



AESTHETIC AND COSMETIC DERMATOLOGY (LASERS SEPARATE CATEGORY)

EXTRAVASCULAR OCCLUSION AFTER CALCIUM HYDROXYAPATITE FILLER EFFECTIVELY TREATED WITH HYALURONIDASE

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Background: 52 experienced injectors worldwide reported 62% of intravascular injections. Vascular compromise after filler injections is a major complication, mostly from intravascular injection, causing damage to the blood vessels' wall or an embolic phenomenon. Occlusion of cutaneous blood vessels can result from extravascular compression by filler or associated inflammation/edema. The paucity of literature on this less severe type of vascular occlusion leaves dermatologists unsure of its severity.

Observation: A 49 year-old patient, admitted for facial harmonization with fillers, was selected for calcium hydroxyapatite (CaHA) and hyaluronic acid (HA). After MD Codes mapping, markings and pictures taken, asepsis was performed and 2ml of 30% CaHA was diluted to 0.5ml of lidocaine and 1ml of saline. The safe area for injection was selected for the temples ("one up, one over"). Aspiration and 20G blunt cannula at hand, a deep injection started in slow fanning. After finishing 5ml in the right side of the patient, a vibrant red discoloration emerged (above the temporal fossa). Neither blanching nor other signs of intravascular occlusion occurred. It remained vivid red telangiectatic, even with compressions. 5ml of (150 IU/mL) hyaluronidase was perfused in the region in multiple vertices with cannula; patient referred intense pain. She was prescribed 40 mg Prednisone, acetylsalicylic acid 500 mg and sildenafil 1cp daily for 3 days and returned for checkup every day until then. The signs and symptoms subsided fast and progressively each day, transforming into a violaceous telangiectasia in the 2nd day. It later became ecchymotic, and completely disappeared without leaving any inflammatory effect or defect.

Key Points: Recognizing a vascular event is of utmost importance for dermatologists. Urgent treatment avoids potentially irreversible complications, determining a good outcome, safe from necrosis and embolization. Having a rescue arsenal ready in the dermatology office prevents the worst and edistinguishes a good injector.

