Venturing to the Glabella and Beyond With Botox

By Caroline Helwick
Contributing Writer

New Orleans — Botox is not just for wrinkles anymore. Botulinum toxin injections can correct nasal tip droop, a gummy smile, flat eyebrows, and more, according to a dermatologic surgeon.

“Botox has revolutionized the treatment of the aging face, and new areas of plastic surgery are penetrating into clinical practice,” Dr. Timothy C. Flynn said. “I have enjoyed venturing outside the glabella, and I encourage you to do so.”

A droop in the tip of the nose can occur with aging, and younger patients can have movement of the nasal tip when they talk, which lends a distracting appearance. “Using Botox, you can lift the tip of the nose a few millimeters to produce a more attractive appearance,” Dr. Flynn of the University of North Carolina at Chapel Hill said at a dermatology update sponsored by Tulane University.

The depressor septae muscle is responsible for the nasal tip depression on contraction. A few units of Botox placed into each depressor septae will elevate the tip. This tip elevation is in part because of the reduction in resting tone of the depressor muscle, he said.

A gummy smile can also be a problem. While it might not be the reason for the visit, such patients might say that they “hate to have their picture taken” or are “not photogenic” because of the degree of gum that shows when they smile. The levator labii superioris alaeque nasi and the parallel levator labii superioris can be relaxed with Botox to allow less superior travel of the upper lip.

“Injections of a few units in the perialar sulcus will relax these muscles,” Dr. Flynn said. “Flat eyebrows can also be corrected to give them an arch.” He seeks to have the portion of frontalis in the central third of the forehead relaxed, except for one hematoma in a patient undergoing a flap reconstruction to relax muscles that might put tension on the wound. “I have had no complications doing this, except for one hematoma in a patient undergoing a flap reconstruction while on coumadin,” he said.

Dr. Flynn disclosed that he has conducted research for and holds stock in Allergan Inc.

Fraxel Beats Pulsed Dye for Scar Treatment

By Susan London
Contributing Writer

Vancouver, B.C. — Fractional photothermolysis is superior to pulsed dye laser treatment for improving the cosmetic appearance of Mohs surgical scars and was preferred by all patients, despite being more painful, according to the first study comparing the two modalities.

The pulsed dye laser is the standard treatment for surgical scars, but it seems to primarily improve erythema, while fractional photothermolysis seems to mainly improve scar consistency, lead author Dr. Emily P. Tierney said in an interview.

It was surprising, then, to find that fractional photothermolysis outperformed the pulsed dye laser in reducing scar erythema. “My hypothesis in doing the study was that fractional photothermolysis would have improvements above and beyond the pulsed dye likely in terms of scar thickness and scar texture, but that the pulsed dye would have greater improvements in terms of the red component of scars,” explained Dr. Tierney, a dermatologic surgeon with the Henry Ford Health System, Detroit.

The randomized, double-blind study, presented as a poster at the annual meeting of the American College of Mohs Surgery, involved 24 patients who had undergone Mohs surgery. All 12 scars were located on the face, neck, or chest, and 8 of them were hypopigmented.

In each patient, after application of lidocaine gel, half of each scar was treated with fractional photothermolysis (Fraxel SR, Reliant Technologies Inc.) and half treated with a pulsed dye laser (V-Beam, Candela Corp.). The patients received four treatments at 2-week intervals.

Dr. Tierney reported that she had no conflicts of interest in association with the research.

The same blinded physicians assessed the scars at each treatment and 1 month after the last treatment. All assessments were done in person, which permitted better evaluation of the scars’ 3-D features. The physicians rated cosmetic outcomes using a quartile scale, so a one-quartile increase corresponded to a 25% improvement.

Compared with pulsed dye laser, fractional photothermolysis resulted in significantly greater improvements in scar thickness (mean improvement, 50%-75% vs. 0-25%), scar dyspigmentation (75% vs. 25%), color and texture of the subset of hypopigmented scars (50% vs. 0%), and overall cosmetic outcome (75% vs. 50%).

The two treatments both yielded a 50% improvement in scar texture.

Patients experienced significantly greater pain with the fractional photothermolysis than with the pulsed dye laser, according to Dr. Tierney, but neither treatment produced any other adverse effects.

At the end of the study, patients were offered additional treatment for the half of the scar with lesser improvement, and “uniformly, all of my 12 patients wanted the entire scar treated with Fraxel, so patients could see the significant difference between the two sides,” she said. Final conclusion that fractional photothermolysis appears to be the superior treatment and may expand the options available to patients.

All of the study patients started treatment 2-3 months after their surgery, but the best timing is unknown.

“Therapy for retinoid dermatitis. After 131 laser hair removal barrier was applied to treat the upper lip and nose, after the last and most intense treatment and may expand the options available to patients.”

Dr. Tierney concluded.

Isotretinoin, Dark Skin Not a Hair Removal Barrier

Kissimmee, Fla. — Dark-skinned patients who undergo hair removal with a 1,064-nm Nd:YAG laser while taking isotretinoin do not appear to experience any long-term complications, according to a retrospective study of 11 patients.

The near-infrared wavelength of the Nd:YAG laser is absorbed less efficiently by epidermal melanin than with other lasers, Dr. Khalid A. Khatir said in a poster presented at the annual meeting of the American Society for Laser Medicine and Surgery.

The patients in the study underwent Nd:YAG laser (Cutera CoolGlide) treatment with a pulse duration of 10-30 milliseconds, a spot size of 10 mm, and a repetition rate of 2 Hz. Laser fluence ranged from 30 to 55 J/cm2, wrote Dr. Khatir, who is in private practice in Nashua, N.H.

The patients stopped taking isotretinoin for 3 days before and after each laser hair removal treatment to reduce the severity of retinoid dermatitis. After 151 laser hair removal treatments, the patients—all of whom were taking isotretinoin for severe acne—had moderate erythema and perifollicular edema. No patients experienced vesiculation, scarring, or permanent pigmentary changes during follow-up visits, which occurred at intervals of 4, 10, or 12 weeks, he reported.

Only one patient with Fitzpatrick type V skin developed discrete crusting, which resulted in a slight hyperpigmentation that spontaneously resolved in 3 months, after the last and most intense treatment with the highest fluence used, said Dr. Khatir, who has no financial interest in the products used in the study.

—Jeff Evans