Background: Intravascular complications using injected hyaluronic fillers are uncommon and cause significant tissue injury and necrosis. Although ischemic seem to be exceptionally rare it represent a small percentage of complication in individual clinical practices. However the true incidence is unknown due to underreporting by clinicians.

Observation: A 48 y.o female was injected with 20 mg/ml hyaluronic acid steril gel with 27 G needle into the nasolabial fold with retroinjection technique, within the deep subcutaneous tissue, with no sign of intravascular involvement immediately. Two days later developed a mild pain and dusty blue red iscoloration around the pyriform fossa. It was treated with local cold patches and NSAIDS. The patient return 10 days after the injection showing scales and blisters around the nasolabial fold and mil erythema at the supra glabellar area. I was treated with 500 UI/ml hyaluronidase, four times every 45 minutes with immediate relief of pain and the injection of buflomefilo subcutaneously and intradermic to restore blood flow. As a result a depression in the area and granular tissue followed. The loss of tissue required rich platelet plasma infusion and patches.

Key message: Vascular complications due to intravascular injection are underreported. Therefore early clinical manifestation are important to acknowledge and recognize to avoid permanent damage.