

92 Blossoming
Safe, effective upper face treatments abound

98 Sclerotherapy
Not just for legs and thighs

100 Fat removal
Expert says tumescent liposuction best

Cosmetic Dermatology

QUOTABLE

“The key is to assess the patient, see what the patient needs, and — if it’s beyond the scope and expertise of one’s practice — refer the patient to the appropriate physician.”

— Seth L. Matarasso, M.D., San Francisco, giving advice on how to avoid filler pitfalls

See story, page 106

COSMETIC CONUNDRUMS

Zoe Diana Draelos, M.D.

Q&A

Sensitive skin increasing; dandruff, itchy scalp update



Why is the incidence of sensitive skin increasing in my patient population?

Your observation is correct. A number of skincare industry surveys of more than 40,000 women worldwide have documented the increase in self-perceived sensitive skin.

No one is exactly sure why this is occurring, but I will try to explain some of the reasons that have been put forth.

First, there is a perception among women that if they claim to have sensitive skin this will somehow protect them from using products that might cause an allergic or acneiform reaction. In other words, sensitive skin is becoming another word for hypoallergenic and nonacnegenic. There is no doubt that the phrase “appropriate for sensitive skin” is an important marketing label.

Second, women are using more products than ever before on their face. They are using all types of cleansers, toners, moisturizers, sunscreens, anti-aging serums, under-eye creams, facial foundations, lipsticks, blushes, eyeshadows, eyeliners and mascaras. The average woman 70 years ago used soap and possibly a lip balm with some petrolatum or cold cream on her face. This increase in skincare and cosmetic product use has dramatically increased the exposure of the facial skin to a variety of chemicals that may, indeed, cause an untoward reaction. Furthermore, newer skincare formulations are loaded with botanical cocktails and numerous other ingredients, such that the content disclosure has to be

Conundrums continues page 104

Upper face treatments blossom

BY JOHN JESITUS
STAFF CORRESPONDENT

Chicago — Patients seeking upper-face rejuvenation have never before enjoyed as many safe, effective alternatives as are now available, says Kenneth Beer, M.D., director, Palm Beach Esthetic Institute, and clinical instructor of dermatology, University of Miami.

“Rejuvenation of the upper face is just now entering a renaissance,” he says. “Five years ago, all we had was collagen and Botox (botulinum toxin A, Allergan). Now we have another toxin about to be released. The filler world has expanded exponentially. We also have threads such as the Threadlift (Contour Inc.). And for the first time in history, the lasers actually do what they’re supposed to do.”

Dr. Beer says he is particularly excited about trying new fractional-beam capabilities for skin tightening soon to be added to the StarLux line (Palomar).

“Other companies including Reliant, Lumenis and Syneron also have exciting products,” he says. Simultaneously, Dr. Beer says, cosmeceuticals are “living up to half their hype, which is twice what we expect. So it’s a great time to look at rejuvenation for the upper face.”

Expanding options

For starters, existing options are expanding their scope.

“It used to be said that the only place to inject botulinum toxin was the glabella or frown line. Now, not only are we doing forehead treat-

ments, but we’re also doing browlifts and sculpting. Treatments for crow’s feet and lower eyelids are pretty standard. Treating the nasalis or bunny lines also is commonplace,” he says.

Reloxin (botulinum toxin A, Inamed), now in phase 3 clinical trials, will increase the armamentarium, Dr. Beer adds.

In the filler category, he says, “We used to have just collagen. That wasn’t too great for a variety of reasons. But now we have

Sculptra (polylactic acid, Sanofi-Aventis/Dermik), Restylane (hyaluronic acid, Q-Med), Radiesse (calcium hydroxylapatite, BioForm Medical). Juvederm (hyaluronic acid, Inamed) is around the

corner, as is Perlane (Q-Med). Hylaform Plus (Inamed) is available. Silicone is back, at least in some practices. So the materials that we have for upper face

Upper face continues page 94



Patient before (top) and after (bottom) injection with approximately 1 ml of Restylane.

Photos: Kenneth Beer, M.D.

