



Current and Future Therapies for the Treatment of Dermatology Patients

By Lynn Bradshaw

Reprinted with permission from The Chronicle of Skin and Allergy, March 2006

Presented with hundreds of dermatological conditions in their day-to-day clinical practice, dermatologists must choose from a vast number of new and traditional dermatologic therapies for the best treatment for their patient. In part II of this special report, Canadian clinicians summarize the optimal therapies for rosacea and some common procedures currently used in the practice of cosmetic dermatology, including fillers and hair transplantations.

Hair Transplantation

“Hair transplantation needs to be performed by someone who is experienced and who has a well-trained team,” said Dr. David Zloty, clinical assistant professor, University of British Columbia, Vancouver, in an interview with *The Chronicle*. “It is not a procedure that you can just do casually anymore.”

Dr. Zloty’s hair transplantation method of choice is called follicular unit grafting. “Follicular unit grafting translates into a large number of very tiny grafts, many of which are single hair grafts,” he said. “The art of hair transplantation, the preparation of these grafts, as well as the actual planting of these grafts into the recipients bald area requires highly skilled clinicians.”

“Patients want areas covered and more natural results,” said Dr. Zloty, “and this has led to the development of follicular units. The largest graft most patients will now get will only have four hairs in it,” he said. “Because these grafts are all so small, the procedure requires a lot more microscopic dissection, which just leads to more skill and equipment requirements. It is quite a bit different than even five or 10 years ago when grafts were much larger.”

“Unfortunately,” said Dr. Zloty, “hair transplantation has been the subject of spurious claims on the Internet. There is so much false information and products out there that claim to grow hair,” he said. “I try to keep up with it and I just can’t.”

“Physicians should be aware,” he added, “that patients often search the Internet where they are inundated with hundreds of products and procedures for re-growing their hair, almost all of which are without value. Patients should be cautioned by their physicians to be at least somewhat skeptical about claims made on the internet,” said Zloty.

“They should be encouraged to speak to their physicians if they have questions or concerns. One valid treatment method currently making the rounds that truly can play a significant role in patient care is the laser comb,” he said. According to Zloty, some published evidence supports the use of the comb—a tiny diode laser that stimulates new hair growth—however, it does not work in all patients.



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“The results that I see in my own patients who are using it have been very subtle,” he said. “Then again, I may have seen a biased sample because even though these patients are using the combs, they are still coming to me for hair transplantations. So, I think it may have some role to play, [but] it is probably a small one.”

Although Dr. Zloty does not recommend this particular method, he often tells patients who wish to try it that there is no downside.

Botox

Botox has continued to evolve in the field of cosmetic dermatology and currently patients have the option of getting lower doses that do not diminish their natural look.

“The patient can soften their facial lines, but not take away from a natural look,” he said. “We used to hear the words ‘stone face’ or ‘frozen face,’ but not now.”

Although the results with lower doses may not last quite as long and patients may require treatment more frequently, there is never a full loss of sensation or movement.

“Using Botox used to mean complete defacement of all facial lines which would slowly come back, then you would give another high dosage and the lines would be removed completely again,” said Zloty. “Now patients don’t want that transition. They want to have just a softening of their lines which are present all of the time.” While there are still some patients who want the traditional, high dosage treatment, Dr. Zloty says more and more patients are now requesting softening rather than full line removal.

“Even though this method has been around for a couple of years, it is probably going to surface even more this year,” he said.

Botox is now being used more and more on the lower areas of the face, particularly around the lips, in order to soften the lip lines and raise the corners of the mouth. It is also being used to smooth chin lines, jaw lines, and neck lines. “Overall, Botox is becoming much more mainstream,” he said.

“We have been doing it for approximately five years, but it is currently becoming more and more popular to use it over the lower face and neck.”

Physicians choosing to use Botox on the lower face should be well aware of the facial muscle anatomy because misplacing the Botox could weaken muscles and have negative consequences to the patient, such as drooling which can last as long as two or three months in some cases.

“Physicians who are thinking of referring patients for Botox of the lower face must ensure that they are referring their patient to someone who really has a good understanding of the use of Botox on the lower face, particularly in terms of facial muscle anatomy and accurate placement,” he said.

“Settling differences can lead to dramatically diverse results which can be good or horrify a patient. Overall, it is not as forgiving as using Botox in the upper face.”



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Physicians should caution their patients about inexperienced clinicians and unlicensed clinics. "I am seeing a lot of clinics opening up with very inexperienced physicians and, in many cases, a lot of these procedures are not even being performed by physicians," said Dr. Zloty. "In fact, they may not even be overseen by physicians. We see more of this happening because there are a lot more people getting into the specialty of non-ablative facial rejuvenation. In many cases, patients are coming out at the bad end of the deal. This is disappointing because most of these procedures do have benefits as long as they are performed properly."

Combination Botox, Fillers

"Combination treatments using Botox with soft tissue fillers offer great results particularly around the lip area," reported Dr. Zloty. "Combining the use of Botox and a hyaluronic acid derivative is great because you can soften lip lines and, at the same time, give lips volume with the filler," he said. "Combination treatment of the face often may include the use of Botox and fillers, Botox and facial resurfacing treatments, or fillers and facial resurfacing."

Cosmetic Fillers

If patients are younger without any lip lines, then fillers on their own are an effective choice for lip volume. "So far, there has been a big change in fillers and you will see more of this in 2006, specifically for soft tissue fillers," said Zloty. "At one time fillers used to be all about filling up lines—you put the filler in the line and the line would be elevated. Some of the newer fillers are now geared towards facial volume. Therefore, rather than placing a filler right underneath a series of lines, a physician can put a filler up high on the cheek and basically expand the volume of the cheek. This not only lifts the cheek, but secondarily removes some of the lines."

"When we are young, we have lots of volume in our face and as we age that volume shrinks or descends," he said. "The main idea with fillers is to help bring that volume back. Fillers are definitely a trend for 2006," he added. "Fillers are going to be used more for volume enhancement rather than strictly line reduction. Hopefully a few new fillers will be introduced in Canada in 2006 and will play a big role," said Dr. Zloty.