**Restylane Versus Juvederm: Botulism Ends in a Draw**

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**PHOENIX** — A 10-patient experiment comparing Juvederm with Restylane revealed little difference between the two hyaluronic acid fillers, Dr. Seth L. Matarrasso reported at a clinical dermatology conference here last month.

Half of each patient’s face was injected with Restylane, the other half with Juvederm. The only difference observed was “perhaps a little less edema in the lip area with Juvederm. Cost, flow, redness, and bruising were otherwise comparable,” Dr. Matarrasso, professor of dermatology at the University of California (San Francisco), said.

“As far as discomfort and appearance, I didn’t find that much different,” he said. Two patients returned for botulinum toxin treatments, an Abov-based collagen. The durability of the two fillers appeared comparable at that point, he said. The U.S. Food and Drug Administration approved Juvederm, a hyaluronic acid gel marketed by Allergan Inc. for injection into the mid to deep dermis for correction of moderate to severe facial wrinkles and folds (see page 3).

The approval was based on a 6-month, double-blind, randomized controlled clinical trial in which Juvederm compared favorably with collagen, the company said.

Dr. Matarrasso said that comparing Juvederm with Restylane may cause slightly less swelling, but there’s not enough evidence to change products. “I think you should pick a product you feel comfortable with, and then branch out,” he said.

The ideal filler does not exist, according to Dr. Matarrasso, but new products are giving cosmetic dermatologists “an incredible buffet” from which to choose. “The deciding factors ultimately will be how the product feels to the patient and how much the patient likes it, he predicted.

Theoretically, hyaluronic acid fillers are nonallergenic, but Dr. Matarrasso said they can cause hypersensitivity reactions. Juvederm is in a small clinical study with IV administered RAPTIVA, a single dose of 0.3 mg/kg given before primary immunization with a subcutaneous vaccine. Patients were randomized to receive placebo or IV RAPTIVA. The most common adverse reaction was headache, which was reported in 75% of patients who received placebo and 87% of patients who received RAPTIVA.

The study, which was conducted in a single clinical study with a single dose of RAPTIVA, has not been analyzed for immune-mediated adverse events.

**CONTRAINdications**

REPTIVA should not be administered to patients with known hypersensitivity to RAPTIVA or any of its components. The safety and efficacy of RAPTIVA have not been studied in patients who have previously received any form of REPTIVA.

DATA FROM A SMALL CATEGORIZED STUDY IN WHICH 7 PATIENTS RECEIVED A CONDITIONING Dose (0.7 MG/KG) FIRST DOSE AND A MAINTENANCE Dose (0.3 MG/KG/WK) FOLLOWING INTRAVENOUS ADMINISTRATION. THE MAINTENANCE Dose WERE ADMINISTERED FOR 10 WEEKS FOLLOWING A CONDITIONING Dose (0.7 MG/KG) FIRST DOSE.

REPTIVA SHOULD NOT BE ADMINISTERED TO WOMEN WHO ARE PREGNANT OR WHO ARE BREAST FEEDING. THE SAFETY AND EFFICACY OF REPTIVA IN PATIENTS OF REPETITIVE Dose ADMINISTRATION HAVE NOT BEEN ESTABLISHED.

**ADVERSE REACTIONS**

The most common adverse reaction associated with administration of RAPTIVA is first dose reactions. The most common adverse reactions associated with RAPTIVA are headache, chills, nausea, pain, myalgia, flu syndrome, fever, back pain, and acne. Adverse events occurring at a rate between 1 and 2% in placebo-controlled studies are chills, nausea, headache, and fever. In addition, in the combined safety database of 2762 RAPTIVA-treated patients, there were eight reports of serious infections including necrotizing fasciitis and tuberculous pneumonia. Bacterial sepsis with seeding of distant sites, because of these adverse events.