

AMWC

SOUTHEAST
ASIA

AESTHETIC & ANTI-AGING MEDICINE WORLD CONGRESS

Abstracts

2025

Oral Presentation

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#10403

Midface Rejuvenation Using Dermal Fillers in Male Patients

44 - Treatment with Injectables (Botulinum toxin & fillers)

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Background/Objectives:

Background: In the recent years, there has been a significant rise in the number of men seeking rejuvenating procedures. The development of minimally invasive, non-surgical, office-based procedures without minimal downtime has stimulated a fresh interest among men who may seek cosmetic treatment to increase competitiveness and appear youthful in the workplace. It is important to understanding the differences in facial features in men and women to achieve more natural results and to reduce the risk of feminizing the male's face. **Aim:** The purpose of this study was to present our experience of midface rejuvenation using hyaluronic acid (HA) fillers in men. **Materials and Methods:** The authors discuss the anatomical considerations, pathophysiology of aging, gender considerations, and their injection technique for midface rejuvenation in male patients. **Results:** Midface rejuvenation was successful in male patients using HA dermal fillers while maintaining the masculine features. The treatment was well tolerated and resulted in high level of satisfaction. **Conclusion:** Use of injectable HA dermal fillers is a safe, effective, and well-tolerated non-surgical treatment modality for midface rejuvenation in men. A thorough knowledge of the midface anatomy, injection techniques, and properties of individual fillers along with an understanding of the considerations in facial features of men can make injectable dermal fillers a rewarding treatment even in male patients

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

Use of injectable HA dermal fillers is a safe, effective, and well-tolerated non-surgical treatment modality for midface rejuvenation in men. While treating the midface, it is important to understand the aesthetic needs of a male patient. Today, men seek treatment not just for correction and positive aging but also to enhance their attractiveness. It is necessary to counsel the patient adequately and arm yourself with thorough knowledge of the midface anatomy, injection techniques, and properties of individual fillers along with an understanding of the considerations in facial features of men to make injectable dermal fillers a rewarding treatment

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#10489

Hybrid technique - calcium hydroxyapatite + hyaluronic acid. Instead of or together? How to achieve lifting and avoid overfill syndrome

44 - Treatment with Injectables (Botulinum toxin & fillers)

Gabueva E

Background/Objectives:

Since the boom in fillers, cosmetologists have tried to solve many problems with their help: to restore volume, achieve lifting, reduce wrinkles, and much more. As a result, we came to the conclusion that many patients look "bloated", which is called overfill syndrome. But it is impossible to achieve lifting with the help of hyaluronic acid preparations. With their help, we restore the lost volumes. And for lifting into the lateral zones of the face, we use calcium hydroxyapatite.

Methods:

Mauricio De Matzo divided the face into lifting and volumetric parts. And this is anatomically justified. And in order to obtain aesthetic results while preserving individual facial features, it is necessary to inject drugs into the lifting zones that reduce excess skin, this is calcium hydroxyapatite. And in volumetric zones, use hyaluronic acid preparations.

Results:

I use calcium hydroxyapatite in two forms, in dilution with a saline solution in the preauricular zone, the temporal zone, as well as pure calcium hydroxyapatite in the suborbital zone for camouflage of malar fat pack. I inject hyaluronic acid into the central areas to replenish the volume in the frontal zone, the spine, and the chin area .

Conclusions:

I use calcium hydroxyapatite in two forms, in dilution with saline solution and in pure form, as well as hyaluronic acid in one procedure in different areas of the face, and I will share detailed video injection techniques and the results of 10 years of using this technique.

References:

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

Oral Presentation

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#10490

Lip's aesthetic

44 - Treatment with Injectables (Botulinum toxin & fillers)

Gabueva E

Background/Objectives:

Contour lip plastic surgery is one of the most popular procedures, and to achieve beautiful aesthetic results, it is essential to choose the right product, injection technique, and the most important, the right needle.

Methods:

The first stage is the use of botulinum toxin therapy. I can do this two weeks before the hyaluronic acid injections or on the same day. In this case, I first do the botulinum toxin injections and then, 30 minutes later, the hyaluronic acid injections. The second stage involves hyaluronic acid injections.

Results:

It is very important for the procedure to be minimally traumatic to minimize bruising and swelling. I use nano needles sized 32 - 8 mm. With such a short needle, I don't have to worry about injecting the product too close to the contour or the mucous membrane. Using a small needle not only reduces trauma but also gives us full control over the procedure and the result. Colleagues, pay attention to the vectors; they go top to bottom, and they should be straight.

Conclusions:

Today, I want to demonstrate some injection techniques that I use in my practice to achieve such aesthetic results.

References:

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

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#10494

"Aesthetic Approach of the Oncological Patient"

45 - Combination treatments

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Background/Objectives:

Cancer is an increasingly common disease. According to WHO data, the number of cases of this pathology grows every year. The objective of oncological aesthetic medicine is to prevent, improve and treat totally or partially the unsightly aspects of the cancer patient to benefit their quality of life, providing treatments aimed at preventing and minimizing the side effects of antineoplastic or surgical treatments of the cancer patients.

Methods:

: A systematic search of the subject was carried out in bibliographic reviews of medical journals, articles specialized in oncology and bibliographic references of textbooks PubMed, Medline, Scielo, JCAD, RESEARCHGATE, Sciencedirect, in accordance with the PRISMA statement. All searches were performed between January 2018 and December 2024.

Results:

The results obtained in this research showed us the efficacy of medical-aesthetic support in oncology to significantly reduce the anguish and concern of the patient in the face of this disease, improving their recovery; This effect goes beyond improving physical appearance but also these aesthetic treatments favor the patient to maintain a positive state of mind and feel better about himself despite going through a disease as catastrophic as cancer.

Conclusions:

I recognize that the aesthetic medicine approach in cancer patients is vital to help improve their recovery process, since cancer therapies cause undesirable side effects on the skin that directly affect patients' self-esteem; For this reason, aesthetic treatments are an indispensable tool that allows us to offer comprehensive care for the aesthetic treatment of the skin supported by complementary therapies for the management of this disease.

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Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

Oral Presentation

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#10501

Introduction to the management of intravascular filler injection, including support for Intra-Vascular Combination Management (IVCM)

48 - Complications - avoidance and management

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Background/Objectives:

Background: dermal filler popularity comes with an increased risk of adverse events including blindness and death, through inadvertent intravascular injections. Existing treatment modalities are not as reliable as we would like them to be. Aim: to explore existing preventative measures and treatments for intravascular obstruction and to define, support and propose a definitive treatment that injecting practitioners can rely on.

Methods:

Method: a review of the existing evidence was performed taking into consideration the authors' experience to provide a summarised suggested protocol for the prevention and management of intravascular filler injections.

Results:

Results: preventative steps, in room management and referral instructions are provided for practitioners along with a description of the supported neurovascular management.

Conclusions:

Conclusions: given the evidence of existing treatments for the management of strokes, arterial occlusion, combined filler dissolution and intravascular thrombolysis in animals, emboli and filler, there exists sufficient evidence to support the use of intravascular thrombolytics and hyaluronidase in combination with mechanical thrombectomy to treat intravascular fillers and their accompanying thrombi and embol

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Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

This article will contribute to the safer practice of aesthetic medicine, please see the link to the published article here:

<https://www.mattioli1885journals.com/index.php/aestheticmedicine/article/view/16102>

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#10513

Metabolic syndrome induced accelerated skin ageing: the quest and its additional value in cardiovascular risk assessment.

62 - Anti-aging & integrative medicine

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Background/Objectives:

There is ongoing interest about comorbidities which are associated with metabolic syndrome (MetS), but is there any linked skin function associations, and do the syndrome impact skin health will be discussed in this article. MetS is a cluster of symptoms including of insulin resistance, dyslipidemia, arterial hypertension and hypertriglyceridemia, low HDL values, plus obligatory criterion is central type of obesity, waist circumference (values for Mediterranean populations >94 cm (men)/ > 89 cm (women). Central obesity is strongly linked to cardiovascular disorders (CVD) and type II Diabetes. In this review we attempted to summarize relevant data about skin condition and association with MetS patients.

Materials and methods: Prospective age- and sex- stratified population sample was revealed. Study was done 2016-2017 at the Department of Internal Medicine, Riga Stradins university. In this study we have analysed a group of Caucasian both gender patients with (n=196). All data regarding metabolic syndrome were considered using IDF criterion included men and women, age 40 to 55 years, residents of Latvia. Diagnostic evaluation was done in three dimensions: clinical skin examination, laboratory testing (including oxidative stress) and skin punch biopsies. Skin visual examination includes – persistence of lentigo hyperpigmentation, seborrheic keratosis, actinic keratosis, telangiectasia and skin wrinkles. Blood serum analyses includes (total cholesterol, HDL, LDL, triglycerides, HOMA index, fasting glucose), oxidative stress parameters were done using RANSOD, Randox laboratories- total antioxidant capacity, selenium, MDA, SOD and GPX. Circular punch biopsies were done, and tissue samples were stained with haematoxylin and eosin and immunohistochemically with GLUT-1 and FOXP3. The results were expressed as cells/mm². Statistical analysis (SPSS 20.0 for Windows).

Aim of the study: To identify the relationship between the presence of predictors and the activity of antioxidant enzymes in the blood, to establish the role of OS in predicting cardiovascular risk and skin premature ageing.

Generally, 196 was analysed, n=111 with MetS and n=96 without MetS. Average age with MetS was 53 years and in control group was 48 years (Kolmogorov-Smirnov test. p₀=0.263, p₁=0.558, n₀=70, n₁=62; Levene's test p=0.108, Independent Samples t-test, **p=0.024**). Statistical analysis results showed a direct linear relationship (Positive *Pearson correlation*, *Chi-square test*, p <0.05) between the presence of areas of keratosis, lentigines, papillomas, gravitational wrinkles on the face, back and chest and intensity of MDA, SOD. Increased MDA (p<0.05) was associated with Lentigines, Seborrheic keratosis, Actinic keratosis, Aging wrinkles, Gravity wrinkles. Increased SOD was associated with Lentigines and Seborrheic keratosis. Lipid peroxides correlated with non-fasting serum triglycerides ($r = 0.33$; $p < 0.0001$) in both sexes. Weaker associations were observed for cholesterol, high-density lipoprotein cholesterol (inversely), body mass index, fibrinogen and white cell count; as well as an inverse association with serum vitamin D in men. Lipid peroxidation may be one mechanism through which several risk factors may promote cardiovascular disease. OS biomarkers might be helpful in CVD risk stratification, demonstrating unfavorable metabolic pattern, namely, latent inflammation.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

Skin alterations being associated with elevated MDAS level might be helpful indicators in cardiovascular risk evaluation. Studying associations between levels as a marker of oxidative stress, skin alterations, cardiovascular risk biomarkers in Metabolic syndrome (MetS) patients with and without prevalent cardiovascular disease (CVD) is therefore important. The new method allows to identify apparently healthy patients among those who already have clinical damages caused by metabolic disorders, and carry out preventive and curative measures early, when prevention is still effective. The method is an informative, reliable, non-invasive, easily repeatable. The method may be applied either alone or in combination with known cardiovascular risk assessment scales.

