Remember Three P’s to Perfect Lip Enhancement

BY DAMIEN McNAMARA

MONTREAL — 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 recommend 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. Glynn A. 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. Erase on the sides of the incision, not too deep, not too lateral. It will look like sausage lip. “Don’t create lips that enter the door before the patient does. Not everyone will look normal with large lips.”

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 philtrum and cupid’s bow on the upper lip, she said. You can also enhance or recreate the Gogla-Klein point, the dimple in the lower lip. A general rule for the lower lip 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 vermilion 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 anesthetics, such as lidocaine, before augmentation. She also uses the ArtFek cooling device (ThermoFek 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 (is an enzyme 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 Medicus 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 keratoses (AK), topical 5-fluorouracil (5-FU) treatment can result in a flattening of the epidermis, and photoaging parameters are enhanced.

A forced-air cooling device was set at 7-16°C. “Topical 5-FU induces epidermal injury, inflammation, dermal matrix degradation, 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 taken at the end of the study showed a seven-fold increase in base-line 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.

The subjects underwent a baseline 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.

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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 16 months.

Assessments were determined via side-by-side photo analysis by the treating physician (Dr. Paul Friedman) and a non-treating 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 26-36 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 30mj should target most pigment, she noted.

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