

INJECTABLE DERMAL FILLERS FOR WRINKLE CONTROL

There are a variety of classes of injectable dermal filler which are used for wrinkle improvement. For example, there are temporary fillers, there are semi-permanent fillers, and there are permanent fillers. Different writers may place different dermal fillers in different categories for their own reasons. The most commonly injected dermal fillers are the temporary fillers which are based upon collagen (for example Cosmederm™ or based upon hyaluronic acid: For example, we are talking about the products Restylane™ and Juvederm™ as prototypical of this class, and which in fact are used more than any other products in the class. Many writers will place the hyaluronic acid fillers in the semi-permanent class, but I think that products that are expected to work less than nine months to a year are really temporary. You can decide which category you think it belongs in!

Semi-permanent fillers include such products as Sculptra™ (made of Poly-L-Lactic acid), and Radiesse™ (made of calcium hydroxyapatite and is long-lasting but not in the permanent category). This means they generally last from two to five years. Sculptra may induce collagen formation and have more of a permanent effect.

Permanent fillers include the injection of Artefill™ (made of PMMA microspheres) and Silicone and is generally permanent.

The advantages, in my opinion, of the temporary fillers should be obvious. If the injections do not come out as you like it, it is temporary and there are ways to reverse the injection. Also, as you change and age, what you might have been happy with at one point in time, may change. With the permanent or semi-permanent, you may be “stuck” with the result or may have to wait a long time for the dynamics to change. This may make you quite unhappy!

Injectable dermal fillers are very safe. Many, many injections have been done around the world with surprisingly few significant side effects. Of course you may develop bruising (or “purpura”) at the injection site, but this fades shortly. Certainly there have been some infections, but if you keep in touch with your dermatologist, any sign of infection can be treated with an antibiotic. True allergic reactions are few and far between, although they may occur. Inflammatory “granulomas” are a type of allergic reaction which may occur and may be treated with intralesional injections of steroids or even a certain type of laser may help.

Serious side effects, in my opinion, develop when too much product is injected into certain areas that have end blood vessels, such as in the glabella (the area between the eyes). In this event, the end-vessels may become occluded, either by direct injection or by compression from too much product and may cause necrosis. Necrosis is like a gangrene of the skin in that area.

The injecting physician can avoid this type of necrosis by not injecting in this area or by injecting small amounts, or by using another type of product that may be injected

more superficially in the skin. Also, the alert physician will see the beginning of a blanching effect that will cue him or her to stop doing the injection and to begin to perform certain procedures that can reduce the negative effects. These type of procedures included massage, warming the area, or even using nitroglycerin paste to dilate the blood vessels right in the area.

The hyaluronic acid fillers (Juvederm™ and Restylane™ as examples) are injected relatively deeply and this very process reduces the risk of certain other negative side effects. The most well known is a discoloration of the skin which is the result of actually seeing the product inside the skin. This is known as the Tyndall effect and is a negative effect that can be avoided by injection technique. Another negative effect from technique is a lumpiness to the injected filler. Massaging the skin properly and injecting at the correct plane in the skin generally eliminates this problem.

One of the most important concerns about the fillers is that they did not do what was expected, and I would like to discuss this a bit. These fillers are not cheap. You may find “deals” of various sorts, (generally ya get what you pay for!) but they simply are not cheap. I would argue that relative to other things you may do, their value is wonderful and their simplicity and safety cannot be beat. Because the syringes are not inexpensive, patients often want to use less than they actually require. At that point, the dermatologist has the question, the difficult question, of trying to correct one wrinkle with the one syringe or distributing the syringe amongst several wrinkles, whereby none of the wrinkles will be fully corrected!

It’s a difficult problem. Patients want to make the filler go as far as possible, but by so doing, no single wrinkle or hollow, may be corrected the way you would like to see it. It’s the patient’s decision but when one decides to stretch the syringe over multiple wrinkles, the result may be that no single wrinkle is as satisfying as the patient (or doctor) would like it to be. I have no answer to this; I just think it’s worth thinking about...