Expert Tips Can Improve Results With Radiesse

BY DAMIAN McNAMARA
Miami Bureau

MIAMI BEACH — Cosmetic enhancement with Radiesse is technique dependent, and three experts shared their clinical tips to optimize success with this filler at a symposium sponsored by the Florida Society of Dermatology and Dermatologic Surgery.

Radiesse (calcium hydroxylapatite, BioForm Medical) is manufactured as synthetic microspheres that are suspended in a resorbable aqueous gel.

Calcium hydroxylapatite provides immediate results and is versatile, moldable, and longer lasting than some other filler products, said Dr. Susan H. Weinkle, who is with the University of South Florida in Tampa.

The product's gel carrier degrades in 3-6 months for 70% of patients, she said.

During this time, new collagen formation is ongoing. "If you avoid the temptation to retreat patients at 6 months when the gel drops, you will see continued improvement," said Dr. David J. Goldberg of the department of dermatology at Mount Sinai School of Medicine in New York.

A meeting attendee wanted to know how to choose between Radiesse, Restylane (Q-Med), and Sculptra (Sanofi-Aventis).

"A lot has to do with what you think will benefit the patient more. If they need a lot of volume, I would go with Sculptra," Dr. Weinkle said. "If they have deep nasolabial folds and [deep wrinkles in] the chin area, I would use Radiesse. There are a lot of considerations, including longevity and cost. With Radiesse, you can have immediate correction, but with Sculptra you cannot promise that."

Radiesse can fill nasolabial folds and marionette lines, but the product is generally not recommended for the glabellar area or lips. Any long-acting filler can cause nodules in the lips, Dr. Goldberg said.

"Success is very technique dependent. This is not a filler to start with," Dr. Weinkle added.

"I get a lot of questions about what needle to use with which filler. Start with what the company recommends," said Dr. Marta Rendon of the University of Miami.

"For smaller areas, use a shorter needle and 27-G—the product will flow nicely," Dr. Goldberg said. "I use mostly the longer needles for nasolabial folds. This stuff is thicker, so you need to push harder. If you do that with Juvederm [Allergan], all the material will be gone right away."

Anesthesia is recommended before the procedure. "Let's be honest, it hurts. It is thicker [than some other fillers]. It's a 25-G needle," Dr. Weinkle said. "Use anesthesia and keep the patient as comfortable as possible."

Dr. Goldberg does a block with 1% lidocaine without epinephrine, and Dr. Rendon blocks with 2% lidocaine without epinephrine.

Inject a small amount of Radiesse on the way in and lay it down retrograde as you pull the needle out, Dr. Weinkle suggested.

At the nasolabial fold, place your finger inside the mouth when you first start injecting to feel the material going in. 'Early on I injected it right through into the mouth.'

Remember to stop injecting as you pull the needle out, Dr. Rendon said. "You don't want to bring out the product. My tip here is to use the blunt end of a Q-tip to push it back in."

"Here is another little pearl," Dr. Rendon said, "The hardest corner to correct is the nasolabial fold just above and lateral to the corner of the mouth. Tent the skin to lift the corner when you inject, and be careful not to inject too superficially."

Place your finger inside the mouth when you first start injecting, Dr. Goldberg said, to feel the material going in. "Early on I injected it right through into the mouth," he said. "Patients will tell you they can taste a granular substance. It doesn't harm them, but you have to start over."

It is important to fill just below the corner of each side of the mouth, Dr. Weinkle said. "I put my finger inside the mouth and mold it right away."

Be careful not to overcorrect the patient's face, she pointed out. "I tell patients there is more where this came from."

A meeting attendee asked about the cost to physicians. "It's actually cost effective. Originally, it was $500 for 1.3 cc, and about a year ago, the company reduced the price to $298 per 1.3-cc syringe. Now that the price has come down, it's much more affordable," Dr. Weinkle said.

The range of what dermatologists charge patients ranges from $500 to $3,000 across the country. Dr. Goldberg said, "It's longer acting, so I think it's fair to charge more for this, compared to what you are charging for hyaluronic acid."

Patient follow-up is essential. "I stress the importance of seeing the patient back at 2 weeks. If they are unhappy with results, you want to be the one to know," Dr. Weinkle said. "I've learned that the 0.3 cc [syringe] is nice for topping off someone who comes back for a touch-up."

