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Clinical experience with Hyaluronic acid-filler complications

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Summary

Hyaluronic acid (HA) fillers have become the material of choice for soft-tissue augmentation. HA fillers are longer lasting, less immunogenic and can be broken down by hyaluronidase. These advantages make HA fillers the most common of the temporary fillers on the market. However, early and delayed complications, ranging from minor to severe, can occur following HA-filler injection. We evaluated and treated 28 cases of HA-filler-related complications that were referred to our hospital over a period of 5 years from July 2004 to October 2009. Twenty-eight patients were included in our study; 82.1% of the patients were female and 17.9% were male. Complications were roughly classified as nodular masses, inflammation, tissue necrosis and dyspigmentation. Affected locations, in descending order of frequency, were the perioral area, forehead, including glabella, nose, nasolabial fold, mentum, including marionette wrinkles, cheek area and periocular wrinkles. The most disastrous complication was alar rim necrosis following injection of the nasolabial fold. We propose two "danger zones"™ that are particularly vulnerable to tissue necrosis following filler injection: the glabella and nasal

particularly vulnerable to tissue necrosis following filler injection. The glabella and nasal ala. Although there is no definite treatment modality for the correction of HA-filler complications, we have managed them with various available treatment modalities aimed at minimising patient morbidity.



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Keywords

Soft-tissue filler; HA filler; Hyaluronic acid

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