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#10516

Study on the Effectiveness of Anti-Aging Intervention: Comprehensive Transformation of the Face and Complete Elimination of Signs of Fatigue

45 - Combination treatments

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Background/Objectives:

Facial aging results from the normal wear of facial skin, adipose tissue, muscles, ligaments, and bones. Combining different minimally invasive techniques aims to achieve the most harmonious and natural-looking facial rejuvenation as effectively and safely as possible. It is common to see the use of different combinations of injections (e.g., fillers, toxins) or energy devices (e.g., radiofrequency energy) along with other modalities. As the demand for non-invasive facial rejuvenation continues to grow, plastic surgeons must maintain a mastery of nonsurgical techniques for restoring a youthful facial appearance. Hence, our study aimed to evaluate the effectiveness of such techniques to relax, resurface, and volumize facial tissue, and ultimately, achieve the most harmonious and natural-looking facial rejuvenation possible

Methods:

From June 2022 to June 2024, we conducted an extensive study on 250 patients, evaluating the effects of anti-aging treatments aimed at achieving comprehensive facial rejuvenation and removing signs of fatigue. Interventions included precisely dosed application of botulinum toxin in the upper third of the face, hyaluronic fillers in the middle third, and botulinum toxin in the lower third of the face to achieve a lifting effect in the mid face. For additional shaping of the lower third of the face and the chin, the advanced Morpheus8 device was used, with repeated treatments after 4 and 8 weeks in patients with more pronounced fat deposits.

Results:

Results were monitored on days 14, 30, 60, and 90 when final results were achieved. Drastic facial rejuvenation was noted in all patients, with a significant improvement in skin texture, face lifting, complete elimination of signs of fatigue, and achievement of a fresh, rejuvenated appearance. Statistical analysis showed that over 90% of patients expressed full satisfaction with the results achieved, and their longevity further confirms the effectiveness, considering that patients reported a preserved rejuvenated appearance up to 18 months after treatment. All treatments were carried out following the highest standards of safety and ethics, with no significant side effects

Conclusions:

Our results irrefutably prove the extraordinary power of the synergy of botulinum toxin, hyaluronic fillers, and the Morpheus8 device in facial transformation. Combined treatments allowed patients to regain their youthful appearance and permanently eliminate signs of fatigue, achieving a refreshed and rejuvenated appearance. This raised the level of self-confidence and satisfaction of our patients with their appearance. We concluded that an integrated approach to anti-aging is key to achieving superior results in aesthetic medicine, setting new standards in this field.

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Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

Upon completion, participants will be able to recognize the signs of a tired face and learn how to correct them.

- participants will be able to develop their knowledge and skills related to the full face approach to the patient.

Participants will be able to discuss possible difficulties they may encounter during combined treatments to remove the signs of a tired face.

Oral Presentation

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#10520

Glp-1s are the new revolution in anti-aging: allthe secrets revealed

51 - Regenerative aesthetics

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Background/Objectives:

Glp-1s are the new revolution in anti-aging: allthe secrets revealed

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

Glucagon-like peptide-1 receptor agonists are increasingly considered to be related to anti-aging, with research suggesting they may play a role in mitigating age-related diseases . At the cellular level GLP-1s has shown potentials of slowing the aging process due to their ability to improve cellular health, reduce inflammation, and protect against oxidative stress.

Oral Presentation

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#10521

The revolution of GLP-1s: how to keep yor patients alive longer

77 - Unclassified topics

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Background/Objectives:

Glucagon-like peptide-1 receptor agonists are increasingly considered to be related to anti-aging, with research suggesting they may play a role in mitigating age-related diseases . At the cellular level

GLP-1s has shown potentials of slowing the aging process due to their ability to improve cellular health, reduce inflammation, and protect against oxidative stress.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

Practical and clinical applications

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#10524

The combination of Nd:YAG laser, Er:YAG laser, and stem cell-derived exosomes for facial rejuvenation, innovative approach that integrates advanced laser technologies and regenerative medicine for comprehensive skin revitalization

49 - Lasers, EBDs & Light

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Background/Objectives:

The integration of **Nd:YAG laser**, **Er:YAG laser**, and **stem cell-derived exosomes** in facial rejuvenation offers a multi-dimensional, regenerative approach to skin revitalization. This combination targets both superficial and deeper layers of the skin, addressing a wide range of aesthetic concerns. The **Nd:YAG laser** (1064 nm) provides deep dermal heating for collagen stimulation, skin tightening, and vascular treatments, while the **Er:YAG laser** (2940 nm) performs fractional resurfacing to improve skin texture, reduce fine lines, and address pigmentation. Simultaneously, **stem cell-derived exosomes** promote tissue repair, enhance collagen production, and reduce inflammation, accelerating recovery and supporting long-term skin regeneration. A series of case reports demonstrate the efficacy of this 4D approach, showing significant improvements in skin tone, texture, elasticity, and overall facial harmony. Patients experienced reduced fine lines, enhanced skin tightening, and more youthful, rejuvenated appearances with minimal downtime. The synergistic effects of these technologies offer a promising strategy for achieving comprehensive facial rejuvenation, with both immediate and sustained benefits.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

The combination of Nd:YAG and Er:YAG lasers, paired with stem cell-derived exosomes, offers a comprehensive, multi-layered approach to facial rejuvenation. The lasers target both superficial and deeper skin layers, addressing issues like pigmentation, fine lines, and skin texture. Meanwhile, exosomes support tissue regeneration, collagen production, and overall skin health, enhancing the results of laser treatments and promoting a more youthful, radiant appearance. This holistic 4D approach is an exciting development in aesthetic medicine, offering both immediate and long-term rejuvenation benefits.

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#10525

radiofrequency (RF) and microneedling non-invasive treatment for the reduction of submental fat (double chin) and improvement of skin laxity.

49 - Lasers, EBDs & Light

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Background/Objectives:

The combination of **radiofrequency (RF)** and **microneedling** has become a promising non-invasive treatment for the reduction of submental fat (double chin) and improvement of skin laxity. RF energy targets deeper layers of the skin and adipose tissue, promoting fat reduction while simultaneously tightening and rejuvenating the overlying skin. Microneedling enhances the effects by stimulating collagen production and improving skin texture, leading to a more youthful and contoured appearance. The **RF** component heats the deeper layers of the skin and adipose tissue, promoting fat reduction and tightening of the overlying skin, while **microneedling** creates micro-injuries that induce the body's natural healing process, stimulating collagen production and improving skin tone.

This abstract presents several **case reports** to highlight the efficacy and outcomes of RF microneedling for submental fat treatment.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

These case reports demonstrate that RF microneedling is a safe, effective, and well-tolerated treatment for submental fat and skin laxity. The combination of RF energy and microneedling provides both fat reduction and skin tightening, improving the contour and texture of the chin and neck area. This non-invasive approach offers a promising alternative to more invasive procedures, with minimal downtime and lasting aesthetic benefits. In conclusion, RF microneedling represents a promising, minimally invasive approach for treating double chin and skin laxity, offering significant aesthetic improvements without the risks or recovery associated with surgical procedures.

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#10526

Combination of Erbium YAG Laser and Platelet-Rich Plasma (PRP) for the Treatment of Hair Disorders: A Comprehensive Approach to Hair Regeneration and Restoration

49 - Lasers, EBDs & Light

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Background/Objectives:

Hair disorders, including androgenic alopecia, telogen effluvium, and other forms of hair thinning, are common and can significantly impact patients' quality of life. While a variety of treatments exist, novel therapeutic combinations are gaining attention for their potential to enhance outcomes. The use of Erbium YAG laser smooth mode (SP dynamis 2940nm) and Platelet-Rich Plasma (PRP) has emerged as a promising approach for hair regeneration due to their synergistic effects on hair follicle stimulation and overall scalp health.

Objective: To investigate the efficacy and safety of a combined Erbium YAG laser and PRP therapy for the treatment of hair loss and related disorders.

Methods: This study presents a review of clinical trials and case studies evaluating the use of Erbium YAG laser treatment alongside PRP injections. Erbium YAG laser, known for its precision and minimal thermal damage to surrounding tissues, is used to promote scalp health and stimulate hair follicles. PRP, rich in growth factors and cytokines, is believed to enhance cellular regeneration and accelerate hair follicle recovery. Patients undergoing combined treatment protocols were monitored for hair density, thickness, and overall hair growth.

Results: The combination of Erbium YAG laser and PRP therapy has shown promising results in enhancing hair follicle activation, improving scalp circulation, and promoting the regeneration of dormant follicles. Clinical assessments revealed significant improvements in hair count, thickness, and overall appearance within 12 weeks of treatment, with most patients reporting minimal discomfort and few side effects. The synergistic effect of these treatments appears to be greater than the use of either modality alone.

Conclusion: The combination of Erbium YAG laser and PRP therapy offers a safe and effective treatment modality for hair disorders, demonstrating notable improvements in hair regrowth and scalp health. This approach could provide a viable, non-invasive alternative for individuals seeking to address hair thinning and loss, particularly those who have not responded to conventional therapies. Further studies with larger patient populations and longer follow-up periods are warranted to validate these preliminary findings.

Keywords: Erbium YAG laser, Platelet-Rich Plasma, hair loss, hair restoration, hair regeneration, non-invasive treatment, androgenic alopecia, scalp health, hair density.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

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#10578

Biofiler A Regenerative Autologous Filler

51 - Regenerative aesthetics

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Background/Objectives:

Biofiler is a plasma gel made from patient's own blood. It works as filler and also has Regenerative properties.

Biofiller is made of Fibrin bundles, plasma proteins and platelets. Platelets alpha granules degranulate to release growth factors which combine with adipose derived stem cells and cause soft tissue augmentation, collagen induction, hyaluronic acid formation and myofibrils contraction which decrease wrinkles and cause skin rejuvenation.

Biofiller is used in periorbital rejuvenation, eye bags, dark circles, tear troughs, depressed acne scars, chicken pox scars, lipoatrophy, facial hemiatrophy, hand rejuvenation, as body filler, neck lines, pigmentation, melasma and in wound management.

Biofiler is natural, so better tolerated by allergic persons and after chemotherapy. Biofiller is safer but chances of artery occlusion is there. Better understanding of anatomy and good injection techniques prevent untoward reactions.

Biofiller is easy on pockets and made in clinic settings, lunch time procedure. It is injected as filler with cannula.

Aspirin, Dispirin, NSAIDS and danzen dissolve it, so once biofiller is injected avoid these medicines.

Biofiller is natural filler and its easy affordability and better tolerance makes it an emerging aesthetic tool in field of aesthetic medicine and surgery.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

Biofiller is Autologous and it has Regenerative properties. It is used for periorbital rejuvenation, eye bags, dark circles, in tear troughs deformity, depressed acne scars, chicken pox scars, lipoatrophy, facial hemiatrophy, hand rejuvenation, as body filler, neck lines, pigmentation, melasma and in wound management. It is easily made in clinic settings, affordable and safer. It can work as filler and fat graft so sparing these expensive and complicated procedures. It can benefit patients from many fields like dermatology, aesthetics, plastic surgery, ophthalmology, aesthetic gynecology and even in rheumatology.

