist would use for the excision of a basal cell carcinoma, with the addition of a Freer elevator. For anesthesia, he performs a mental nerve block followed by five or six injections of 1% lidocaine with 1:100,000 epinephrine into the periosteum along the chin.

The surgery starts with a 1.5- to 2-cm submental incision down to the periosteum that is elevated to allow the creation of pockets on the right and left sides of the mandible. These pockets must extend at least 5.3 cm laterally and must be slightly larger than the implant.

The surgeon then positions the implant along the mandible, checking for symmetrical placement. One or two sutures anchor the central part of the implant to the underlying periosteum so the implant won't shift upward. All that remains then is to suture the periosteal, muscular, subcutaneous, and skin layers.

Dr. Morganroth said that in his hands the procedure is very safe, although all patients experience temporary bruising and swelling. Other potential complications include bone resorption under the implant, slurred speech from swelling in the mentalis muscle, infection, hematoma, and injury to the mental nerve or the marginal mandibular nerve. Asymmetry is also a possibility, as are migration of the implant, hypertrophic scarring, and an overcorrected appearance.



Central chin implants provide only frontal projection, making this patient a good candidate for combined implants.



The patient is shown after neck and jowl liposuction combined with a chin-jowl subperiosteal implant.

PHOTOS COURTESY DR. GREG S. MORGANROTH

Salex™ (6% Salicylic Acid) Lotion

Rx Only

FOR TOPICAL USE ONLY. NOT FOR OPHTHALMIC, ORAL OR INTRAVAGINAL USE.

INDICATIONS AND USAGE

For Dermatologic Use: Salex™ Lotion is a topical aid in the removal of excessive keratin in hyperkeratotic skin disorders, including verrucae, and the various ichthyoses (vulgaris, sex-linked and lamellar), keratosis palmaris and plantaris, keratosis pilaris, pityriasis rubra pilaris, and psoriasis (including body, scalp, palms and soles).

For Podiatric Use: Salex™ Lotion is a topical aid in the removal of excessive keratin on dorsal and plantar hyperkeratotic lesions. Topical preparations of 6% salicylic acid have been reported to be useful adjunctive therapy for verrucae plantares.

CONTRAINDICATIONS

Salex™ Lotion should not be used in any patient known to be sensitive to salicylic acid or any other listed ingredients. Salex™ Lotion should not be used in children under 2 years of age.

WARNINGS

Prolonged use over large areas, especially in children and those patients with significant renal or hepatic impairment, could result in salicylism. Concomitant use of other drugs which may contribute to elevated serum salicylate levels should be avoided where the potential for toxicity is present. In children under 12 years of age and those patients with renal or hepatic impairment, the area to be treated should be limited and the patient monitored closely for signs of salicylate toxicity: nausea, vomiting, dizziness, loss of hearing, tinnitus, lethargy, hyperpnea, diarrhea, and psychic disturbances. In the event of salicylate toxicity, the use of Salex™ Lotion should be discontinued. Fluids should be administered to promote urinary excretion. Treatment with sodium bicarbonate (oral or intravenous) should be instituted as appropriate.

Due to potential risk of developing Reye's syndrome, salicylate products should not be used in children and teenagers with varicella or influenza, unless directed by a physician.

PRECAUTIONS

For external use only. Avoid contact with eyes and other mucous membranes.

DRUG INTERACTIONS

The following interactions are from a published review and include reports concerning both oral and topical salicylate administration. The relationship of these interactions to the use of Salex™ Lotion is not known.

I. Due to the competition of salicylate with other drugs for binding to serum albumin the following drug interactions may occur:

DRUG	DESCRIPTION OF INTERACTION
Sulfonylureas	Hypoglycemia potentiated.
Methotrexate	Decreases tubular reabsorption; clinical toxicity from ethotrexate can result.
Oral Anticoagulants	Increased bleeding.

II. Drugs changing salicylate levels by altering renal tubular reabsorption:

DRUG	DESCRIPTION OF INTERACTION
Corticosteroids	Decreases plasma salicylate level; tapering doses of steroids may promote salicylism.
Acidifying Agents	Increases plasma salicylate level.
Alkalinizing Agents	Decreases plasma salicylate levels.

III. Drugs with complicated interactions with salicylates:

DRUG	DESCRIPTION OF INTERACTION
Heparin	Salicylate decreases platelet adhesiveness and interferes with hemostasis in heparin-treated patients.
Pyrazinamide	Inhibits pyrazinamide-induced hyperuricemia.
Uricosuric Agents	Effect of probenecid, sulfinpyrazone and phenylbutazone inhibited.

