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AESTHETIC AND COSMETIC DERMATOLOGY (LASERS SEPARATE CATEGORY)

CANNULA DISSECTION OF FACIAL RETAINING LIGAMENTS IN THE TREATMENT OF TEAR TROUGH DEFORMITIES

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Background: The orbicularis retaining ligament and the zigomatico-cutaneous ligaments of the face are known to play a role in malar mounds, festoons and other deformities of the mid-face. Tear troughs may show concurrent deformities: Palpabromolar grooves (PMG), anteromedial cheek atrophy, lower eyelid bags, malar festoons and laxity. Anatomic and functional particularities of this region have contributed to a high incidence of complications with dermal fillers, such as Tyndall effect and malar edema.

Observation: Naturally occurring and iatrogenic malar edema have been effectively treated with this non-surgical dissection using blunt cannulas, as well as PMG. Also, the Tyndall effect is effectively treated by this approach, with the purpose of releasing retaining ligaments (orbiculary and zigomatico-cutaneous) and redistributing the fluids in the region (sparing the use of Hyaluronidase). After the 6-step evaluation and ABL categorization, followed by photos, an 18G or 20G blunt cannula is used in direction of the ligaments, until all the resistance is overcome. Topical and/or injectable lidocaine may be of use. Follow up can be done in 7 days, but fillers of appropriate G-prime and location can be placed right after the dissecation, when indicated.

Key message: Blunt cannula dissection technique is a safe conservative alternative for addressing deformities of the tear trough, especially with surface alterations, whilst it divulses the tissue without harm, redistributing tissues, with a low incidence of hematomas. It also allows for a lower dosage of filler, when needed, and a more natural result. This technique can also treat the Tyndall effect without the use of hyaluronidase. When the use of fillers is recommended, injection protocols by PENG (2018) are recommended for optimal results.



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