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#10590

The Oral Microbiome and Systemic Health

62 - Anti-aging & integrative medicine

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Background/Objectives:

The oral microbiome, consisting of bacteria, viruses, fungi, and archaea, plays a vital role in maintaining oral health and has significant implications for systemic health. Recent research has demonstrated that an imbalanced oral microbiome can contribute to the development of systemic diseases, including cardiovascular disease, diabetes, respiratory infections, and Alzheimer's disease. Understanding the interplay between the oral microbiome and systemic health is crucial for developing preventative and therapeutic strategies (1-5). This review aims to explore the role of the oral microbiome in systemic health, evaluate the impact of oral microbiome dysbiosis on various systemic diseases, and highlight potential therapeutic interventions based on maintaining a healthy oral microbiome. The included studies assess the influence of the oral microbiome on systemic inflammation and disease progression.

Methods:

A systematic literature search was conducted via PubMed, Scopus, and Web of Science. The review includes studies examining the relationship between the oral microbiome and systemic diseases, with a focus on cardiovascular health, diabetes, respiratory infections, and neurodegenerative diseases. Studies were selected based on their publication in Q1 journals and relevance to human health.

Results:

The data show a strong link between oral microbiome dysbiosis and systemic diseases. For example, periodontal disease has been identified as a risk factor for diabetes, inflammatory bowel diseases, Alzheimer's disease, and certain cancers. Specific oral bacteria, such as *Porphyromonas gingivalis* and *Fusobacterium nucleatum*, have been implicated in the pathogenesis of colorectal and pancreatic cancers. Additionally, changes in the composition of the oral microbiome have been associated with cardiovascular diseases and respiratory infections (1, 3, 4, 5). The results highlight the critical role of the oral microbiome in systemic health. Dysbiosis of the oral microbiome can lead to systemic inflammation and disease progression. Therapeutic strategies aimed at restoring a balanced oral microbiome, such as improved oral hygiene, dietary interventions, and probiotic use, could potentially mitigate the risk of systemic diseases. Further research is needed to fully understand the mechanisms involved and to develop targeted interventions (1-5).

Conclusions:

The oral microbiome is a critical determinant of systemic health. Dysbiosis in the oral microbiome is linked to various systemic diseases, underscoring the importance of maintaining oral health to prevent and manage these conditions. Future research should focus on elucidating the mechanisms of oral-systemic interactions and developing effective interventions to promote a healthy oral microbiome. This review underscores the therapeutic potential of targeting the oral microbiome to improve systemic health. Maintaining a healthy oral microbiome could transform the prevention and treatment of systemic diseases, offering a novel approach to healthcare.

References:

The Interaction between the Oral Microbiome and Systemic Diseases: A Narrative Review. *Microbiol. Res.* 2023; 14(4):1862-1878. 2. Oral Microbiome, Oral Health and Systemic Health: A Multidirectional Link. *Biomedicines*. 2022; 10(1):186. 3. The Oral Microbiome Is a Key Factor in Oral and Systemic Health. *Frontiers in Microbiology*. 2021. 4. Oral Microbiome and Inflammation Connection to Systemic Health. *Frontiers in Microbiology*. 2021. 5. Oral Microbiome and Host Health: Review on Current Advances in Genome-Wide Analysis. *Applied Sciences*. 2021; 11(9):4050. 6. The Impact of Prebiotics on the Oral Microbiome and Systemic Health. *Journal of Clinical Periodontology*. 2022; 49(3):327-336. 7. Xylitol's Role in Oral Health: A Systematic Review. *International Journal of Dentistry*. 2021; 2021:9831904. 8. The Influence of Breathing Patterns on the Oral Microbiome. *Journal of Oral Microbiology*. 2020; 12(1):1773142.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

Pre and Post-Procedure Considerations

- The oral microbiome's role in systemic inflammation suggests the need to assess and optimize oral health before aesthetic procedures
- Poor oral health could potentially impact healing and recovery after aesthetic procedures
- The link between oral bacteria and systemic inflammation may affect post-procedure outcomes and complications

Treatment Planning

- The recognition that oral microbiome dysbiosis can lead to systemic effects suggests:
 - Need for comprehensive oral health screening before major aesthetic procedures
 - Potential incorporation of oral health optimization into pre-procedure protocols
 - Consideration of oral microbiome status in patients with inflammatory conditions
 - Possible contraindications for certain procedures in patients with significant oral health issues

New Protocol Developments

- Integration of oral microbiome management strategies into aesthetic medicine:
 - Pre-procedure oral health optimization protocols
 - Use of probiotics and prebiotics as part of preparation and recovery
 - Implementation of breathing techniques to maintain oral microbiome balance
 - Dietary recommendations to support oral and systemic health during recovery

Risk Management

- Understanding that poor oral health can impact systemic inflammation suggests:
 - Need for enhanced screening protocols
 - Potential modification of antibiotic protocols
 - Consideration of oral health in risk assessment
 - Development of preventive strategies for high-risk patients

Long-term Outcomes

- The connection between oral health and systemic inflammation suggests:
 - Need for long-term oral health maintenance for optimal aesthetic results
 - Potential impact on aging and tissue health
 - Importance of ongoing oral microbiome management for sustained results

Future Developments

- Potential for new therapeutic approaches:
 - Development of microbiome-based treatments
 - Integration of oral health optimization into anti-aging protocols
 - New preventive strategies based on oral microbiome management

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#10591

The Vagus Nerve and the Management of Inflammation and Aging

62 - Anti-aging & integrative medicine

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Background/Objectives:

The vagus nerve, the longest of the cranial nerves, plays a crucial role in regulating many physiological processes, including modulating the inflammatory response and aging mechanisms. Understanding its specific functions could revolutionize the treatment of chronic inflammatory diseases and offer potential solutions to slow down aging effects. Recent studies have demonstrated that vagus nerve stimulation (VNS) can reduce inflammation and improve cognitive functions in the elderly, suggesting potential benefits for healthy aging.

Methods:

A systematic literature search was conducted via PubMed, Scopus, and Web of Science. Included studies examine the impact of vagal stimulation on pro-inflammatory cytokine levels and systemic inflammation markers in humans, as well as its effects on cognitive aging and autonomic function. This review examines the role of the vagus nerve in modulating inflammation, evaluates the effects of vagal stimulation on inflammatory markers based on human studies, and explores potential implications for healthy aging. The included studies assess the impact of VNS on pro-inflammatory cytokine levels (TNF- α , IL-6, IL-1 β) and systemic inflammation markers in humans, as well as its effects on cognitive aging and autonomic function.

Results:

The data show that vagus nerve stimulation significantly reduces pro-inflammatory cytokine levels. For example, transcutaneous auricular vagus nerve stimulation (taVNS) improves inflammatory markers in children with inflammatory bowel disease and in patients with COVID-19 (1, 4). Regarding aging, studies have shown that vagal stimulation can enhance cognitive function in the elderly by increasing neurotransmitter levels such as norepinephrine and promoting neuronal plasticity.

Conclusions:

The results highlight the potential of vagal stimulation as a therapeutic strategy to modulate inflammation and promote healthy aging. Human studies indicate that vagal stimulation can not only reduce inflammation but also improve cognitive and autonomic functions, suggesting potential benefits for aging. The vagus nerve plays a crucial role in regulating inflammation and aging processes. Human evidence suggests that vagal stimulation could be an innovative therapeutic approach for managing chronic inflammatory diseases and promoting healthy aging. Transitioning to larger clinical studies will require a thorough understanding of the mechanisms involved and rigorous evaluation of the safety and efficacy of these interventions. This review highlights the therapeutic potential of vagus nerve modulation for inflammatory diseases and aging, opening new perspectives for the development of neuroimmune treatments. Targeted activation of the vagus nerve could transform the management of inflammatory diseases and aging processes, offering effective solutions where conventional treatments fail.

References:

1. Transcutaneous auricular vagus nerve stimulation (taVNS) for inflammatory bowel disease in children: A proof-of-concept clinical trial. *Bioelectronic Medicine*. 2. Non-invasive vagus nerve stimulation (nVNS) for COVID-19: Results from a randomized controlled trial (SAVIOR I). *Frontiers in Neurology*. 3. Transcutaneous vagus nerve stimulation and cognitive aging: Impact on healthy cognitive and brain aging. *Frontiers in Neuroscience*. 4. Vagus nerve stimulation in early Alzheimer's disease: A review. *Frontiers in Neuroscience*. 5. Effects of daily tVNS on autonomic function in older adults. *Aging*. 6. Impact of vagus nerve stimulation on atherosclerosis: Non-pharmacological interventions on the mechanisms of atherosclerosis. *IJMS*. 7. Chronic vagus nerve stimulation in Crohn's disease: A 6-month follow-up pilot study. *Neurogastroenterology & Motility*. 8. Anti-inflammatory effects of acupuncture via the vagus nerve. *PLoS One*. 9. Vagus nerve stimulation and neurodegenerative disorders. *Frontiers in Neuroscience*. 10. Impact of vagus nerve stimulation on depression and quality of life. *Frontiers in Neuroscience*.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

Inflammation Management in Cosmetic Procedures The vagus nerve's demonstrated ability to modulate inflammation has significant implications for post-procedure recovery in aesthetic medicine. Since many cosmetic procedures trigger inflammatory responses, vagus nerve stimulation (VNS) could potentially:

- Reduce post-operative swelling and inflammation
- Accelerate healing after surgical or non-surgical aesthetic procedures
- Minimize scarring through better inflammatory control

Anti-Aging Applications The paper's findings about VNS's effects on aging processes suggest potential applications in aesthetic medicine:

- The ability to enhance cognitive function and promote neuronal plasticity could complement existing anti-aging treatments
- VNS's influence on systemic inflammation could help address age-related skin changes
- Could potentially be integrated into holistic anti-aging protocols alongside traditional aesthetic treatments

Non-Invasive Treatment Options The research discusses several non-invasive methods of vagus nerve stimulation that could be incorporated into aesthetic practices:

- Transcutaneous electrical stimulation
- Breathing and relaxation techniques
- Cold exposure therapy
- These could be offered as complementary treatments to enhance outcomes of traditional aesthetic procedures

Future Treatment Development The paper suggests several promising directions for aesthetic medicine:

- Development of new devices combining VNS with existing aesthetic treatments
- Integration of vagus nerve modulation into pre and post-procedure protocols
- Potential for new treatment approaches targeting both inflammation and aging processes simultaneously

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#10621

Regenerative aesthetics in Post acne scar management, my technique with PDLLA

42 - Scars & acne

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Background/Objectives:

Living with acne scars can be emotionally challenging for those who suffer with the condition. Studies conducted on people living with post acne scars in pigmented skin indicate a higher level of insecurity and lower self confidence in addition to a toll on their mental health. We present patients whom we have treated with PDLLA fillers for post acne scars rejuvenation resulting in better cosmetic outcome. Patients were treated with chemical peeling, subcision followed by PDLLA fillers resulting in higher GAIS at 16 and 24 months follow up.

Methods:

We studied 82 patients with ice pick, box and rolling scars. 41 patients were randomised in two groups. Modalities used were chemical peeling, subcision with microneedling in group 1 in the first 8 weeks and from 12 week Group 1 patients were treated with PDLLA and Group 2 patients were treated first with PDLLA. PLLA was applied topically with needling and PDLLA was injected intradermally, both groups patients were given subcision with a blunt cannula when performing PDLLA intradermally. PDLLA treatment as well 8 weeks apart. Photos were taken at 16 weeks and 24 weeks and results compared.

