

Remember Three P's to Perfect Lip Enhancement

BY DAMIAN McNAMARA

MIAMI BEACH — Remember the three P's of perfect lip enhancement—proportion, profile, and plumping—and you are more likely to get a satisfied patient who will use their new lips to refer other patients to your office.

Always keep proportion in mind—the ideal lip size ratio is about 40% for the top lip to 60% bottom lip, Dr. Glynis R. Ablon said at the South Beach Symposium.

The main goal of augmentation is to give patients natural-looking lips versus an overdone or “trout” lip appearance. “Don't completely change their look,” she said, because no one should be able to tell the lips were enhanced.

For guidance, look at very young women or men, depending on what you're doing, “and

see what looks natural to you,” she said.

Look at each patient in profile and keep in mind you are sculpting the appearance of their lips from all sides, Dr. Ablon said.

Err on the side of injecting less filler material versus too much. “Less is more,” Dr. Ablon said.

Start with a small amount and have the patient return for additional enhancement if desired. “Make sure you don't create lips that enter the door before the patient does. Not everyone will look normal with large lips, especially in Hollywood, where I work,” commented Dr. Ablon, who is in private practice in Manhattan Beach, Calif., and on the dermatology faculty at the University of California in Los Angeles.

The actress Demi Moore, for example, has thin lips and “might look strange with enhanced lips.”

When injecting filler, pay particular attention to the



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philtrum and cupid's bow on the upper lip, she said. You can also enhance or recreate the Glogau-Klein point, the dimple in the lower lip.

A general rule for the lower lips is to only inject in the central two-thirds. “Don't go too lateral. It will look like sausage otherwise,” Dr. Ablon said. One

exception, she said, is a patient with significant facial wrinkles who might get improvement to the side of the mouth (below the nasolabial fold).

Always have patients seated upright to allow for normal gravity. Another tip is to start with a nonpermanent filler, something you can dissolve, Dr. Ablon said.

Juvederm (hyaluronic acid, Allergan) is her lip filler product of choice, which she also injects above the vermillion border in some patients to provide additional enhancement. “It is a softer filler, and very moldable and malleable. Patients cannot notice there is anything inside their lips.” Collagen and calcium hydroxylapatite are other lip filler choices.

Surgical options include lifts and advanced flaps. “The only surgical approach I typically use is the butterfly lip lift,” Dr.

Ablon said at the meeting.

The technique is best suited for patients with an elongated philtrum.

The lips are very sensitive and Dr. Ablon recommends use of topical and injected analgesics, such as lidocaine, before augmentation. She also uses the ArTek cooling device (ThermoTek Inc.) to increase patient comfort during the procedure. “If the patient is miserable, they will not return.”

Tips to minimize bruising include avoidance of aspirin, nonsteroidal anti-inflammatory drugs, and vitamin E, and addition of bromelain supplements (a compound from pineapple). Also, consider antiviral treatment if the patient has a history of herpes outbreaks.

Dr. Ablon disclosed that she is a member of the Medicis advisory board (makers of Restylane and Perlane fillers). ■

Study Confirms Photoaging Repair With Topical 5-FU

BY KATE JOHNSON

MONTREAL — Topical 5-fluorouracil used for the treatment of actinic keratosis can also promote dermal remodeling in photoaged skin, according to a small study.

For years, clinicians and patients have noted that, in addition to treating actinic keratosis (AK), topical 5-fluorouracil (5-FU) treatment can result in skin softening and smoothing, Dr. Sewon Kang of Johns Hopkins University, Baltimore, said at the annual meeting of the Society for Investigative Dermatology.

“We knew this anecdotally, but it had never been documented or studied at a molecular level,” he said in an interview. “We did this study to confirm people's clinical observation that this happens, and added a few lab measurements to support how it might be happening.”

The nonrandomized, non-vehicle-controlled study was funded by Valeant Pharmaceuticals, and Dr. Kang did not disclose any conflicts of interest.

The study included 21 subjects, aged 56-85 years, who received 5% topical 5-FU cream twice daily for 2 weeks for the treatment of facial AK. In addition to AK lesions, all patients had moderate to severe photodamage.

