



Filling in of fine lines, deep lines and creases

Wrinkles and creases in the skin are very significant during the aging process. With the passing of time, the skin loses its elasticity due to changes in its basic components such as collagen, elastin, hyaluronic acid (the filling substance containing collagen and elastin), and in glycosaminoglicans, that lose quantity and quality, etc... but at the same time the percentage of moisture is considerably reduced, meaning dehydration. These changes are both hereditary and genetic – what is known as “constitution” in Chinese medicine – and the hygiene of life such as exposure to the sun, to the cold, to the wind, and the consumption of products like sugar, fats, cigarettes, alcohol and spices – known as the “condition” in Chinese medicine.

The dermis becomes thinner, less elastic, it separates slightly from the hypodermis, and when you smile or grimace, instead of moving to follow the movement of the underlying layers, it forms creases. The repetition of these expressions causes the dermis to break up along the creases, forming wrinkles that, at first, are fine and gradually become more pronounced.

Also, the deepest layer of the skin, the hypodermis, which is mainly composed of fat, undergoes change, and in the majority of cases is reduced, but sometimes increases. In all cases, the fat changes position on the face due to the lack of support from the skin that has lost its elasticity. And of course, this change is a downward movement as in the case of the upper cheek, just below the eyes.

Babies have practically no lower eyelid as the cheek only sags after some years have passed, pulling the skin below the eyelashes downward and thus forming the lower eyelid. When it loses

By Dr. P. Albrecht, MD., Ph. D.
Marbella Clinic

its elasticity, the skin sags, and the underlying fat with it, forming nasogenian grooves and marionette lines (see photo)

Aesthetic medicine does remedy this aging process by filling in the wrinkles and creases, restoring part of the skin's moisture and elasticity. Two different kinds of products are basically used for this purpose :

1) Semi-permanent filling, containing hyaluronic acid in different concentrations, that fills in the dermis between the collagen and the elastin fibres. The quality and density of this hyaluronic acid can vary according to the make, but are nearly all the same. (RESTYLANE, HYLAFORM, JUVEDERM, HYDRAFILL etc...) There are three different degrees of density, for filling in fine lines up to the deepest lines. With greater density, the hyaluronic acid can be injected into the fine lines but contains more water and dissolves more rapidly.

Grade 1 hyaluronic acid, less dense, has a duration of 3 to 5 months, Grade 3, more dense, can last up to a year. RESTYLANE produces a high density hyaluronic acid for correcting volume that can be injected close to the bones and that lasts 18 months.

“ Adverse reactions to hyaluronic acid are very rare. Personally I have never seen any cases, neither amongst my patients or those of any other doctors.”

2) There are also products for permanent filling using polyacrilamide (AQUAMID) that are safe and achieve a very good level of volume correction (lips) and creases (naso-labial furrows, for example). Polyacrilamide is a product that is used in its solid form for manufacturing contact lenses. Consequently we know that it is compatible with the human body. AQUAMID is injected deep into the hypodermis and remains in the area where it is injected. As in the case of any other permanent filler, my attitude towards AQUAMID has been to use it with great care. I started injecting only in the glabellar frown lines (between the eyebrows) for a few years to make sure it would not displace nor create any adverse side-effects. After two years, I started injecting in the nasogenian grooves two years later I started using it on the whole face to restore the original volume.

When someone wants to correct their wrinkles and creases, it is important to explain that the best results are achieved by correcting the same aging process.



That is to say, it is possible, but not sufficient, to correct a fine line or a deep wrinkle by filling it in with hyaluronic acid. In reality, this is only the correction of the aging process, the loss of moisture and elasticity from the dermis. To achieve the best and most durable results, the hyaluronic acid should be injected into the dermis and a polyacrilamide into the hypodermis, to compensate the other aging process which is the loss of fat. In this way we can achieve more natural-looking and longer-lasting results.

THE REALITY ABOUT THE NASOGENIAN FOLDS :

It is important to mention this subject because an incorrect use of the filler products can give rise to very unaesthetic results. It is true that aesthetic doctors tend to prescribe injections for their patients because they cannot perform surgery, but the patient should have a good understanding of the aging process in order to be able determine what is the best course for looking younger.

The nasogenian folds are the result of fatty tissue sagging from the upper cheek or malar area, this sagging is halted by the upper lip. Because of this, two grooves appear when you smile and the condition becomes worse if you sleep on your side, because it accentuates the grooves even further, breaking the dermis and creating a wrinkle inside the folds. When a patient asks for these folds to be corrected, he or she should be aware that the doctor is going to inject a product into a place where it is not really needed. That is to say, to fill in a nasogenian fold is to CHANGE the natural appearance of the face. In reality, the physiological correction would be to lift the skin and the fatty tissue upwards and outwards by means of surgery. By doing this, the grooves disappear immediately.

What I am saying is that the filling in of nasogenian grooves is a TEMPORARY solution because it is an aesthetically artificial and un-natural solution to the problem of the sagging of the cheeks. This treatment can be carried out successfully, but up to a certain limit.

After that we have to resort to surgery, or rather inject the cheekbone to lift the cheeks out.