Results:

This treatment approach resulted in scar rejuvenation and improved scar resolution. With overall high GAIS (Global Aesthetic Improvement Scale) and clinical improvement measured by pre and post treatment photography the results with both groups were comparable with higher patient satisfaction and clinical improvement in group 2 where PDLLA was offered in first session. I will discuss my technique and overall patient results with before and after photography

Conclusions:

Regenerative aesthetics including biostimulators offers a better patient experience and satisfaction in post acne scar management with minimal downtime. Currently PLLA/ PDLLA are not licensed for post acne scars but studies can prove their efficacy and long term patient safety

References:

Beer, K. (2007). A single-center, open-label study on the use of injectable poly-L-lactic acid for the treatment of moderate to severe scarring from acne or varicella. *Dermatologic surgery*, 33, S159-S167. An, M. K., Hong, E. H., Suh, S. B., Park, E. J., & Kim, K. H. (2020). Combination therapy of microneedle fractional radiofrequency and topical poly-lactic acid for acne scars: a randomized controlled split-face study. *Dermatologic Surgery*, 46(6), 796-802.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

Treating post acne scars have always been a challenge and a time consuming treatment, adding PDLLA to combination treatment plan shortens the treatment plan and improves patient outcomes and satisfaction

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#10629

Grow your clinic's profits with the Patient Experience Map

73 - Marketing & Practice management

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Background/Objectives:

In the thesis of the Patient Experience Map, we suggest that in addition to scientific knowledge, a positive patient experience creates connections, loyalty and only in this way can we achieve successful results for your clinic.

The aim of the map is to increase the clinic's turnover through patient recurrence at the clinic based on a management structure where we value the employee to provide excellent care based on the concept of human experience.

Methods:

In the Patient Experience Map, we defend the thesis that customers should return to the clinic in a strategic way, managed through a CRM (Customer Relationship Management), well-defined metrics and process management.

We suggest improving the quality of care from the first contact with the patient, through the doctor, sales concierge, control of the procedure delivery time, qualification of the procedure result so that the patient returns to the doctor and continues the treatment with the annual planning carried out by the doctor exclusively for each patient, thus increasing the clinic's turnover.

Methods

- 1 - Qualification of the patient who comes to the clinic.
- 2 - Pre-consultation with the patient's 3D photo, bioimpedance and trichoscopy.
- 3 - Medical consultation with a one-year treatment plan
- 4 - Closure of contract with concierge who will pass on budgets and payment plans to the patient.
- 5 - Agenda controller, where we suggest controlling the delivery of procedures on time.
- 6 - Quality control of procedure results and patient satisfaction
- 7 - Medical assessment and continuation of the treatment plan.

Results:

This tool helps the doctor understand the process of recurring sales to the patient, maintaining quality of care and meeting the patient's expectations. It also improves the management of the clinic's patient portfolio, keeping the business healthy and prosperous. In 2024 we implemented this process in more than eighty clinics in Brazil and Europe with results of an average growth of forty percent (42%) in turnover.

Conclusions:

The idea of the patient experience map is to make doctors aware of the importance of generating good experiences in their organization to generate loyalty from everyone involved in the process

References:

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Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

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#10653

A prospective open label and a split-body study on the CaHA plus micronutrients for cellulite dimpling

50 - Body contouring & skin tightening

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Background/Objectives:

Cellulite is a common aesthetic concern, primarily affecting the buttocks, hips and thighs mostly of young women. It is a multifactorial process, characterized by dimpled contour alteration of the skin, while it imposes a significant psychosocial distress in affected patients. There are various treatments of cellulite targeting either the fat, dermis or fibrous septae, yet with a wide variability in response and longevity of results.

Methods:

Two studies were carried out. A prospective open label study on 10 perimenopausal women with cellulite who received the mixture at baseline and followed up for a year (study 1) and a split-body study on 5 menopausal women who received the mixture in one side and caha+saline in the other side and were followed for 3 months (study 2). For study 1, we compared clinical and photographic characteristics of 10, otherwise healthy, female patients (mean age $44,9 \pm 13,37$), with medium to severe cellulite. Patients were injected in the buttocks and thighs, using a dilute mixture of CaHa:NCTF HA, in a dilution of 1:2 of total mixture was injected in a retrograde manner, in each buttock and thigh. A 23G, 50mm, TSK cannula was used, to place the mixture subcutaneously in superficial dimples and needle of 25G in deep dents. Two additional treatments with sole micronutrients (3 ml) in each side was delivered at weeks 3 and 6. Subcision of the fibrous septae was performed with the cannula prior to the injection of the mixture. Photographic documentation of before and after was recorded at the day of the treatment, 3- and 12-months post-treatment. Clinical assessment of cellulite was documented in each visit and graded using Hexsel's photonic Cellulitis Severity Scale (CSS), the Cellulitis Dimple at Rest and Dynamic scales and the Global Aesthetic Improvement Scale (GAIS). Psychosocial impact of cellulitis was assessed using the Celluqol. For study 2, we found 5 female patients were recruited (mean age $56,5 \pm 7,1$) and in a randomised manner, they received either the mixture or caha+saline at a ratio of 1:2, in each buttock and hip. Again, two additional treatments of 3ml micronutrients or saline were injected in each buttock and 3 ml in each hip while patients were followed up with photographic, clinical assessments as well as ultrasound recording.

Results:

For study 1, patient GAIS scores improved by at least one scale point (adj $P=0.008$) at 3 months, while treatment satisfaction was maintained after 1 year. CSS scores improved by 66% at 3 months and 57% at 12 months. Significant improvements in self perception and psychosocial scores were observed, with a 50% decrease of CELLUQoL at 3 months ($P=0.000$) which was maintained by the end of the study ($P=0.04$). The most frequently reported AE (85%) was bruising at the injection site which resolved with a couple of days from treatment. For study 2, in the CaHA+ micronutrients group CSS scores improved by 67% at 3 months (adj $P=0.014$) while in the CaHA+saline group there was a non significant improvement of 30%.

Conclusions:

Aesthetic improvement of cellulite dimpling is possible with a single treatment of the combination of micronutrients with CaHA. Results show significant improvement of skin appearance as well as a long-lasting effect of this treatment. Limitations include a small number of study subjects.

References:

There is no effective treatment for cellulite, although several different treatment options are available, from noninvasive to minimally invasive. The efficacy of most treatments is unpredictable, requires frequent repetition and improvements in cellulite appearance are mostly short lived. Our studies provides a safe and effective method of improving cellulite with a single treatment, along with a long follow up period of significant improvements.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

Theodorakopoulou E, McCarthy A, Perico V, Aguilera SB. Optimizing Skin Regenerative Response to Calcium Hydroxylapatite Microspheres Via Poly-Micronutrient Priming. *J Drugs Dermatol*. 2023 Sep 1;22(9):925-934. doi: 10.36849/JDD.7405. Fanian F, Deutsch JJ, Bousquet MT, Boisnic S, Andre P, Catoni I, Beilin G, Lemmel C, Taieb M, Gomel-Toledano M, Issa H, Garcia P. A hyaluronic acid-based micro-filler improves superficial wrinkles and skin quality: a randomized prospective controlled multicenter study. *J Dermatolog Treat*. 2023 Dec;34(1):2216323. doi: 10.1080/09546634.2023.2216323. Hexsel DM, Dal'forno T, Hexsel CL. A validated photonic cellulite severity scale. *J Eur Acad Dermatol Venereol*. 2009 May;23(5):523-8. doi: 10.1111/j.1468-3083.2009.03101.x. Hexsel D, Fabi SG, Sattler G, Bartsch R, Butterwick K, Casabona G, Yen-Yu Chao Y, Costa J, Eviatar J, Geister TL, Goldie K, Grice J, Kerscher M, Lorenc P, Lupo M, Peeters W, Pooth R, Waldorf HA, Yutskovskaya Y, Kaminer MS. Validated Assessment Scales for Cellulite Dimples on the Buttocks and Thighs in Female Patients. *Dermatol Surg*. 2019 Aug;45 Suppl 1:S2-S11. doi: 10.1097/DSS.0000000000001993. Hexsel, Doris & Weber, Magda & Taborda, Maria & Dal'Forno, T. & Prado, Débora. (2011). Celluqol® - a quality of life measurement for patients with cellulite. *Surgical and Cosmetic Dermatology*. 3. 96-101.

Oral Presentation

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#10694

Masseter muscle and facial aesthetics

44 - Treatment with Injectables (Botulinum toxin & fillers)

Gabueva E

Background/Objectives:

We all know the important functions of the Masseter muscles, which are involved in the act of chewing, opening the mouth, and working the temporomandibular joint. But they also play a huge role in the aesthetics of the face. Hypertrophy and hyperfunction of the masseter muscles negatively affect the teeth, causing them to wear out, and also make the face wide and masculine.

Methods:

In Asian countries, surgeries to excise the masseter muscle have recently become popular in order to achieve the effect of a narrower face, since the shape of the face in the shape of an inverted triangle is considered very beautiful. We use less radical methods-botulinum therapy.

Results:

There are many techniques for injecting a muscle masseter with botulinum toxin. For 15 years of work, I have used different techniques, and I have developed a technique that gives the most beautiful and safe results. She combines injections into the masseter muscle, into the platysma, to narrow the face and achieve additional lifting.

Conclusions:

In the report, I will share video demonstrations of injection techniques, as well as share the results of such techniques, give an anatomical justification, detailed regimens and dosages.

References:

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

Oral Presentation

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#10695

Botulinum Therapy Full Face.

44 - Treatment with Injectables (Botulinum toxin & fillers)

Gabueva E

Background/Objectives:

Botulinum therapy has long been more than just a procedure for treating wrinkles. Botulinum toxin is the most wonderful molecule of the 20th century. We can use it to change the faces of our patients. Change the position of the eyebrows, reduce the size of the nose, push up the effect of the lips, improve the contours of the face, make the face look thin and much more.

Methods:

In the Full Face technique, it is very important to maintain a dose balance between levator muscles and depressors, in favor of depressors. Injections are performed using a multifocal technique into facial muscles, including the ear muscles (which few people mention), but with which you can achieve eyebrow lifting. As well as techniques for injecting botulinum toxin into the circular muscle of the mouth for a push-up effect, a tarsal portion of the circular muscle of the eye to change the incision of the eyes, into a masseter to make the face thin, into a platysma for lifting the face, intradermally into the nose area to narrow it.

Results:

In this report, I want to present the author's techniques and demonstrate a master class on the use of botulinum toxin to obtain the effect of fox eyes, eyebrow lifting, facial contour lifting, lip push-up effect, demonstrate injection points and doses, the depth of administration of the drug.

Conclusions:

In this report, I will share video materials of my techniques, with a detailed explanation and justification, confirmed by numerous international clinical trials, and my 13 years of experience.

References:

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

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#10777

Labia majora Rejuvenation by plasma gel plus polycaprolactone filler

44 - Treatment with Injectables (Botulinum toxin & fillers)

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Background/Objectives:

Female external genitalia lose elasticity and volume with age, and start to lose fatty tissue, get wrinkled. This is why many patients seek on some kind of labia majora augmentation and rejuvenation. Currently, lipofilling and hyaluronic acid (HA) based injections are two most popular methods for this purpose. The first is invasive and need operation room and the second one is expensive and both of them absorb rapidly. This study aims to evaluate the effectiveness and safety of labia majora rejuvenation with a new method by bi-filler {plasma jell) plus polycaprolactone-based filler fallowed PRP.

