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Complications of dermal fillers and endoprosthesis

Most of Plastic Surgeons, Dermatologists believe permanent fillers are dangerous and resorbable fillers are not dangerous. In fact, all kind of fillers give the same complications like granulomas, nodules, necrosis, migrations, infections, persistent oedema and more. The most frequent complication encountered after lipofilling is Granulomas. Every patient undergoing endoprosthesis should ultrasonography of 20 MHz and not 7.5 MHz, for the following reasons:

- Which seems to be a capsula post filler or endoprosthesis on 7.5 MHz is in fact a convergence of refringent structures which may be fibroblasts and not a real capsula. That explains migrations.
- On 20 MHz the diagnosis is re-established
- Also on 20 MHz before granulomas manifest themselves clinically, they can be detected and through the aspect of the granuloma in ultrasonography, it is now possible to know which filler or endoprosthesis is involved.
- To demonstrate granulomas resulting from silicon injection are stable and less dangerous than granulomas resulting from polylactic acid. This proves silicon (permanent filler) is less dangerous in case of granuloma complication than polylactic acid (resorbable filler)
- Also the most dangerous granulomas which are unstable and destroy the whole dermis are those resulting from mixed biphasic fillers, combining a metacrylat (permanent) with collagen (resorbable) or hyaluronic acid (resorbable). Such granulomas can never be stopped even if treated by corticotherapy or 5 fluoro uracil.

Further studies to treat such granulomas, combining IPL, in-situ didn't yield good results. While mixed biphasic fillers are presented commercially as long lasting fillers. Acrylates are considered less dangerous if they are:

- Not hydrogel
- Having no Monomers
- Metallic ions are absent
- Gamma sterilized.

But all acrylates (fillers as endoprosthesis) should be taken off of the market, as most patients have already get a filler (hyaluronic acid, which is the most performed one) and the association acrylat – presence of hyaluronic acid lead almost systematically to complications (even if on the mouse, acrylates like described above never led to complications because laboratory animals never changed of doctors and never get any hyaluronic acid or else during the acrylat experimentation)

The factors which lead mostly to granulomas are parodontosis, facelift, mesotherapy, acupuncture, Botulinum toxin. It usually occurs 6 Months before and after the filler or endoprosthesis procedure. Mixing fillers in same areas lead to the highest percentage of granulomas. Also the best and easiest differences between true and real endoprosthesis and fillers are the MRI with T1 and T2. For example in case of rhinoplasty, the MRI shows the fillers like spots and the true endoprosthesis like blocks. On T1 and T2 the capsula looks same for an endoprosthesis as prosthesis like silicon but the difference between the silicon prosthesis and endoprosthesis is the color inside the block. For silicone, it is black as the prosthesis does not contain any water and for the endoprosthesis the color is white proving that it contains water. Hydrophile does not mean hydrogel. Also hyaluronic acid fillers lead to 7.5% allergies in the population which lead to Granulomas anyway. Nodules have to be distinguished from granulomas, as their treatment is only surgical with mostly satisfactory results. Their causes is mostly due to wrong techniques.

Biography

Alain Tenenbaum, is the President of Swiss Academy of Cosmetic Dermatology and Aesthetic Medicine (SACDAM) and President of International Peeling Society (ISPC). He is a specialist in ENT (Oto Rhino Laryngology) and Facial, Plastic, Reconstructive and Cosmetic Surgery. Also, he is an inventor of Endopeel and many other peelings like Peeling de Luxe. He is a Silver medalist faculty of University of Paris, France and an International expert of Complications of Fillers and Endoprosthesis. He is known as a worldwide trainer of Aesthetic Medicine and Cosmetic Dermatology. He is an expert in SEO- Search Engines Optimization, for Aesthetic Medicine, Anti-Aging Medicine, Cosmetic Dermatology and Aesthetic Plastic Surgery. He is an active member of European Society for Cosmetic and Aesthetic Dermatology (ESCAD), European Academy of Facial Plastic Surgery (EAFPS), and FMH.

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