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 microspheres. 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 supraperoisteal placement, then a more superficial placement, staying away from 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 Dermk laboratories, which markets Sculptra. SDEF and this news organization are owned by Elsevier.

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 mucocele was considered initially. After a biopsy, the researchers found that “immunohistochical 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 mucocele or soft tissue neoplasm.”

Foreign body granulomas can be successfully treated with intralesion al 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.