Methods:

This is a prospective single group pilot study that was performed on 20 female patients desiring labia majora rejuvenation. All patients were complained about hypotrophy and hyperpigmentation of the labia majora. After taking written informed consent, they received two sessions of plasma gel plus polycaprolactone (PCL) based filler injections in subcutaneous layer and fallowed by PRP in intradermal layer at the same time in each labia majora at 3-month interval. They were assessed clinically before treatment sessions and at the end of follow-up period (6th month).

Results:

All patients showed immediate significant clinical improvement after injection that maintained till the end of follow-up period. This finding was confirmed by significant reduction in the mean values of Wrinkle Severity Rating Scale (WSRS) and significant improvement of skin homogeneity and texture with slightly augmentation and bulking with high Visual Analog Patient Satisfaction Scale (VAS) score. In general, the reported side effects were minimal and transient.

Conclusions:

Autologous platelet poor plasma gel injection seems to be a cost-effective, safe, well-tolerated, and minimally invasive technique producing significant aesthetic correction of labia majora wrinkles and augmentation.

References:

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#10785

Revolutionizing Neck Rejuvenation

44 - Treatment with Injectables (Botulinum toxin & fillers)

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Background/Objectives:

Background/Objectives

Neck aging is a multifactorial process characterized by skin laxity, volume loss, and reduced collagen production, leading to visible wrinkling, crepiness, and sagging. While traditional treatments such as surgical lifting and energy-based devices offer varying degrees of improvement, the demand for minimally invasive, long-lasting solutions has driven interest in biostimulatory injectables. Poly-L-lactic acid (PLLA) is a synthetic, biodegradable polymer known for its collagen-inducing properties, offering a non-surgical alternative for neck rejuvenation. This study aims to evaluate the efficacy and safety of PLLA in improving skin texture, firmness, and overall rejuvenation of the aging neck.

Methods:

A retrospective analysis was conducted on patients aged 35-65 who received PLLA injections for neck rejuvenation over a 12-month period. The treatment protocol included two to three sessions spaced 4-6 weeks apart, with PLLA diluted and injected using a cannula or needle technique. Objective assessments included histological analysis of collagen density, 3D skin imaging, and physician-graded scales, while patient satisfaction was evaluated using standardized questionnaires. Safety outcomes, including adverse reactions such as nodules or inflammatory responses, were also recorded.

Results:

The results demonstrated a significant increase in collagen types I and III, with noticeable improvements in skin texture, hydration, and elasticity observed as early as three months post-treatment. Patient-reported satisfaction rates were above 85%, with most individuals noting enhanced skin firmness and a reduction in fine lines. Side effects were minimal, with transient edema and mild bruising being the most commonly reported concerns. No severe complications, such as granulomas or fibrosis, were observed during the follow-up period.

Conclusions:

PLLA represents a safe and effective biostimulatory option for non-surgical neck rejuvenation, offering gradual yet long-lasting collagen remodeling. This study supports its role in addressing neck aging, providing a natural-looking improvement in skin quality and firmness. Future research should explore optimized dosing strategies, combination treatments, and long-term durability to further refine its applications in aesthetic medicine.

References:

1. Mazzucco, R., & Hessel, D. (2009). Poly-L-lactic acid for neck and chest rejuvenation. *Journal of Cosmetic and Laser Therapy*, 11(2), 62-65. This study demonstrates the efficacy and safety of PLLA injections in treating skin laxity and wrinkles in the neck and chest areas. 2. Christen, M. O. (2022). A Review Focused on Poly-L-Lactic Acid (PLLA). *Clinical, Cosmetic and Investigational Dermatology*, 15, 885-899. This comprehensive review highlights the applications of PLLA in aesthetic medicine, including its role in collagen regeneration for neck rejuvenation. 3. Vleggaar, D. (2014). Poly-L-Lactic Acid for the Neck. In: N. Sadick & N. Goldman (Eds.), *Procedures in Cosmetic Dermatology Series: Neck Rejuvenation* (pp. 173-178). Elsevier Saunders. This book chapter discusses the use of PLLA as an effective method for restoring volume and achieving a natural appearance in neck rejuvenation. 4. Goldie, K., & Peeters, W. (2022). Consensus recommendations on the use of injectable poly-L-lactic acid for facial and non-facial volumization. *Journal of Cosmetic Dermatology*, 21(8), 3358-3368. This article provides consensus recommendations for the use of PLLA in both facial and non-facial areas, including the neck, emphasizing its role in comprehensive rejuvenation. 5. Lupo, M. P., & Smith, S. R. (2017). Off-Face Usage of Poly-L-Lactic Acid for Body Rejuvenation. *Journal of Drugs in Dermatology*, 16(5), 489-494. This review explores the clinical evidence and technical considerations for the off-face use of PLLA, including applications in neck rejuvenation.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

Impact and Implications of PLLA in Aesthetic Medicine and Surgery

Poly-L-lactic acid (PLLA) has significantly influenced the field of aesthetic medicine and surgery by introducing a biostimulatory approach to non-surgical rejuvenation. Its ability to stimulate collagen production offers a long-term, natural-looking improvement in skin texture, volume, and elasticity, making it a valuable alternative to traditional fillers and invasive procedures.

Existing Impact

1. **Shift Toward Biostimulatory Aesthetics**- Unlike hyaluronic acid (HA) fillers, which provide immediate volume correction, PLLA works gradually by stimulating fibroblast activity, leading to sustained collagen regeneration.-This aligns with the growing patient preference for subtle, natural enhancements rather than instant but temporary volume restoration.
2. **Expanded Indications Beyond Facial Rejuvenation**- While initially used for facial volumization, PLLA has now been successfully applied to neck, décolletage, hands, and body contouring (e.g., non-surgical buttock enhancement, cellulite treatment).- In neck rejuvenation, PLLA addresses horizontal wrinkles, skin laxity, and crepey texture, previously challenging to treat non-surgically.
3. **Minimally Invasive Alternative to Surgery**-PLLA provides a non-surgical option for patients unwilling or unfit for facelift or neck lift procedures.-It bridges the gap between energy-based devices (like radiofrequency and ultrasound) and surgical interventions, offering gradual yet long-lasting results.
4. **Long-Term Collagen Remodeling**-Studies show that PLLA-induced collagen production can last up to two years, reducing the need for frequent touch-ups.-Its impact on skin quality, hydration, and elasticity makes it particularly beneficial for aging patients seeking preventative and corrective solutions.

Impending Implications on Aesthetic Medicine & Surgery

1. **Refinement of Injection Techniques**-As the popularity of PLLA grows, standardized dilution protocols and advanced injection techniques are being developed to minimize complications like nodules and irregularities.-Innovations like microcannula injections and ultrasound guidance are enhancing safety and precision.
2. **Combination Therapies for Enhanced Outcomes**-The future of PLLA in aesthetics lies in synergistic treatments with:-RF Microneedling & Ultrasound Therapy (for enhanced skin tightening)-HA Fillers (for immediate hydration and PLLA for long-term remodeling)-Exosomes & PRP (to accelerate regenerative effects)-Such multimodal approaches will redefine customized anti-aging protocols.
3. **Personalized Treatment Plans & Preventative Aging**-PLLA is increasingly being integrated into early intervention strategies for patients in their 30s and 40s, helping to slow down skin aging rather than reverse it after significant collagen loss.- This shift towards preventative aesthetics will change how practitioners approach age-related volume depletion and skin laxity.
4. **Regulatory Advancements & Broader Market Adoption**-As clinical research expands, we can expect new formulations of PLLA with improved biodegradability, longevity, and ease of use.-Regulatory bodies may also approve PLLA for more indications, broadening its role in scar remodeling, post-surgical tissue healing, and regenerative medicine.

Conclusion

PLLA is redefining the future of aesthetic medicine and surgery by offering a non-surgical yet effective solution for collagen regeneration and volume restoration. Its existing role in facial and neck rejuvenation has already transformed patient care, while its impending advancements in techniques, combination treatments, and personalized aesthetics will further establish PLLA as a cornerstone of modern anti-aging and regenerative therapies.

Oral Presentation

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#10787

The Aesthetic Clinic Digital Playbook 2025: AI, Ads & Automation for Explosive Growth

73 - Marketing & Practice management

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Background/Objectives:

By 2025, aesthetic clinics must rethink their digital marketing approach to stay competitive. This session will equip attendees with cutting-edge strategies to **increase patient acquisition and retention** using Google, Meta, email automation, and AI-powered marketing. Clinics will learn how to optimise their online presence, reduce lead wastage, and turn enquiries into loyal patients. Attendees will leave with a **proven blueprint** to maximise marketing ROI, streamline operations, and future-proof their growth in an evolving digital landscape.

Methods:

This session draws on **real-world campaign data** from LTF Digital's work with leading clinics across the UK, US, and Europe. Attendees will gain insights from **A/B-tested ad creatives, SEO experiments, and conversion-boosting landing page strategies** that have delivered significant ROI. The talk also covers emerging trends in AI-driven patient targeting, membership models, and omnichannel marketing. Live case studies and exclusive performance metrics will reveal the **most effective** digital marketing tactics for 2025.

Results:

Clinics implementing these strategies have seen a 94.8% increase in website traffic, a 95.3% boost in lead conversions, and lower cost per acquisition. AI-powered automation has cut admin workload by 40%, allowing staff to focus on patient experience. Clinics that adopted hyper-personalised email marketing saw a 300% increase in returning patient revenue. By applying these cutting-edge techniques, clinics can ensure a sustainable competitive edge, higher patient lifetime value, and consistent appointment bookings.

Conclusions:

Success in 2025 requires a fundamental shift in digital marketing strategy. The clinics thriving today are those that embrace data, automation, and omnichannel marketing. This session will provide an actionable roadmap for clinics to optimise their online presence, supercharge patient acquisition, and build a scalable, future-proof marketing strategy. Attendees will leave armed with proven frameworks and next-gen techniques to dominate their market and drive continuous, measurable growth. The digital marketing landscape for aesthetic clinics is undergoing a seismic shift. Patients are more digitally savvy, competition is rising, and traditional marketing methods are becoming obsolete. Clinics that fail to embrace AI-driven marketing, automation, and omnichannel patient engagement will struggle to maintain consistent growth. This session provides a roadmap for adapting to these changes. Attendees will gain immediate, practical strategies to: ✓ Reduce marketing waste by targeting high-intent patients instead of vanity metrics ✓ Increase patient retention through hyper-personalised email, SMS, and AI-driven remarketing ✓ Optimise online presence to dominate Google rankings and reduce reliance on paid ads ✓ Leverage automation to streamline operations, freeing up clinic staff to focus on patient experience ✓ Stay ahead of compliance and regulatory changes affecting digital marketing in medical aesthetics The impending impact is clear: Clinics that implement data-driven, AI-enhanced digital strategies will scale faster, reduce acquisition costs, and future-proof their business. Those that don't risk being left behind in an ever-evolving digital marketplace.

References:

1. LTF Digital – Proven digital marketing strategies applied to hundreds of aesthetic clinics worldwide. 2. Merz Digital Academy – Education on digital transformation in the medical aesthetics sector. 3. Alma Digital Accelerator – AI-driven marketing advancements for aesthetic practitioners. 4. Cambridge Laser Clinic Case Study – 94.8% increase in website clicks, 95.3% increase in lead conversions, and reduced cost per acquisition. 5. Google & Meta Marketing Data – Latest algorithm updates and paid advertising trends impacting clinic growth in 2025.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

Oral Presentation

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#10790

Conventional dissection to ultrasonographic observation for aesthetic procedures.