Dr. Goldberg and Dr. Weinkle are consultants for BioForm Medical and Dr. Rendon is on the company's advisory board. ■

Botox and Injectable Fillers Appear Safe for Darker Skin

BY ALICIA AULT
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WASHINGTON — Accumulating data suggest that botulinum toxin and injectable fillers are as safe and effective in ethnic minorities as they are in white patients, Dr. Gary Monheit said at the annual meeting of the American Academy of Dermatology.

Although most of the evidence supporting the use of botulinum toxin and fillers has come from whites, leading to hesitation about use in darker skin types, those modalities are likely to be the first ones used in ethnic minority patients, because the initial sign of aging in darker skin tends to be volume loss, leading to frown lines, marionette lines, nasolabial folds, and upper forehead lines, said Dr. Monheit of the University of Alabama, Birmingham.

In an unpublished postmarketing study, Zyplast and Hylaform were better tolerated in nonwhite patients.

DR. MONHEIT

Botox injection is the most common cosmetic procedure, with some 2.8 million Americans receiving a treatment in 2004, according to Dr. Monheit. Almost 19% of the injections were in minorities (8.5% in Hispanics, 6.2% in blacks, and 4.2% in Asians), he said.

The most commonly injected areas for white patients are the forehead and brow area. In black patients, crow's feet generally aren't a concern; more commonly, the brows, forehead, and frown lines are targeted.

Variables to consider with ethnic minorities include facial structure and musculature; the histology of thick skin, collagen, and elastin fibers; atrophy resulting from photoaging; and "sociocultural factors that may make one not want to totally paralyze the face" and lose certain expressions, Dr. Monheit said.

Botox dosages have been standardized for whites but not for other ethnic groups, which has led to questions of safety and effectiveness in those minorities, he said.

A study led by Dr. Pearl E. Grimes of the University of California, Los Angeles, may give dermatologists some direction, he said. The trial was funded by Allergan Inc. and has not yet been published. A total of 31 black women, aged 18-67 years and with Fitzpatrick skin types V and VI, were randomized to 20 or 30 units of Botox, in five divided doses to the glabella. They were assessed at 30, 60, 90, and 120 days.

Their outcomes were compared with results from a dose-ranging study in whites that was also funded by Allergan (J. Derm. Surg. 1992;18:17-21).

The therapy's longevity appeared to be the same in the black women as in white women, Dr. Monheit noted.

At 1 month, 94% of those receiving 20 units and 100% of those receiving 30 units were considered responders. The response dipped to 20% for 20 units and 40% for 30 units at day 90. Patient satisfaction was 100% on day 30 and 60% on day 120.

There was less than a 4% incidence of adverse events—mainly headache and tingling—and the authors concluded that Botox is safe, efficacious, and well tolerated in women of color, he said.

When using fillers in minorities, it is important to consider what and how much volume is missing, and what areas are to be treated.

Again, there has been little published specifically on the safety and efficacy of the older fillers, such as collagen and hyaluronic acid–based fillers, Dr. Monheit said.

Anecdotally, there have been reports of more bruising, increased postinflammatory hyperpigmentation, keloids, and granuloma.

"All of these are fears that patients bring to us, but at this point there's no real solid data to counteract these [fears]," Dr. Monheit stated.

A postmarketing study—funded by Genzyme Corp. and Inamed Corp. and led by Dr. Grimes and Dr. Monheit—may provide some answers.

The multicenter trial, the results of which have not been published, was done at the behest of the Food and Drug Administration. The agency was concerned about the side effects of hyaluronic acid–based fillers in darker skin types. In the trial, 55 nonwhites—the preponderance Hispanic and Asian, with about 10% African American—were compared with 261 white controls.

A total of 27 minority patients received Zyplast and 28 were given Hylaform. They were compared with 128 white Zyplast recipients and 133 who received Hylaform.

According to Dr. Monheit, the results were similar for both fillers in the minorities when compared with results in the white patients at 2 and 12 weeks.

There were no keloids or granulomas in minority patients. Interestingly, both fillers were better tolerated in nonwhites. Some of the initial adverse events reported by white patients—such as erythema—seem to be masked by darker skin, he said.

It is not clear whether these results can be extrapolated to other fillers or for other areas of the face, and more questions will likely arise as new fillers—especially those that stimulate collagen development—come to the market, Dr. Monheit said.

For now, though, it appears that the safety and efficacy of Botox and fillers are at least comparable in whites and ethnic minorities, he said.

Dr. Monheit said that he is an investigator and consultant for most of the neurotoxin and filler manufacturers. ■