

PERIORAL REJUVENATION

This region is difficult to rejuvenate because the causes of the problems are multifaceted.

KENNETH BEER, MD



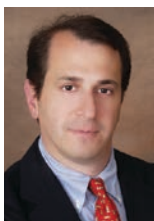
orbicularis muscle and pigment changes from photodamage. Any procedure that only addresses one of these components will fail to produce the type of result that patient's desire.

PEARLS FOR INJECTABLES

The radial lines around the mouth are the most common reason that people come to my office for perioral consultations. There are two major methods to treat them: fillers and toxins. Both should be used in combination with the fillers being injected first so that one can massage any ridges or bumps. Depending on the depth and thickness of the lines, the hyaluronic acid fillers may either be used undiluted or reconstituted.

For many of the lines that I fill in this area, I like to reconstitute hyaluronic acid gel (Restylane, Valeant, or Juvederm, Allergan) with 1% lidocaine with 1:100k epinephrine. I add in about 0.2-0.25 mL of anesthetic and find that this produces a nice consistency and is adequate anesthesia. If one dilutes the products with 0.5 mL, it is possible to get more anesthesia and also to treat finer lines.

With the more dilute materials, I don't try to inject the individual lines but instead will inject perpendicularly to them and treat the entire region. I tend to reinflate the entire neighborhood. I have no idea why it works but believe that I am subcising some of the lines and adding a platform that raises the skin. It has been one of the most surprising treatments I have done because intuitively, it should not work but it does. Belotero (hyaluronic acid, Merz Inc.) is a wonderful product for this area and it has the consistency to be injected without any reconstitution. One caveat

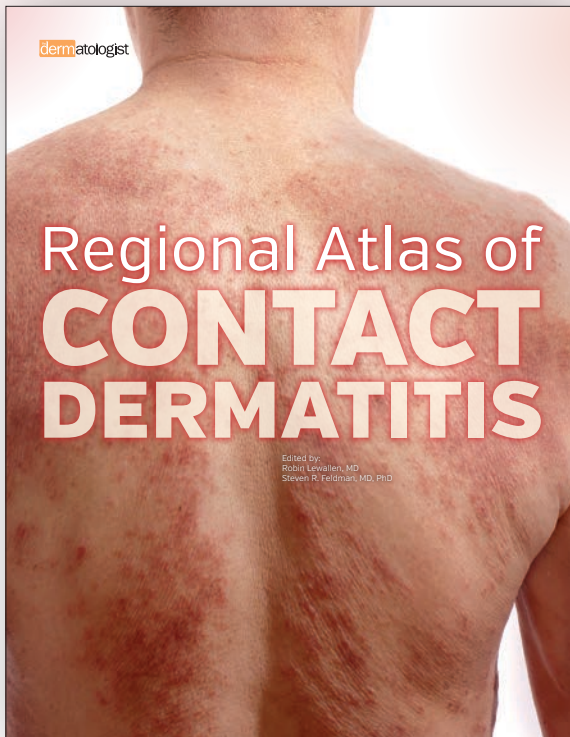


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The lines around the mouth are a frequent source of cosmetic concern especially for women as they enter their late 40's and early 50's. This region is difficult

to rejuvenate because the causes of the problem are multifactorial but the approaches tend to be unidimensional. There are at least 4 different aspects to the aging perioral region: photodamage with loss of collagen and elastic fibers, loss of bone and support structure, contribution to the radial lines from the

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when using this product is that it should be used with anesthesia either via dental blocks or topical anesthetic because it has no lidocaine at this time. In order to get any of these products into the finer lines, it helps to use a 32-gauge needle.

In order to relax the orbicularis oris muscle, it is useful to inject a few units of botulinum toxin into the muscle. When using Botox, I start with 2 units on each side of the upper lip, with Dysport (abobotulinumtoxinA, Valeant) I use about 6 units and with Xeomin (incobotulinumtoxinA, Merz Pharma) I recommend 5-6 units. Injections should be made about 2-mm superior the junction of the vermillion and about 6-8 mm lateral to the philtrum. These injections will help to calm down the contribution from the muscle and have the added benefit of provided added duration to fillers and laser treatments of this area.

Topical treatments for the perioral area should include tretinoin for most patients. Squalane, retinol, vitamin C and peptides are among the compounds that may help to minimize the appearance of fine lines in this region.

For those that have hyperpigmentation, the use of broad-spectrum sun screens is a necessity and the addition of TriLuma (fluocinolone acetonide 0.01%, Galderma) may be very helpful. In my practice I incorporate the use of botanical extracts and retinol to help decrease the appearance of lines in this area.

Lasers and light sources also offer significant improvements for this area. Fractionated CO2 laser remains the gold standard for the treatment of perioral rhytids and its use may be combined with treatments mentioned above. Adverse events associated with this treatment as well as the down time associated with their usage has limited the utility of this procedure. Fractionated non-ablative lasers are also helpful in this region. Treatments with this device require multiple sessions in order to obtain optimal outcomes.

To help maintain the correction, it is beneficial to use small amounts of botulinum toxins to decrease muscular activity.

Treating the perioral region requires a thorough understanding of the anatomy as well as the pathology associated with the aging process. It is likely that additional technologies will be helpful for this region and I am eager to work with some of the newer products in the pipeline. The perioral region is one of the esthetic focal points of the face and rejuvenation should involve multiple modalities. Before embarking on treatments for this area, it is worth reviewing the anatomy as well as how the various treatments will affect each component. ■

Dr. Beer is in private practice in West Palm Beach, FL. He is also a volunteer clinical instructor in dermatology at the University of Miami, a consulting associate in the Department of Medicine at Duke University and shareholder and director of the Cosmetic Bootcamp meeting.

Disclosure: Dr. Beer is an owner of Theraplex LLC, and consults, speaks or performs clinical trials for Medicis, a division of Valeant, 3M, Sanofi Aventis, Bioform Medical, Allergan and Stiefel, a GSK company. He is also a shareholder and director of the Cosmetic Bootcamp meeting.