43 - Anatomy related to non-or minimally invasive approaches

Yi K¹

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Background/Objectives:

The efficiency of using ultrasonography in clinical settings is a subject of controversy with pros and cons. The utilization of ultrasonography for cosmetic purposes on the face is a relatively recent advancement. Ultrasonography offers patients a sense of security during skin rejuvenation procedures, aiding practitioners in identifying blood vessels, nerves, and layers. However, a fundamental understanding of facial anatomical structure is essential, as ultrasonography presents these structures in two dimensions, potentially leading to difficulties.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

Oral Presentation

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#10811

Treatment of Gluteal Myofascial Retraction with Assisted Subcision: A Case Series

43 - Anatomy related to non-or minimally invasive approaches

Mirella A¹

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Background/Objectives:

To report three clinical cases of patients with gluteal myofascial retractions treated with a minimally invasive assisted subcision technique, aimed at correcting aesthetic deformities and relieving discomfort, without significant functional impairment of the lower limbs.

Methods:

Three female patients, aged between 45 and 56, presenting with gluteal myofascial retractions, were treated using an assisted subcision technique with needles. The probable etiology of the retractions was attributed to multiple intramuscular injections received during childhood, leading to local fibrosis. The procedure was performed with the patients in a standing position, using needles to release deep fibrous retractions. In addition, biostimulating substances were applied to promote tissue regeneration, improve skin quality, circulation, and stimulate collagen production. Data were collected from medical records, detailed patient interviews, and photographic documentation.

Results:

All three cases showed positive outcomes with the assisted subcision technique. After three to six sessions, there was significant improvement in skin appearance, with a reduction in myofascial retractions and greater uniformity in subcutaneous fat distribution. Patients also reported relief from symptoms such as sitting discomfort, and improved mobility and quality of life. The use of biostimulators contributed to healthier skin, with results maintained for up to 18 months.

Conclusions:

The assisted subcision technique proved effective in treating gluteal myofascial retractions, providing long-lasting aesthetic and functional results, with rapid recovery and high patient satisfaction. Further studies with larger sample sizes are needed to confirm and refine these findings.

References:

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

Gluteal myofascial retraction can negatively affect both the aesthetic appearance and well-being of patients. While the etiology is often linked to repeated intramuscular injections, effective treatment for these retractions remains challenging. The assisted subcision technique, performed with the patient standing, allowed for a more precise treatment, releasing retracted fibers and distributing the biostimulators effectively. This minimally invasive procedure was successful in both aesthetic correction and symptom relief, with high patient satisfaction.

Oral Presentation

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#10814

Paid Traffic: The Growth Path to Increasing Your Clinic's Revenue

73 - Marketing & Practice management

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Background/Objectives:

Most medical professionals still rely on outdated marketing strategies—posting sporadically on social media and hoping patients will come. However, hope is not a strategy. The reality is that paid traffic is the only scalable and predictable way to generate high-ticket patients consistently. This study demonstrates how a data-driven paid traffic strategy, focused on Instagram Ads, can significantly increase patient acquisition and revenue for private medical practices. With over R\$2,5 million invested annually in paid traffic and more than R\$25 million in revenue generated, the results speak for themselves.

Methods:

The methodology is based on real-world experience managing paid traffic for 140+ clinics across Brazil, the US, and Europe. We applied a structured approach to patient acquisition, integrating:

- Clear Positioning: Defining the doctor's niche, unique value proposition, and patient profile.
- Content That Converts: High-quality, engaging video content that captures attention within 10 seconds.
- Paid Traffic as a Core Strategy: Instagram Ads outperform Google by up to 90x in converting high-ticket patients.
- Lead Qualification: Implementing strategic pre-screening forms, reducing unqualified leads by 40% while increasing conversion rates.
- Data-Driven Decisions: Every interaction—name, phone, ad source, campaign type—is tracked, analyzed, and optimized.

Results:

Clinics that shift from passive to proactive marketing with paid traffic see:

- R\$25M+ in annual revenue growth from digital patient acquisition.
- 1,400+ highly qualified leads every month, with optimized targeting.
- 40% fewer cold leads, increasing operational efficiency.
- Consistent demand, eliminating appointment gaps and revenue instability.
- A predictable, scalable system for acquiring and converting high-value patients.

Simply put, paid traffic is not an expense—it's the most profitable investment a doctor can make in their practice.

Conclusions:

Medical marketing isn't about just being online—it's about owning your digital space with strategic execution. The biggest mistake doctors make is treating marketing as an afterthought rather than as a business growth engine. Clinics that implement a high-level, continuous paid traffic strategy don't just attract patients—they dominate their market. By integrating Instagram Ads, high-quality content, and strategic lead qualification, doctors can increase revenue, attract better patients, and secure long-term growth. If you're not leveraging paid traffic, you're leaving money on the table. And in today's digital landscape, that's not just a missed opportunity—it's a competitive disadvantage.

References:

- Internal data from S+ Digital, managing R\$2,5M+ in paid traffic annually.
- Experience in scaling 140+ clinics across Brazil, the US, and Europe.
- Campaign performance metrics from medical practices between 2022 and 2024.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

Oral Presentation

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#10833

VP-eyeslift - Non-Surgical Periorbital Rejuvenation Technique with Sub-Ligamentous Supra-Periosteal Approach

44 - Treatment with Injectables (Botulinum toxin & fillers)

Viviane P¹

¹Ferdinando Paternostro, Verona, Italy

Background/Objectives:

Introduction

The infraorbital region is one of the most challenging areas in facial aesthetics due to its complex anatomy and susceptibility to edema. The VP-Eyeslift technique was developed to correct infraorbital bags non-surgically, respecting anatomical planes and minimizing the risks of overcorrection and the Tyndall effect.

Methods:

Methods

The procedure is based on the injection of high-density hyaluronic acid with a low swing factor, reducing water absorption and ensuring greater structural stability. The application is performed in deep planes, from the base of the ligament to the superficial subcutaneous layer, without compromising the dermis, which is reserved for collagen biostimulators, PDRN, or exosomes.

Results:

The technique provides an immediate improvement in the palpebromalar transition, avoiding excessive edema and maintaining a natural appearance. The use of a targeted, deep-plane approach ensures long-lasting results with a low risk of complications.

Conclusions:

Conclusion

The VP-Eyeslift technique offers a safe, effective, and non-invasive alternative for correcting infraorbital bags. Its anatomical precision, combined with the choice of appropriate filler material, ensures natural and long-lasting outcomes. Further studies and long-term follow-ups are recommended to validate its efficacy in broader patient populations.

References:

1. De Maio M. MD Codesã,ç: A methodological approach to facial aesthetic treatment with injectable hyaluronic acid fillers. *Aesthetic Plast Surg.* 2017;41(4):698-710.2. Lambros V. Volumetric aging of the upper third of the face. *Plast Reconstr Surg.* 2007;120(5):1327-36.3. Goldberg RA, Fiaschetti D. Filling the periorbital hollows with hyaluronic acid gel: Initial experience with 244 injections. *Ophthalmic Plast Reconstr Surg.* 2006;22(5):335-41.4. Cotofana S, Lachman N. Anatomy of the facial fat compartments and their relevance in aesthetic surgery. *J Dtsch Dermatol Ges.* 2019;17(4):399-413.5. Sundaram H, Voigts B, Beer K, Meland M. Comparison of the rheological properties of hyaluronic acid fillers and their clinical implications. *J Drugs Dermatol.* 2010;9(9):941-6.6. Rzany B, Becker-Wegerich P, Grablowitz D, Bailly P, Santine A. Accuracy of injection techniques for soft tissue fillers among aesthetic dermatologists. *J Eur Acad Dermatol Venereol.* 2019;33(1):34-40.7. Beleznyay K, Carruthers J, Humphrey S, Jones D. Avoiding and treating blindness from fillers: A review of the world literature. *Dermatol Surg.* 2015;41(10):1097-117.8. Swift A, Remington K. Beautification,ç: A global approach to facial beauty. *Clin Plast Surg.* 2011;38(3):347-77.9. Schelke LW, Decates TS, Velthuis PJ. The clinical application of ultrasound in facial aesthetic medicine. *J Cosmet Dermatol.* 2018;17(2):124-32.10. Gierloff M, StÄ¼hring C, Buder T, Wiltfang J, Gassling V. Aging changes of the midfacial fat compartments: A computed tomographic study. *Plast Reconstr Surg.* 2012;129(1):263-73.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

The VP-Eyeslift technique offers a non-surgical solution for under-eye bags, utilizing precise hyaluronic acid injections to rejuvenate the infraorbital region. This method involves the use of a fine cannula to administer the filler from the base of the orbital retaining ligament to the superficial subcutaneous layer, effectively avoiding the dermis.

Oral Presentation

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#10838

how to keep your voice young

51 - Regenerative aesthetics

Abitbol J¹

¹Voice Foundation, Philadelphia, United states

Background/Objectives:

Voice Lift Concept: The presentation discusses the concept of voice lift in parallel with facelift, explaining how to maintain the quality and timbre of the voice to look younger

Voice Lift Concept: The presentation discusses the concept of voice lift in parallel with facelift, explaining how to maintain the quality and timbre of the voice to look younger.

Medical and Surgical Treatment: It explores the boundary between medical treatment and vocal surgery to keep a youthful voice².

Evolution of the Voice Over the Life Course: The presentation examines how the voice evolves over time, using examples such as Charles Aznavour at different ages³.

Importance of Muscles: It emphasizes the importance of the 400 muscles needed to produce the voice⁴.

Prevention and Treatment: The presentation discusses medical and alternative treatments to maintain vocal health, including vitamins, minerals, and essential oils.

Surgical Options: It presents surgical options to maintain the timbre of the voice and fight against aging

Methods:

Voice Lift Concept: The presentation discusses the concept of voice lift in parallel with facelift, explaining how to maintain the quality and timbre of the voice to look younger.

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Surgical Options: It presents surgical options to maintain the timbre of the voice and fight against aging

References:

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#10846

Non-surgical gluteal beautification: results and impact of the combination of dermal fillers and biostimulators

50 - Body contouring & skin tightening

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Background/Objectives:

The search for minimally invasive aesthetic procedures has grown exponentially in recent years, driven by the demand for natural results, safety and shorter recovery times. Gluteal volumization through the combination of collagen biostimulators and hyaluronic acid-based fillers has emerged as a promising alternative to traditional surgical procedures, offering improved contour, projection and skin quality in the gluteal region. Collagen biostimulators in association with hyaluronic acid-based fillers offer an innovative alternative that enhances results, providing a harmonious and long-lasting three-dimensional effect. Although gluteal volumization with biostimulators and fillers is a growing practice in aesthetic dermatology, few scientific studies have explored the efficacy, safety and patient satisfaction with this therapeutic combination.

The aim of this study is to evaluate the efficacy and safety of the combination of collagen biostimulators and HA-based fillers in volumizing and improving the gluteal contour, analyzing the impact of the therapeutic combination on the projection and definition of the gluteal contour, determining the duration and evaluating patient satisfaction with the results obtained.

