Read My Lips: Contemporary Approaches for Periorial Rejuvenation

Speaking with DermTube.com at Cosmetic Surgery Forum in December, Joel Cohen, MD addressed the latest approaches to creating beautiful lips.

WITH JOEL L. COHEN, MD, FAAD

Perioral rejuvenation is a central point in our aesthetic practices,” says Joel L. Cohen, MD. Demand for treatment is high, but there is often a disconnect between what the patient thinks they want and the dermatologist’s approach for optimal outcomes.

“Patients think about bigger lips,” Dr. Cohen says. This leads them into the office seeking filler injections into the lips. In reality, he insists, “We really need to think about combination therapy.” The best approach will include fillers, but not limited to the lips. Additionally, devices play an important role.

Dr. Cohen says that to make the lips appear more pronounced, he injects fillers in the cheek, “to roll back and soften the nasolabial folds.” Increasingly, the approach to injecting reduces the amount of filler in the nasolabial folds, “but still building up the oral commissure.”

In his practice, Dr. Cohen says, “Resurfacing has made a significant resurgence.” This helps reduce lines and wrinkles around the lips. Ablative approaches offer the most significant improvement. “If you can get people to do downtime of 10 days or two weeks, then the fully ablative modalities, such as fully ablative erbium, can work really well.”

Increasingly, Dr. Cohen says, he is employing neuromodulators before fillers and devices. “Predosing with neuromodulator beforehand leads to less mechanical action, less contraction, and less imprinting of those lines around the lips,” he observes.

A recent study has provided good evidence for the combined use of neuromodulators and fillers in order to prolong the filler effect. According to a study published in the January issue of Plastic and Reconstructive Surgery®, the official medical journal of the American Society of Plastic Surgeons (ASPS), longevity of hyaluronic acid-based dermal fillers is affected not only by the properties of the HA fillers, but also by forces applied to them—including contraction of neighboring muscles. For a more objective demonstration of this approach, researchers designed a study in rabbits in which a small amount of HA filler was injected under the skin in front of each ear. This area was chosen because it corresponds to the forehead region in humans—a common area for dermal filler treatment.

On one side, HA filler alone was used. On the other side, HA filler was combined with BoNT-A to paralyze the muscle in that area. After three months, MRI scans were performed to compare the amount of filler remaining on the two sides.

The follow-up scans confirmed that BoNT-A slowed degradation of the injected filler. At three months, chemodenervation with BoNT-A decreased the degradation rate of the HA fillers by 42 percent. At the same time, the remaining volume of HA filler was 50 percent greater on the side where BoNT-A was used.

Dr. Cohen also notes that there is research to suggest that neuromodulation may affect specific cytokines and chemokines. “This is happening through a biologic pathway, as well,” he says.
As with any cosmetic intervention, perioral rejuvenation should be accompanied by good skincare. Topical retinoids, including in advance of lip procedures, help to resurface the area and reduce wrinkles. “Post-procedure, growth factor products may be synergistic with healing. Preparation of the skin is important and support for recovery are really very important for these procedures.”

COMBINATIONS RULE THE DAY

The best approach to lip augmentation takes a holistic view of the face and employs multiple synergistic modalities, according to Dr. Cohen. As he says, “We’ve really had a lot of new developments and a lot of new data on combinations to give our patients better results, in particular around the mouth—as well as around the eyes.”

Cosmetic Surgery Forum will be held November 30-December 3 in Las Vegas. For more information, visit cosmeticsurgeryforum.com

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