

10-15 JUNIO 2019





Patrocina:









Dermatología Estética y Laser

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Patrocina:





Botulinum toxin: common mistakes and how to correct Koenraad DeBoulle (1/2)

- Clorhexidine keratitis, povidone-iodine and hypochlorus acid as alternatives
 - Dermatol Surg. 2017 Jan;43(1):1-6. .Chlorhexidine Keratitis: Safety of Chlorhexidine as a Facial Antiseptic.Steinsapir KD1, Woodward JA.
 - Chlorhexidine have the potential to irreversibly damage the cornea with a minimal splash exposure. Povidone-iodine is a safe and effective alternative.
 - Dermatol Surg. 2018 Apr;44(4):597-599. Use of Hypochlorous Acid as a Preoperative Antiseptic Before Placement of Dermal Fillers: An Alternative to the Standard Options.
- Changing in smile appearance
 - Treating gummy smile can turn in a joker smile: patient selection
 - Overtreating orbicularis muscle we can get Fake smile (only zigomatic and risorius) versus sincere smile
- When treating depressor angle oris can diffuse to the depressor lower lip
 - Treat the contralateral side of the depressor of de lip



Botulinum toxin: common mistakes and how to correct Koenraad DeBoulle (2/2)

- Swelling/edema lower eyelid is due to both paucity of lymphatic vessels periorbital and M.orbicularis malfunction
 - Furosemide 40 md/d 10 days (De Boulle personal experience)
- Paradoxical Maseteric Bulging after botulinum toxin injection
 - The deep tendon structure was located deep in the lower third of the superficial part of the masseter. It was observed in all specimens and was designated as a deep inferior tendon (DIT)
 - Recommend performing layer-by-layer retrograde injections into the superficial and deep muscle bellies of the masseter.
 - Toxins (Basel). 2017 Jan; 9(1): The Anatomical Basis of Paradoxical Masseteric Bulging after Botulinum Neurotoxin Type A Injection. Hyung-Jin Lee In-Won Kang
 - Dermatol Surg. 2019 Apr;45(4):566-572. Botulinum Toxin Injections for Masseter Reduction in East Asians. Cheng J1, Hsu SH2, McGee JS1.



- Management of complication in the use of filler: the role of hyaluronidase
 Maurizio Cavallini
- Pitfalls with lasers and devices prevention and treatment Rungsima
 Wanitphakdeedecha
 - Managing patients expectations
 - Focus on training not only physicians, also nurses and patients
 - Post procedural communication



- Dermal fillers and adverse events: the real data Izolda Heydenrych
 - A 10-point plan for avoiding hyaluronic acid dermal filler-related complications
 - Clin Cosmet Investig Dermatol. 2018; 11: 603–611. A 10-point plan for avoiding hyaluronic acid dermal filler-related complications during facial aesthetic procedures and algorithms for management Izolda Heydenrych

I. Patient II. Product III. Procedure IV. Algorithms I. History 4. Reversibility 7. Photographs Allergy/hypersensitivity Early: vitals, adrenalin, IV 0 Late: cold compress HI + H2 antagonists Hyaluronidase Pre and post Skin conditions Oral corticosteroids Dilution + dosage Black background Propanol, ibuprofen No makeup Medication Rest and animation Procedures Angles and lighting SLR camera 5. Product characteristics 8. Procedural planning and aseptic technique Vascular events determine placement HDPH If visual disturbance occurs: a) Stop injecting Technical flow b) Consult an ophthalmo HA concentration Dental, vaccinations c) 90-minute timeframe Routine procedures Oral antibiotics Cross-linking IV antibiotics Skin: chlorbevidine/slcobol Hyaluronidase Chlorhevidine mouthwash Surgical drainage Gloves + hand washing Laser 6. Product layering 9. Injection anatomy Antihintics Hyaluronidase Beauty, aging, gender **Immunosuppressives** ethnicity Tacrolimus Safety by depth Wants vs needs Pimecrolimus Danger areas HA over minimally Colchicine 3. Consent 10. Technical knowledge biodegradable fillers Depth, placement Informed consent Speed Procedure + complications Needle vs cannula Financial consent Aspiration vs movement

Table I A 10-point plan for avoiding filler complications



Pigmentation and Lasers: communications

- A randomised control trial to study the efficacy of culture versus noncultured melanocyte transfer in the mangement of stable vitiligo. DR Debdeep Mitra. India
 - No differences between the outcomes of cultured and non cultured techniques
 - Good re-pigmentation in 50-60% of patients
- Picosecond laser for scar and photoaging monitoring of effects by means of invivo reflectance confocal microscopy. Stefania Guida. Italy
- Iron-Induced Accidental Tattoos and laser therapy: experience at a terciary referal centre. Laurence Imhof. Zurich
 - 29 female patients
 - Ruby 694 nm and 1064 Nyag Q-S lasers
 - 5 sessions, 3,5/4 patient satisfaction score



Pigmentation and Lasers: communications

- Combined effect of diluted calcium hydroxyapatite based filler and fractional Co2 laser for the treatment of acne scarring. Dr Artzi Ofir. Tel Aviv
 - Retrospective analysis 352 patients
 - The combination of a diluted CaHA-based filler injection followed by ablative fractional Co2 laser in separate sessions was better that the other options tested
 - Efficacy of a combination of diluted calcium hydroxyapatite-based filler and an energy-based device for the treatment of facial atrophic scars . A. Koren et al. *Clinical and Experimental Dermatology (in press)*



Vascular Laser

- Laser & IPL treatment of non-vascular conditions. Boixeda P. Spain
- PDL for Facial Warts
 - 32 patients PDL
 - Complete response 44 %
 - Excellent response 56 %
 - Follow up 1 year (4 recurrences)
 - Good option Even in difficult locations
- Viral Warts
 - PDL: Variable results but generally with positive
- PDL for Molluscum
 - Retrospective study: 43 patients, 1250 lesions. 100 % efficacy
 - Prospective study: 76 children (1-15 years): 96,3% one treatment
 - Prospective study: children. 84.3 % one PDL treatment. Others: 2 treatments.
 - Good option: very effective and few side effects
- Lupus Tumidus
 - Don't prevent recurrences, purpura seems to be necessary to achieve good results
 - Pulsed dye laser as an excellent choice of treatment for lupus tumidus: a prospective study.Truchuelo MT, Boixeda P, Alcántara J, Moreno C, de las Heras E, Olasolo PJ.J Eur Acad Dermatol Venereol.