Methods:

The patients selected were women aged between 18 and 45, with no previous history of treatments in the gluteal region, who were suitable to undergo an injectable procedure involving HA and biostimulators. The buttocks were assessed in terms of shape, validated by a scale by Mendieta et. al 2018, and also by the degree of skin laxity at the site to be treated. A diagnosis was then made to determine the product rationale required for the best aesthetic performance. The patients were then followed up periodically for 1 year, assessing satisfaction with the treatment, possible adverse events and local mapping with high-frequency dermatological ultrasound.

Results:

The HA was applied in the superficial subcutaneous plane and the collagen biostimulator in the juxta-dermal plane, safely and without reports of complications that required intervention by the researcher. There was an increase in dermal thickness proven by USG and maintenance of the filler at the treated site, even 1 year after application. Patient satisfaction was over 80% throughout the period and the photographic results were progressively satisfactory.

Conclusions:

A proper assessment of the shape of the buttocks, which varies according to the patient's biotype, leads to an assertive diagnosis for a detailed approach to the patient's complaint and the degree of sagging. The combination of injectable HA promotes immediate, long-lasting volumization with a high level of satisfaction. Further studies are needed to assess the maximum dosage of products for patient safety.

References:

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Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

Patients who do not want to undergo gluteal surgical lipografting or the use of permanent dermal fillers, due to the inherent risks of these procedures, can benefit from the combination of biostimulators with hyaluronic acid for gluteal volumization, improving the contour of the region and the quality of the skin, with a direct impact on self-esteem.

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#10848

High definition abdomen with non-surgical technique: evaluation of satisfaction and performance

50 - Body contouring & skin tightening

Chicarelli E¹

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Background/Objectives:

The search for more defined body contours has driven the development of minimally invasive aesthetic techniques. High definition of the abdominal muscles, traditionally achieved through high definition liposuction (HD-lipo), can now be achieved non-surgically with the strategic use of hyaluronic acid fillers and collagen biostimulators. This approach aims to enhance muscle definition, providing a more athletic and harmonious contour without the need for invasive procedures.

This study aims to evaluate the safety and durability of the non-surgical high-definition abdominal technique using hyaluronic acid fillers and collagen biostimulators. It also aims to analyze the level of satisfaction of the patients treated, considering aspects such as the naturalness of the results, the time it takes to maintain the effects and any adverse effects.

Methods:

Male and female patients aged between 18 and 42, with a low percentage of panniculus adiposus in the abdominal region and no contraindications to the use of dermal fillers were selected. a synergy between a hyaluronic acid-based dermal filler and calcium hydroxyapatite was used to mimic hypertrophy of the skin and subcutaneous region adjacent to the rectus abdominis muscle. the results were evaluated using photographic documentation, imaging software and high-frequency dermatological USG over a period of 1 year. Patients were also periodically evaluated on their level of satisfaction with the procedure.

Results:

The use of the products in the appropriate skin planes and in synergy resulted in high aesthetic impact for the patients, with a satisfaction rate of over 85% over a period of 1 year. satisfactory dermal thickening was achieved with the use of CaHA and the volumization was maintained after the same period, through the observation of HA at the injected site. the safety profile of the procedure was adequate, respecting the execution techniques and the anatomical limits of the abdominal region. no additional intervention was required to manage complications arising from the procedure.

Conclusions:

The synergy of the association of HA and CaHA has brought a new possibility of non-surgical treatment for the abdominal region, providing results similar to those of lipo-HD. the results are immediate, safe and with progressive improvement over time, but more studies are needed to address the long-term results.

References:

Crabai P, Marchetti F, Santacatterina F, Fontenete S, Galera T. Nonsurgical Gluteal Volume Correction with Hyaluronic Acid: A Retrospective Study to Assess Long-term Safety and Efficacy. *Plast Reconstr Surg Glob Open*. 2024 May 9;12(5):e5792. doi: 10.1097/GOX.0000000000005792. PMID: 38726041; PMCID: PMC11081610. Robles MF. Safety and Efficacy Study of the Application of Redensified Cross-Linked Hyaluronic Acid for Filling Gluteal Volume and Cellulite Depressions. *Aesthetic Plast Surg*. 2024 Mar;48(6):1181-1192. doi: 10.1007/s00266-023-03739-8. Epub 2023 Dec 18. Erratum in: *Aesthetic Plast Surg*. 2024 Mar;48(6):1239. doi: 10.1007/s00266-023-03830-0. PMID: 38110737. Kyriazidis I, Spyropoulou GA, Zambacos G, Tagka A, Rakhorst HA, Gasteratos K, Berner JE, Mandrekas A. Adverse Events Associated with Hyaluronic Acid Filler Injection for Non-surgical Facial Aesthetics: A Systematic Review of High Level of Evidence Studies. *Aesthetic Plast Surg*. 2024 Feb;48(4):719-741. doi: 10.1007/s00266-023-03465-1. Epub 2023 Aug 10. PMID: 37563436. Alessandrini A, Fino P, Giordan N, Amorosi V, Scuderi N. Evaluation of a new hyaluronic acid dermal filler for volume restoration. *J Cosmet Laser Ther*. 2015;17(6):335-42. doi: 10.3109/14764172.2015.1039038. Epub 2015 Jul 20. PMID: 25968167. Amiri M, Meçani R, Niehot CD, Phillips T, Kolb J, Daughtry H, Muka T. Skin regeneration-related mechanisms of Calcium Hydroxylapatite (CaHA): a systematic review. *Front Med (Lausanne)*. 2023 Jun 2;10:1195934. doi: 10.3389/fmed.2023.1195934. PMID: 37332763; PMCID: PMC10273839. Lapatina NG, Pavlenko T. Diluted Calcium Hydroxylapatite for Skin Tightening of the Upper Arms and Abdomen. *J Drugs Dermatol*. 2017 Sep 1;16(9):900-906. PMID: 28915285. Pavicic T, Sattler G, Fischer T, Dirschka T, Kerscher M, Gauglitz G, Dersch H, Kravtsov M, Heide I, Prager W. Calcium Hydroxylapatite Filler With Integral Lidocaine CaHA (+) for Soft Tissue Augmentation: Results from an Open-Label Multicenter Clinical Study. *J Drugs Dermatol*. 2022 May 1;21(5):481-487. doi: 10.36849/JDD.6737. PMID: 35533030.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

For patients who don't want to undergo a surgical procedure, but want to improve the definition of the muscles in the abdominal region, the synergistic technique involving CaHA and HA is a possibility, providing safe results with excellent aesthetic performance.

Oral Presentation

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#10850

Treatment of skin dyspigmentation induced by triamcinolone injection with Nd:YAG picosecond laser with combination of polynucleotide

41 - Pigmentation

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Background/Objectives:

This is a 38-year-old female came to the clinic with concern of hypopigmentation at nasion 5 years ago. According to the patient, she had a silicone-based material injected to her nose a decade ago. Due to the nose being unnatural, she went to a doctor and did an intralesional triamcinolone injection as a method to deal with the silicone material after failing with hyaluronidase injection unsurprisingly. The steroid injection did help with reducing the silicone however hypopigmentation with a ring of hyperpigmentation was formed not long after. Since then, she tried multiple sessions of platelet rich plasma injection but to no avail. She came to me with expectation of lightening the ring of hyperpigmentation and possibly restoring some pigment to the hypopigmentation part.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

There are a lot of beauty parlor out there injecting unapproved materials such as silicone or hybrid material of collagen stimulators with hyaluronic acid, causing side effects like delayed inflammatory reaction or granuloma. However there is no clear cut dissolving agent for these kind of situation and often times steroid was used. As we all know intralesional steroid can be tricky when used in these kind of situation as the dose or depth are uncontrolled, therefore hypopigmentation, atrophy or telangiectasia are the most common side effects for this treatment. With this case, we found out that we can use picosecond laser to treat the hyperpigmentation and polynucleotide to restore the pigment on the hypopigmented area.

Oral Presentation

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#10851

Attracting High Paying Patients Using Paid Advertising

73 - Marketing & Practice management

Gibbons R¹

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Background/Objectives:

This presentation outlines a proven step-by-step method for attracting new patients using targeted social media advertising. The approach has already delivered measurable success for more than 200 clinics worldwide. By leveraging advanced digital marketing techniques tailored to the aesthetics industry, this method not only increases patient acquisition but also enhances brand awareness and long-term client retention. Attendees will gain practical insights into optimizing their online presence, crafting compelling content, and utilizing data-driven strategies to maximize their marketing investments.

Integrating social media advertising into aesthetic practices is reshaping patient engagement and business growth. This method enables clinics to reach a broader audience while building trust and credibility in a competitive market. By streamlining the patient acquisition process, practitioners can focus more on delivering exceptional care. The presentation will highlight case studies demonstrating the method's effectiveness in boosting appointment bookings and fostering sustainable practice growth. Additionally, attendees will learn how to navigate evolving advertising regulations and maintain ethical marketing practices. This approach empowers aesthetic professionals to elevate their business performance while meeting the growing demand for aesthetic treatments.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

Integrating social media advertising into aesthetic practices is reshaping patient engagement and business growth. This method enables clinics to reach a broader audience while building trust and credibility in a competitive market. By streamlining the patient acquisition process, practitioners can focus more on delivering exceptional care. The presentation will highlight case studies demonstrating the method's effectiveness in boosting appointment bookings and fostering sustainable practice growth. Additionally, attendees will learn how to navigate evolving advertising regulations and maintain ethical marketing practices. This approach empowers aesthetic professionals to elevate their business performance while meeting the growing demand for aesthetic treatments.

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#10855

Strategic Marketing Approaches for Pseudoxanthoma Elasticum (PXE) Treatment: Enhancing Dermatological Awareness and Adoption of Advanced Device-Based Solutions

73 - Marketing & Practice management

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¹Aleksandar Josipovic, Dubai, Monaco

Background/Objectives:

Pseudoxanthoma Elasticum (PXE) is a rare genetic disorder characterized by progressive mineralization and fragmentation of elastic fibers, primarily affecting the skin, eyes, and cardiovascular system. Dermatological manifestations, including peau d'orange and atrophic skin changes, significantly impact patients' quality of life and aesthetic concerns. While technological advancements have introduced device-based treatment options, awareness and adoption among dermatologists remain limited. This study explores the role of strategic marketing in increasing PXE treatment visibility, emphasizing evidence-based communication and physician engagement to enhance clinical adoption.

The integration of cutting-edge technologies in dermatology requires strategic marketing to bridge the gap between innovation and clinical adoption. This study analyzes the marketing framework used to introduce PXE treatment with [device name], focusing on engagement strategies tailored for dermatologists. The objective is to evaluate the effectiveness of targeted campaigns in driving awareness, patient demand, and clinical uptake.

Methods:

A structured, multi-platform marketing approach was developed, incorporating:

- Digital content strategies tailored for dermatologists and aesthetic practitioners
- KOL-driven (Key Opinion Leader) educational initiatives to enhance clinical credibility
- SEO and social media analytics to track awareness trends and patient engagement
- Patient-centric educational tools to improve understanding and demand for PXE treatment
- Regional adaptations in marketing to assess global vs. localized impact

The effectiveness of these strategies was measured through engagement metrics, dermatologist feedback, and patient inquiries over a defined campaign period.