The subjects underwent a baseline clinical skin examination, which was repeated 1 day after the last treatment application and again at 4, 10, and 24 weeks post treatment.

Photographic evaluation was performed, and photoaging parameters

were assessed according to a photometric scale that included wrinkling, roughness, lentigines, hyperpigmentation, and sallowness. Biopsies were also taken at the same time points.

At the end of the study, the number of AKs was reduced from almost 12 to less than 2 per patient. In addition, photoaging scores dropped from slightly less than 5.5 to about 4.6, he reported.

Biopsies were used to examine the molecular end points of epidermal injury, inflammation, dermal matrix degradation, and collagen, Dr. Kang said.

“Epidermal injury causes an inflammatory reaction in the skin, which triggers collagen repair, and we believe this is the mechanism by which topical 5-FU might improve wrinkles,” he explained at the meeting.

Biopsies taken at the end of the study showed a seven-fold increase from baseline in keratin 16, a marker of epidermal injury, and a two-fold increase in inflammatory cytokine expression. Additionally, there was a statistically significant increase in the induction of collagenase (MMP-1) and stromelysin (MMP-3), markers of dermal matrix degradation, he said.

Finally, procollagen protein levels increased significantly from baseline, indicating collagen repair.

“Topical 5-FU induces epidermal wounding by a mechanism similar to microdermabrasion and certain lasers used for the treatment of photoaging. Agents that produce irritation could improve photoaging,” Dr. Kang concluded. ■

Fractional Laser Achieves Long-Term Melasma Improvement

BY MIRIAM E. TUCKER

NATIONAL HARBOR, MD. — Improvement in melasma severity achieved by fractional photothermolysis lasted for a mean 13 months in five of eight patients, while the other three had recurrences in the first-ever study to follow these patients beyond 6 months.

“For refractory melasma, nonablative fractional photothermolysis is a good treatment option with long-term remission,” Dr. Tracy M. Katz said at the annual meeting of the American Society for Laser Medicine and Surgery.

The device used in the study was a 1,550-nm erbium-doped Fraxel laser. Treatments were performed at 6-40 mJ (starting low in all patients and increasing in some), with eight passes per treatment at levels of 4-10; this corresponded to surface area coverage of 14%-29%. The laser settings were chosen based on the patients' skin type, with a maximum level of 7 for darker skin and up to 10 for lighter skin, said Dr. Katz of DermSurgery Associates, Houston.

A forced-air cooling device was set at low settings of 2-3 to decrease inflammation and reduce the risk of postinflammatory hyperpigmentation.

The eight women had a mean age of 44 years (range 27-57), with skin types II-IV, and they had melasma on the face that was refractory to hydroquinone and other traditional treatments. The mean duration of disease was 6 years. Each patient underwent two to seven treatments, at intervals of 4-6 weeks for lighter skin and 6-8 weeks for darker

skin. Topical triple anesthetic was applied 1 hour prior to treatment.

Patients were instructed to use hydroquinone until 2-3 days prior to each treatment and then to restart it after their skin had healed and continue it for 2-6 months after the last laser treatment. They were seen for follow-up anywhere from 7 to 36 months after their last laser treatment, with a mean follow-up of 13 months.

Assessments were determined via side-by-side photo analysis by the treating physician (Dr. Paul Friedman) and a nontreating physician (Dr. Katz), based on a well-established quartile grading system of 1%-25%, 26%-50%, 51%-75%, and greater than 75%. At the last treatment session, two patients achieved more than 75% improvement, four had 51%-75% improvement, one had 26%-50%, and one had 1%-25% improvement.

During 7-36 months' follow-up, five patients had maintained their initial level of improvement and three had recurrence of their melasma. Two of those three patients had the lowest initial improvement (1%-25% and 26%-50%), Dr. Katz reported. Energy settings correlate with an increased depth of thermal injury, and pigment in dermal melasma is usually found up to the papillary/reticular dermal junction around 500 micrometers, with pigment being rare beyond 700 micrometers. Knowing this, energies up to 30 mJ should target most pigment, she noted.

Dr. Katz stated that there were no financial disclosures associated with her presentation. ■