



AESTHETIC AND COSMETIC DERMATOLOGY (LASERS SEPARATE CATEGORY)

LATE-ONSET HYPERSENSITIVITY REACTIONS SECONDARY TO HYALURONIC ACID FILLER INJECTIONS: REVIEW AND PROPOSED PROTOCOL

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Background: Delayed-type hypersensitivity reactions secondary to dermal fillers can be classified according to the time of appearance post-procedure and may present as discoloration, nodules, solid edema and disfiguration. Presently no consensus has been reached regarding the management of late-onset complications secondary to dermal filler injections.

Objective: Our study aimed to assess the knowledge and experience regarding the management of late-onset procedural complications among physicians in Israel who inject HA-based dermal fillers and to propose a protocol for the management of these complications.

Materials and Methods: A questionnaire comprised of questions concerning management of late-onset complications and therapy was sent to 1120 physicians in Israel who practice dermal filler injections. 334 of the physicians replied and their answers were interpreted statistically.

Results: The majority of the physicians were dentists comprising 30.54% of the physicians, followed by dermatologists (18.56%) as well as internists and family doctors (18.56%). All physicians performed HA-based filler injections, and 51.8% of these physicians previously encountered late-onset complications following dermal filler injections. In order to assess treatment management, we presented the physicians with a simulatory visual case of a woman with a late onset complication. The majority of doctors prescribed short term oral steroids (35.3%), and/or short term oral antibiotics (32.6%, Amoxicillin/clavulanic acid). Moreover, 23% of physicians alone, keep hyaluronidase at their clinic, thus a limited number of patients were treated with intra-lesional hyaluronidase (31.4%) injection.

Conclusion: The heterogenic and incorrect approach regarding the management of delayed type reactions to HA-base filler injections, reflected in our study, illustrates the existing ambivalence in current literature regarding the management and therapy of late onset





complications. The authors discuss and challenge the definition, incidence and management of these reactions.