The following alterations of laboratory tests have been reported during salicylate therapy:

LABORATORY TESTS	EFFECT OF SALICYLATES
Thyroid Function	Decreased PBI; increased T ₃ uptake.
Urinary Sugar	False negative with glucose oxidase; false positive with Clinistest with high-dose salicylate therapy (2-5g q.d.).
5-Hydroxyindole acetic acid	False negative with fluorometric test.
Acetone, ketone bodies	False positive FeCl ₃ in Gerhardt reaction; red color persists with boiling.
17-OH corticosteroids	False reduced values with > 4.8g q.d. salicylate.
Vanilmandelic acid	False reduced values.
Uric acid	May increase or decrease depending on dose.
Prothrombin	Decreased levels; slightly increased prothrombin time.

Pregnancy (Category C): Salicylic acid has been shown to be teratogenic in rats and monkeys. It is difficult to extrapolate from oral doses of acetylsalicylic acid used in these studies to topical administration as the oral dose to monkeys may represent six times the maximal daily human dose of salicylic acid when applied topically over a large body surface. There are no adequate and well-controlled studies in pregnant women. Salex™ Lotion should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

Nursing Mothers: Because of the potential for serious adverse reactions in nursing infants from the mother's use of Salex™ Lotion, a decision should be made whether to discontinue nursing or to discontinue the drug, taking into account the

importance of the drug to the mother.

Carcinogenesis, Mutagenesis, Impairment of Fertility: No data are available concerning potential carcinogenic or reproductive effects of Salex™ Lotion. It has been shown to lack mutagenic potential in the Ames *Salmonella* test.

ADVERSE REACTIONS

Excessive erythema and scaling conceivably could result from use on open skin lesions.

OVERDOSAGE

See Warnings.

DOSAGE AND ADMINISTRATION

The preferable method of use is to apply Salex™ Lotion thoroughly to the affected area and occlude the area at night. Preferably, the skin should be hydrated for at least five minutes prior to application. The medication is washed off in the morning and if excessive drying and/or irritation is observed a bland cream or lotion may be applied. Once clearing is apparent, the occasional use of Salex™ Lotion will usually maintain the remission. In those areas where occlusion is difficult or impossible, application may be made more frequently; hydration by wet packs or baths prior to application apparently enhances the effect. Unless hands are being treated, hands should be rinsed thoroughly after application.

HOW SUPPLIED

Salex™ Lotion is available in 14 fl oz (414 ml) (NDC 0064-4011-14) bottles.

Store at controlled room temperature 20° - 25°C (68° - 77°F). Do not freeze.

Salex™
(6% Salicylic Acid)
Lotion

Marketed by:

HEALTHPOINT®

Healthpoint, Ltd.
Fort Worth, TX 76107
1-800-441-8227

Manufactured by:
DPT Laboratories, Ltd.
San Antonio, TX 78215

PATENT NO. 6,709,663

REORDER NO. Salex™ Lotion: 0064-4011-14
14 fl oz (414 ml)

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137077-0704

New Treatment Algorithm Improves Thermage Results

BY KATE JOHNSON
Montreal Bureau

MONT-TREMBLANT, QUE. — A new treatment algorithm for the ThermoCool radiofrequency energy device is producing improved cosmetic results with a reduction in pain and adverse events, Michael Kaminer, M.D., said at a symposium on cutaneous laser surgery sponsored by SkinCare Physicians of Chestnut Hill.

"A year ago we were doing most treatments with one single pass over the face and trying to use as high an energy setting on the machine as our patients could tolerate. The concept was, since we're only going to go over the face once, we should give it as much heat as we could. But it hurt the patients a lot, and it wasn't working that well, so out of necessity we had to rethink this strategy."

Dr. Kaminer, a dermatologist with SkinCare Physicians of Chestnut Hill, Mass., said that he and some of his colleagues discovered the value of performing multiple passes with lower fluences when using ThermoCool (Thermage Inc.). He explained that in the past, roughly 70% of patients had marginal and variable results or did not respond to treatment at all, but

the numbers have reversed with the new treatment algorithm; 70% now show good results.

"I call it the Thermage treatment triad— which includes controlling the pain, increasing the number of passes, and lowering the setting on the machine," he said.

With adequate pain control, including a topical anesthetic (LMX 5% lidocaine cream), oral lorazepam (Ativan) 1 mg about an hour beforehand, and then an injection of meperidine (Demerol) about 15 minutes prior to the procedure, Dr. Kaminer said patients can tolerate multiple passes over the face, at a lower setting.

"So we have rapidly moved from one high-energy pass to as many as six and seven passes at very low settings. With the company's new big fast tip, which is a 1.5-cm tip, where we used to use settings ranging from 64 to 65, we now use settings ranging from 62 to 64. And with the older 1-cm tip, where we used to use settings of 75 and 76, we now use settings between 72 and 74," he said.

The added advantage of this approach is that physicians can monitor the effects of the treatment during the procedure.

Dr. Kaminer disclosed that he serves on the board for Thermage.