Once-Popular Technique Resurfaces for Face-Lifts

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PARIS — Add the curl lift technique to the growing list of so-called lunchtime face-lifts. First popularized in the 1970s by René Guillemain, M.D., in Paris, the curl lift technique is being rediscovered, thanks to the use of a double-bevel needle like those used by upholsterers, according to Jean-Luc H. Vigneron, M.D., of the Centre Villainhuac Dermatologie, Saint Paul de Vence, France.

The needle has two tips and a central eye that allow the surgeon to place stitches or long portions of threads subcutaneously without an incision. The curl lift uses one loop of thread to lift selected parts of the face and a second loop of the same thread to anchor it to the more resistant tissue of the scalp, typically the galea. The procedure is done under local anesthetic, with little downtime, and leaves only a small scar in the scalp near the hairline.

“The future of the curl lift is clearly the lateral part of the neck,” Dr. Vigneron told SKIN & ALLERGY NEWS. “My first five cases are really amazing.”

The first line of polypropylene threads is placed in the upper subcutaneous layer. The needle is rotated 180 degrees and then moved upward in a second line parallel to the first. The 230-mm to 250-mm threads are knotted once the desired tension is obtained, then the knot is slipped 5 mm below the consequence layer.

The main problem encountered using this technique is dimpling at the lifted area of the face, Dr. Vigneron said at the 4th International Academy of Cosmetic Dermatology World Congress. The dimples tend to disappear after 3 months, he said.

About 200 dermatologic and plastic surgeons have been trained in the curl lift technique in the last year through the American Society of Aesthetic and Mesotherapy or the Vitality Institute, both of Miami Beach.

ASAM chair and president Abdala Kaili, M.D., said in an interview that he has performed more than 300 curl lifts in the last 2 years, and that dimpling occurred only once or twice when he first began. He has modified the technique to carry his institute’s name, Vitality Lift, and he says it offers dramatic, lasting results that are far superior to those seen with Aptos threads.

The Aptos threads or Featherlift technique is more widely known in the United States and gained Food and Drug Administration approval in March 2005.

Both procedures take about 1 hour, require good vascularization in the skin, and are best suited to patients without heavy ptosis.

LED Therapy Promotes Wound Healing

PARIS — Light-emitting diode phototherapy improves tissue quality and leads to accelerated wound healing after cosmetic and medical surgical procedures, Mario Trelles, M.D., reported at the Fourth International Academy of Cosmetic Dermatology World Congress.

Dr. Trelles uses combination light-emitting diode (LED) therapy with both near-infrared and visible red LED energy. “It reduces edema and without promoting keloids, he said.

Dr. Trelles is a pioneer of this application of LED energy. “It is not yet widespread because LED therapy is just at the beginning of its clinical practice, and like all ‘new’ therapies, it will take time to overcome the inherent ‘conservatism’ of many clinicians, particularly in the United States,” Dr. Trelles told this newspaper.

In a series of 22 patients who underwent full face resurfacing and subsequent LED therapy, 12 patients experienced complete healing of facial tissue in 7 days, and the remaining 10 experienced healing of so-called lunchtime face-lifts. The curl lift process is used for primary focal hyperhidrosis, but for patients with widespread hyperhidrosis you should try iontophoresis first, Lewis P. Stolman, M.D., said at the annual meeting of the Florida Society of Dermatology and Dermatologic Surgery.

What you do not want to do for hyperhidrosis is refer patients for sympathectomy, he added, except as a very last resort.

“Many patients who undergo sympathectomy for focal hyperhidrosis, or for axillary hyperhidrosis, it is an acknowledged consequence of sympathectomy, and in reported case series the incidence of hyperhidrosis has ranged as high as 67%.”

In a recent review of reports, the incidence of compensatory hyperhidrosis in 22,000 patients was 52%.

“Many patients,” the compensatory hyperhidrosis is minor and localized to a limited area, but receives no money or grants for any manufacturer of iontophoresis equipment. Botulinum toxin treatment has been reported to have an efficacy rate of 75%–90% for axillary hyperhidrosis. In his experience, 85%–90% of patients treated with iontophoresis for palmar or plantar hyperhidrosis have satisfactory improvement, and another 3% are improved when Rebotin (glycopyrrolate) is added to the trays of water used for the technique, Dr. Stolman said.

Iontophoresis is probably less expensive than botulinum toxin. A 50-μ-botulinum toxin treatment costs at least $250, and about half of patients will require two treatments to achieve good control. Medicare reim-