

In the News

During June 2009, the United States Food and Drug administration made several announcements which affect people who undergo neuromodulator treatments such as Botox and Botox Cosmetic. They announced the conclusion of a previous investigation into the safety of Botox. The announcement indicated that there would be additional reporting requirements for the use of the product. It also made clear that none of the serious adverse events were related to Botox Cosmetic or the axillary hyperhidrosis indication for Botox.

The FDA also approved a competitor for Botox which will be marketed in the US as Dysport. Dysport is a slightly different formulation than Botox but is still a type A botulinum toxin. Dysport has been used in Europe and is reported to be a purer form which lasts slightly longer. The price of Dysport in the US has not been set but will likely be available in 2-3 months. It will be sold by Medicis corporation, the same company which produces Restylane.

For Your Information - Lip Restoration

Rejuvenation of the upper lip can be a challenge. Recent publicity has focused on both facial fillers and implants for lip rejuvenation. Unfortunately, simply placing fillers into the lips can actually worsen a person's area of concern rather than create the desired improvement. Evaluation of the lip relies upon evaluation of the entire perioral area as well as the bony structure of the midface and the texture of the skin. True lip rejuvenation usually relies upon a graded approach after complete midfacial and perioral evaluation.

Evaluation of the patient desiring lip augmentation first relies upon looking at the midface. Determining if a patient has a properly placed upper jaw in all dimensions is essential to determine if there is an adequate base for building on the soft tissue. Once the proper midface assessment is made, the association of the upper lip to the lower lip can be examined. The lower lip should have slightly more show than the upper lip with a 1.6:1 ratio. Evaluation of the upper lip relies upon evaluating both the skin and placement of the lip. The length of the upper lip is dependent on the height of the person, but usually lip length is between 19-21mm. The placement of the upper lip should also allow show of the upper teeth, between 1-3mm at repose. The skin of the upper lip is examined for both rhytids (wrinkles) and natural landmarks. A youthful lip has a nice round appearance with a gentle upslope from the nose to the edge of the lip. The middle of the upper lip also has two columns termed philtral columns which are well defined in the youthful face. The edges of the lip should be evaluated. In some patients aging has created overhang in the corners of the lips and a down turn appearance of the lips.

Complete and adequate perioral rejuvenation relies upon addressing all of these areas. Addressing these areas may require several different procedures. In some situations, such as a long upper lip with little red show, addition of facial fillers along the red/white border can produce a fullness to the lip and also elongation and aging of the face.

To address skin wrinkles and discoloration, chemical peels and facial laser resurfacing can be undertaken. Temporary fillers such as hyaluronic acid and collagen can be used to improve wrinkles and help to recreate natural landmarks of the lip. Permanent alternatives such as fat augmentation serve as a good alternative in patients who are happy with temporary filler results and wish long term results for lip augmentation. In either case, simply instilling the filler along the red/white border of the lip will usually not address all of the signs of aging.

Permanent implants serve a useful purpose but care must be taken as there are downfalls to using either. For patients with short upper lips, a subnasal lip lift can be undertaken where a small incision is made under the nose and a small strip of skin is removed to allow greater show of the upper lip. The scar is very well hidden and this can help to reverse signs of aging such as elongation of the upper lip and decrease in red show. Frowning at the corner of the mouth can be corrected by removing a small triangle of skin at the corners of the mouth.

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