



AESTHETIC AND COSMETIC DERMATOLOGY (LASERS SEPARATE CATEGORY)

SKIN AGING AND NUTRITION: IS THERE A LINK?

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The skin represents our interface with the external world and communicates our psycho-physical wellbeing, reflecting our body health and aging condition. Several factors like ultraviolet radiations, pollution, smoking, stress, nutrition, alcohol, sleep habits and hormones have an influence on it. The link between nutrition in particular and skin health, or rather the effect of nutrition on skin aging, has been an interesting field of research for scientists but also a common field of interest for humans, from ancient time till nowadays.

The qualitative and quantitative impact of malnutrition on skin health is striking in patient with nervosa anorexia, but without referring to similar extremes, even for example the continuous and abrupt glycemic fluctuations, typical of a western diet, damage collagen fibers and compromise skin elasticity and firmness through the production of AGEs (Advanced Glycation End products) which bind to receptors called RAGE (Receptor for Advanced Glycation End Products), located on fibroblasts, adipocytes, mast cells, macrophages, endothelial cells, thus both on epidermis and dermis. The bond between AGEs and RAGEs induce production of inflammatory cytokines, glycation of collagen fibers and elastorrhexis, with rupture of collagen fibers. Nevertheless, AGEs promote inflammation, oxidative stress and alteration of structure and function of intracellular and surface proteins even independently from the receptor binding, through direct damage to the structure of membrane or intracellular proteins.

For these reasons, the first medical aesthetic examination, according to the Italian Society of Aesthetic Medicine (SIME) recommendations, consists of an anamnestic investigation and a clinical examination, traditional and aimed at the clinical demand, with a series of morphological and functional evaluations.

This approach allows first of all the formulation of a preventive project and then a correction plan.

