profile, the physician should make sure both lips touch the "Steiner line," he said.

When seen in profile, the nasolabial angle should be about 84-105 degrees, he continued: "You want a good nasolabial angle."

To illustrate this, he showed a photograph in which one extended line connected the base of the nose to the tip of the nose. A second line from the base of the nose touched the "Glogau-Klein point" at the center edge of the upper lip. The angle is formed where the two lines intersect.

The G-K point describes the "ski slope" shape of the lip in profile as you move from the skin above the lip down onto the pink vermillion. There is always a little upturn, a point of reflection, which becomes lost as one ages, Richard G. Glogau, M.D., told SKIN & ALLERGY NEWS.

The cosmetic implication is that you have to recreate this shape with fillers used in the border of the lip to make the lip young and attractive. Also, if you use too much Botox on the upper lip, the orbicularis muscle flattens and makes an older looking lip. Therefore, it is generally a good idea to combine fillers with the Botox if you are trying to reestablish a youthful looking upper lip, said Dr. Glogau, who is a consultant to Allergan Inc., Medicis, and Inamed Aesthetics.

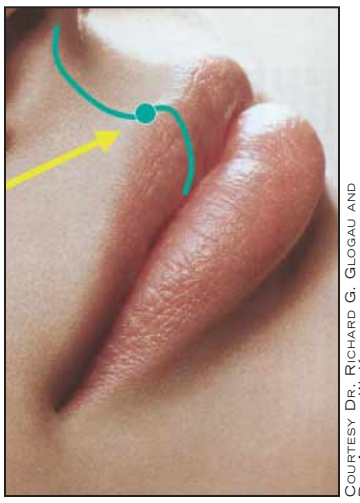
Dr. Klein cited a study of 100 women which showed that aging lips lose height (Dermatology 2004;208:307-13). He said the most important aspect of lip augmentation involves building buttresses to restore the lost height and the ends of the lips.

"You want flying buttresses to hold up the lips because of the loss of dentition," he said. "You want to restore the ends and build buttresses to support the lip. That's really important."

The choice of filling agent is less important than the physician's skill in using it, according to Dr. Klein, who disclosed ties as a consultant and/or investigator for Allergan Inc., Genzyme, Inamed Aesthetics, Anika Inc., Medicis, SkinMedica, and OrthoNeutrogena.

"It is not what you use. It is how you use it," he said, recommending physicians become really skilled in one or two products rather than plow through what he described as a delicatessen menu of filling agents on the market.

Except for correction of scars, Dr. Klein opposes the use of permanent fillers. He warned that these agents could become increasingly visible or create an unnatural appearance as facial contours change over time. "For aesthetic indications I believe permanent fillers are a formula for disaster," he said. ■



COURTESY DR. RICHARD G. GLOGAU AND DR. ARNOLD W. KLEIN

The Glogau-Klein point shows dimensions of the aesthetic lip.

Plasma Method Irons Out Lines And Acne Scars

LAKE BUENA VISTA, FLA. — Plasma skin resurfacing reduces acne scars and fine lines while minimizing downtime and adverse events, according to data presented at the annual meeting of the American Society for Laser Medicine and Surgery.

"Plasma skin regeneration provides an effective long-term facial rejuvenation for acne scarring and fine lines," said M. Potter, M.D., of RAFT Institute of Plastic Surgery in London.

The plasma device works by passing ultrahigh energy through nitrogen gas, generating plasma used to treat scars and lines with short pulses.

In this study, Dr. Potter treated a total of 11 patients (10 women)—3 for acne scars, 7 for fine lines, and 1 patient for both. The treatment was performed under anesthesia. Energy varied between 1 and 4 J.

All patients were assessed at 10 days and 3 and 6 months post treatment. "A precise measure of skin irregularity was recorded using silicon molds. … Wrinkle depth was assessed using a light microscope technique to give an accurate measurement," Dr. Potter said.

In patients with fine lines, the mean pretreatment wrinkle depth was 0.25 mm. At 10 days, there was a mean improvement in wrinkle depth of 39%. At 6 months, mean improvement was 24%. "Acne is always difficult to treat, but these patients had an improvement of 35% at 10 days and 23% at 6 months," Dr. Potter said.

—Kerri Wachter