

FILLING THE FACE, PART 1

The first of this three-part series addresses treating early signs of aging in the upper third of the face.

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Part of what makes cosmetic procedures fun and gratifying is the ability to make people look better and, usually, feel better as well. Previously, the limitations imposed on our ability to do this were based on our limited understanding of facial aging, constraints of the materials being used and a lack of experience.

Presently, our understanding of facial aging has been improved by studies looking at facial bone and soft tissue structures using 3D CT scans and MRIs. Dissections have become more refined and we can correlate facial aging with defined changes in both bone and soft tissue. Whereas in the past we used collagen to spackle over some lines and wrinkles or to plump up lips for a few weeks, materials that are now available allow us to re-suspend facial structures and enable us to replace scaffolding lost with age and/or declining bone density, which is typically exacerbated by menopause in women. One of the hallmarks of the aging face is descent — everything goes south and stretches. Another is change associated with the surface of the face.

This series of articles will address some of the features of underlying structures and the surface. We will discuss soft tissue replacement, line filling and treatments designed to make the surface of the skin look better. We begin with the upper third of the face.

TREATING EARLY SIGNS OF AGING

The upper third of the face may loosely be defined as the part from the lower eyelid to the hairline of the forehead. This is one of the first areas to be affected by changes at the superficial



and deep levels. During our 30s and 40s, many of us will start to see fine lines around our glabella (frown) and periorbital (crow's feet) areas. These may be a reaction to squinting or smiling and are primarily due to loss of collagen and elastic fibers as the skin gets repeatedly pleated by the muscles that invest the periorbital area.

The use of botulinum toxins such as Botox and Dysport have changed how we approach these areas; we are now able to easily stop wrinkles from becoming deeply etched in the skin. For wrinkles that have become deeply engraved, the use of filler such as Restylane or Juvederm can help fill, and there is ample data to support the synergistic actions of fillers with toxins. Obviously, care must be exercised when injecting around the eyes, as fill-

ers in this area may cause a variety of problems including lumps, bumps, blue papules, necrosis and other problems.

FILLING IN THE TEMPORAL AREA

Once the upper third has lost moderate soft tissue and bone, the hollowing that takes place in the temporal areas tends to be more noticeable. Unfortunately, these areas are frequently not treated. Injections into the temporal area are relatively simple to accomplish and they have high satisfaction rates. The materials used for these injections vary but can include Restylane, Perlane, Radiesse or Sculptra. I select my product based on the depth of the defect being filled, the thickness of the patient's skin, whether or not they have had this type of injection in the past and what their goals are. For

patients who are just starting with this type of injection, I tend to use a hyaluronic acid. Patients who really need volume may do better with Sculptra or Radiesse; I use these frequently as well. I find that filling of the temporal fossa helps to lift the face and also change the proportions so that a more youthful, heart-shaped face results.

A more advanced technique for filling the upper third of the face involves injections into the brow area. While botulinum toxins can help lift the lid and brow when the depressors are relaxed, there are limits to what they can do. Fillers, especially the hyaluronic acids, may be used to manually lift the brow up. It is not difficult to see that lifting the brow with fillers by 1 mm to 2 mm can result in a direct, mechanical lifting that is significant from an aesthetic point of view (a video of this is available at www.cosmeticbootcamp.com). When injecting this area, great care must be taken to avoid the supraorbital and supratrochlear vessels and nerves.

CUSTOMIZING TREATMENT REGIMENS

The upper third of the face also accumulates sun damage on the epidermal and dermal layers (the “tablecloth,” as Dr. Mary Lupo says). This damage may be treated with topical medications such as tretinoin, cosmeceuticals such as vitamin C, retinol, glycolic acid, ferulic acid and others, chemical peels, lights and lasers. I recommend combining these to optimize appearance. Following a resurfacing procedure appropriate to the damage and skin type, I try to maintain the improvement with a customized treatment regimen.

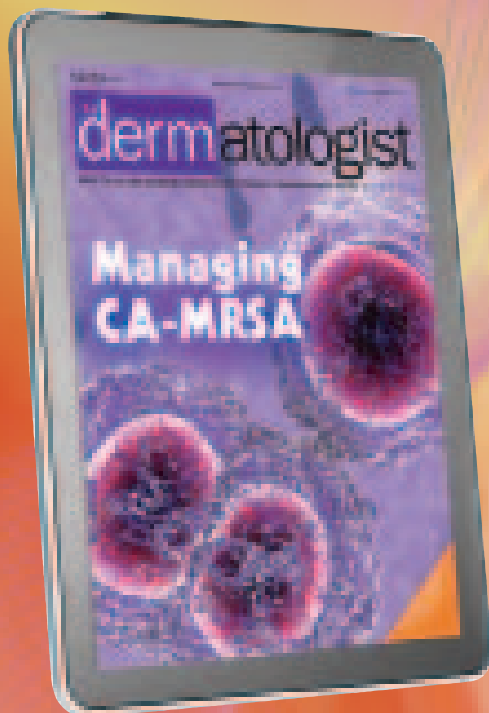
Resurfacing of the upper face usually involves fractionated ablative (CO₂) or fractional non-ablative resurfacing. While the ablative provides better results, there is more down time associated with the procedure. The majority of my patients combine fractional non-ablative resurfacing with intense pulsed light therapy. Photodynamic therapy is also gaining popularity because it can address cosmetic issues as well as precancerous lesions seen on the skin. Follow-

ing a well-designed surface treatment regimen, the skin should have fewer wrinkles and a more luminous, reflective appearance.

Cosmetic dermatologists and plastic surgeons have been dividing the face into esthetic zones for years, but, until recently, they have not had the tools to deal with many of the deficits associated with aging in this location. By combining resurfacing modalities, topical products, injectables and other procedures, the upper third of the face may be rejuvenated in ways not imaginable years ago. ■

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Disclosure: Dr. Beer is an owner of Theraplex LLC, and consults, speaks or performs clinical trials for Medcis, 3M, Sanofi Aventis, Bioform Medical, Allergan and Stiefel. He is also a Director of the Cosmetic Bootcamp meeting.



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