DTEExtra

Let them eat jam

French women say a spoonful of a new “anti-wrinkle jam” with their morning coffee and croissant is their secret to youthful-looking skin. **The pharmaceutical “jam,” marketed by Noreva, sells for about \$10 per 120-gram pot** and comes in three flavors: green tomato and green tea; melon and mango; and blueberry and black currant. **Along with antioxidants, the sugar- and additive-free jams contain hemp oil, pearl barley, beta carotene, a marine extract, an ingredient that targets free radicals, and vitamins E and C.**

Source: Canada.com

Upper face continued from page 92

rejuvenation have increased exponentially.”

With this expansion of options, Dr. Beer says, “I’m doing things now that two or three years ago I wouldn’t have considered. I routinely inject soft tissue augmentation when I do botulinum toxin injections into the

glabella to get a really smooth area. I inject into the tear trough of the lower eyelid, particularly with Restylane and Sculptra. And I inject the upper zygomatic arch with Radiesse, Restylane and Sculptra to get a little bit of an upper-face and midface lift.”

He says he also uses the preceding

three materials to treat temporal atrophy.

“When I’m doing browlifts with Botox,” he adds, “I’ll put a little bit of a filler right into the brow. And I still use some of the soft fillers like CosmoDerm (collagen, Inamed) or Hylaform for forehead wrinkles and

crow’s feet. There’s just so much available now.”

Technique tips

As for technique tips, Dr. Beer says, “inject very slowly and avoid any vasculature. When I teach people, I tell them to inject in a very cautious fashion and to take their time. I also try to ensure that the right filler goes into the right plane. By that I mean if one is using a filler such as CosmoDerm, which is designed for the superficial dermis, one must put it there. If one puts it deeply, the patient will waste their time and money.”

Conversely, he says that if one injects Sculptra into the superficial dermis rather than the deep dermis where it belongs, patients will end up with bumps.

“I use dental blocks and a lot of dental anesthetic. I’ve learned a great deal from the cosmetic dentists in my area, so I will use Septocaine.”

— Kenneth Beer, M.D.
University of Miami

“Technique and knowledge of the different products is critical,” he says.

Refusing to oversell products or procedures also is crucial, Dr. Beer adds.

“I tell patients, as well as the dermatologists and plastic surgeons that I teach, that it’s important for patients to have realistic expectations. Sometimes, patients may need multiple visits,” he notes.

When injecting Restylane or other hyaluronic acids, he adds, “I tend to put patients on nonsteroidals such as Advil (ibuprofen, Wyeth) or Motrin (ibuprofen, Pfizer) to minimize the inflammatory reaction.”

By the same token, Dr. Beer says, “I use dental blocks and a lot of dental anesthetic. I’ve learned a great deal from the cosmetic dentists in my area, so I will use Septocaine (lidocaine, epinephrine hydrochloride, Septodont). And I use a device called CompuDent (Milestone Scientific), which is a pedal-operated injection system, to get a constant flow of anesthetic, which can provide nearly pain-free injections.

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Patients appreciate that.”

Although it may sound trivial, Dr. Beer also recommends using adequate filler volume.

“If one is not going to inject enough,” he says, “don’t inject anything. Often, physicians will try to save patients time or money. But somebody who needs 3 ml of Restylane is not going to be happy with

“I’m doing things now that **two or three years ago** I wouldn’t have considered.”

— Kenneth Beer, M.D.
University of Miami.

as much swelling,” he says.

Overall, he notes, “The filler category has grown so rapidly. And right around the corner are so many more that I believe we’re going to have a great opportunity to use the right filler for the right place. And as more fillers come to market, the pricing is

going to get better.”

In his own office, Dr. Beer adds, “I’m really excited about the threads. I’ve just started to use them in my practice, and it’s nice to be able to reverse some of the upper-face descent in a minimally invasive fashion.” **DT**

Disclosure: Dr. Beer has served as a clinical investigator and speaker for Medicis and as a speaker for Allergan.

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one. People who are trying to save money are better off not getting filler treatments.”

Additionally, he says that patients concerned about swelling or bruising tend to do better with Hylaform (Inamed) or Captique (Genzyme) than Restylane.

“Hylaform and Captique are about one-quarter as dense, so that they tend not to act as such a strong osmotic gradient. These products don’t last as long, but they don’t cause

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