Results:

The marketing campaign led to a significant increase in PXE-related search trends, heightened awareness among dermatologists, and improved patient inquiries regarding available treatments. KOL-driven educational initiatives contributed to increased clinical confidence, resulting in greater device adoption for PXE-related dermatological concerns. Localized content strategies further optimized treatment accessibility, with measurable success in markets where tailored campaigns were implemented.

Conclusions:

The successful marketing of PXE treatments hinges on a data-driven, educational, and physician-centric approach. By leveraging digital outreach, KOL advocacy, and strategic content creation, the campaign demonstrated increased awareness, higher patient interest, and improved clinical adoption of device-based solutions for PXE. These findings underscore the necessity of well-structured marketing in bridging the gap between innovation and clinical practice in aesthetic dermatology.

References:

Uitto, J., Jiang, Q., Varadi, A., & Bercovitch, L. (2014). Pseudoxanthoma Elasticum: Mechanisms, Diagnosis, and Treatment. *Journal of Investigative Dermatology*, 134(2), 301–310. Neldner, K. H. (2003). Pseudoxanthoma Elasticum: Clinical Aspects, Pathogenesis, and Management. *American Journal of Medical Genetics*, 122(4), 3–11. Finger, R. P., Charbel Issa, P., Ladewig, M. S., Götting, C., Szliska, C., Scholl, H. P. N., & Holz, F. G. (2009). Pseudoxanthoma Elasticum: Genetics, Clinical Manifestations and Therapeutic Approaches. *Survey of Ophthalmology*, 54(2), 272–285. Bercovitch, L., Terry, S. F., & Uitto, J. (2011). Research and Treatment Developments in Pseudoxanthoma Elasticum: Summary of the PXE International Research Symposium. *Journal of the American Academy of Dermatology*, 64(1), 217–221. Le Saux, O., Urban, Z., & Gorgels, T. G. M. F. (2012). The Molecular Genetics of Pseudoxanthoma Elasticum. *Journal of Dermatological Science*, 66(2), 75–80.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

The integration of device-based treatments for PXE into aesthetic dermatology represents a critical shift in bridging medical necessity with cosmetic concerns. Patients suffering from PXE often seek dermatological interventions not only for medical management but also for aesthetic improvement, requiring practitioners to stay informed on effective treatment modalities. This study highlights the growing role of marketing in expanding access to PXE therapies, positioning them as essential components in aesthetic dermatology and minimally invasive skin rejuvenation.

Oral Presentation

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#10856

How using nitrogen plasma and Exosomes can provide an exceptional insight into the treatments of acne scars and live acne.

42 - Scars & acne

Kate M¹

¹Kate Monteith ross, London, United kingdom

Background/Objectives:

This case study explores the synergistic effects of Neogen Nitrogen Plasma and Exosome therapy in treating active acne and post-acne scarring. Neogen Plasma effectively targets active acne by reducing inflammation and bacterial presence while resurfacing the skin to address textural irregularities and scarring. Exosome therapy accelerates healing, regulates melanin production, and mitigates post-inflammatory hyperpigmentation. Results showed significant reductions in live acne and residual scarring, with visible improvements in texture, elasticity, and overall skin quality. The patient experienced reduced fibrosis, enhanced collagen remodeling, and a more even complexion, contributing to a rejuvenated appearance. This combined approach offers an effective solution for acne sufferers, improving both immediate and long-term skin health while minimizing complications associated with conventional treatments.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

Overall, this study demonstrates that Neogen Nitrogen Plasma with Purasomes is a highly effective and well-tolerated treatment for acne scarring and skin rejuvenation, offering both functional and aesthetic benefits which are time saving with a reduced chance of complications . Future research with larger patient cohorts is recommended to validate these findings and establish standardized treatment protocols.

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#10858

Periorbital Rejuvenation using Hyaluronic Acid and Botulinum Toxin

44 - Treatment with Injectables (Botulinum toxin & fillers)

Dr Reisener N¹

¹Dr Nino Reisener, Frankfurt, Germany

Background/Objectives:

In my PowerPoint presentation, I will delve into the topic of orbital rejuvenation, focusing on the use of hyaluronic acid and botulinum toxin. This presentation adopts a holistic approach to address the entire orbital region, emphasizing not just localized treatment but also the overall aesthetic balance of the face. The goal is to enhance the appearance of the eyes while ensuring that the results harmonize with the surrounding facial features. To begin, I will provide a brief overview of the relevant anatomy of the orbital area. Understanding the structural nuances, including the bones, muscles, and surrounding tissues, is crucial for any practitioner aiming to achieve optimal results in facial aesthetics. The orbital region is complex, involving not only the bony structure but also the intricate web of muscles and fat pads that contribute to the youthful appearance of the eyes. This anatomical foundation will set the stage for a deeper exploration of the treatment modalities.

Following the anatomical overview, I will discuss the application of botulinum toxin in the orbital region. This section will cover various techniques and injection points, highlighting how botulinum toxin can effectively reduce dynamic wrinkles and improve the overall appearance of the area around the eyes. Specific focus will be placed on treating crow's feet and brow lines, as well as addressing issues related to eyelid position. The careful administration of botulinum toxin can lead to a more relaxed and rejuvenated appearance, ultimately enhancing the patient's confidence.

Next, I will move on to hyaluronic acid fillers, explaining their role in restoring volume, enhancing contours, and addressing specific concerns such as tear troughs and hollowness. As we age, the loss of volume in the periorbital area can lead to a tired appearance. I will outline different approaches to administering hyaluronic acid in the orbital region, discussing the benefits and potential risks associated with each technique. This includes the importance of choosing the right type of filler, understanding the appropriate injection depth, and recognizing the signs of overcorrection.

To support my methodologies, I will include references to current studies and clinical findings that demonstrate the efficacy and safety of these treatments. Evidence from peer-reviewed journals will be showcased to illustrate the positive outcomes associated with both botulinum toxin and hyaluronic acid in orbital rejuvenation. This evidence-based approach will reinforce the importance of combining scientific research with practical application in order to achieve the best outcomes for patients.

Additionally, I will address potential complications and how to manage them effectively. Understanding the risks associated with these treatments is essential for ensuring patient safety and satisfaction. By being prepared for possible adverse effects, practitioners can enhance their skills and improve the overall patient experience.

Overall, this presentation aims to provide a comprehensive understanding of orbital rejuvenation strategies using hyaluronic acid and botulinum toxin, equipping practitioners with the knowledge to enhance their practice and deliver exceptional results. By integrating anatomical knowledge with practical techniques and evidence-based research, attendees will leave with the tools necessary to achieve aesthetic harmony in the orbital region.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

In conclusion, my presentation on orbital rejuvenation using hyaluronic acid and botulinum toxin aims to educate practitioners on the holistic approach to treating the orbital region. By understanding the underlying anatomy and employing effective techniques, clinicians can enhance their aesthetic practice and deliver outstanding results for their patients. Through the integration of current research and evidence-based practices, I hope to inspire a deeper appreciation for the complexities of orbital rejuvenation and promote a commitment to excellence in aesthetic medicine. As this is just a presentation about a holistic approach to the periorbital region, no paper of my own will be provided.

Oral Presentation

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#10859

The Benefits of Polynucleotides, Hyaluronic Acid, and Mannitol in Skin Therapy

44 - Treatment with Injectables (Botulinum toxin & fillers)

Kupwiwat R¹

¹Dhurakij Pundit University, Bangkok, Thailand

Background/Objectives:

Polynucleotides (PNs) have gained attention in dermatology and aesthetic medicine due to their regenerative properties, enhancing tissue repair, hydration, and collagen synthesis. When combined with hyaluronic acid (HA) and mannitol, their efficacy in skin rejuvenation and wound healing may be further optimized.

Methods:

A comprehensive literature review was conducted to assess the efficacy of polynucleotides in different skin conditions, including aging, scarring, and post-procedural healing. Additionally, a clinical protocol incorporating polynucleotides, HA, and mannitol will be presented alongside notable case studies demonstrating patient outcomes.

Results:

Emerging evidence supports the role of polynucleotides in improving skin quality, reducing inflammation, and enhancing cellular repair. Our clinical experience further highlights their potential in optimizing treatment outcomes in aesthetic and therapeutic dermatology.

Conclusions:

Polynucleotides, in combination with HA and mannitol, offer a promising approach for skin therapy. This session will provide an evidence-based review and practical guidance for incorporating these agents into clinical practice.

References:

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

This presentation aims to review the current literature on the use of polynucleotides in various dermatological conditions and share clinical insights from real-world applications.

Oral Presentation

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#10860

Evaluation of the Efficacy and Safety of Microwave Technology in Reducing Lower Face Laxity

49 - Lasers, EBDs & Light

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Background/Objectives:

Lower face laxity is a common aesthetic concern, and microwave-based treatments have emerged as a non-invasive option for skin tightening. This study evaluates the efficacy and safety of a targeted microwave treatment in improving skin firmness and elasticity.

Methods:

Patients underwent treatment using a microwave pocket head (3 mm diameter) set to 90-100 watts, delivering 60,000 joules per 10 cm² on each side of the face. Three treatment sessions were performed, spaced two weeks apart. Standardized facial photography from five angles (90°, 45°, 0°, -45°, -90°) was conducted under consistent lighting conditions. Skin assessments were performed using Antera®, Quantificare®, and Vectra® imaging systems. Bioengineering evaluations included skin elasticity and firmness (Cutometer®), hydration levels (Corneometer®), and melanin and erythema index measurements (Mexameter®). Follow-up assessments were conducted at 1, 3, 6, 9, and 12 months post-treatment.

Results:

The study demonstrated statistically significant improvement in lower facial laxity, with enhanced skin firmness and elasticity. Minimal adverse events were reported, indicating a favorable safety profile.

Conclusions:

Microwave technology presents a promising, non-invasive approach for lower face laxity reduction. This study highlights its efficacy and safety, supporting its potential use in clinical aesthetic practice.

References:

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

The objective of this study is to evaluate the efficacy and safety of microwave technology in reducing lower face laxity. This includes assessing improvements in skin firmness, elasticity, and hydration using standardized imaging and bioengineering measurements. Additionally, the study aims to analyze treatment outcomes over a 12-month follow-up period and document any adverse events to determine the overall clinical viability of microwave-based skin tightening.

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#10862

A Roadmap for Aesthetic Treatments in Perimenopausal Women: A Conservative and Multidisciplinary Approach

45 - Combination treatments

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Background/Objectives:

Perimenopause is a transitional phase marked by profound hormonal changes that impact skin quality, fat distribution, and hair health, as well as emotional well-being. These transformations influence self-perception and the desire to maintain a youthful, natural appearance. Many perimenopausal women seeking aesthetic treatments are first-time patients, often hesitant about extreme results, concerned about discretion, and unfamiliar with treatment costs and options.

Recent industry reports highlight a growing trend of women aged 45-65 turning to aesthetic medicine as they become more aware of aging-related changes. Many self-refer after researching options independently, seeking subtle, natural-looking enhancements rather than drastic transformations. Aesthetic clinics increasingly serve as primary resources for addressing both aesthetic and menopausal health concerns, underscoring the need for a holistic and conservative approach.

Methods:

This presentation outlines a structured roadmap for treating perimenopausal patients conservatively and holistically. Key components include:

1. Skin Quality & Rejuvenation

- Collagen loss, dryness, and pigmentation are addressed with exosome therapy, photobiodynamic therapy, and medical-grade skincare.
- Hyperpigmentation: Chemical peels, IPL, Q-switched lasers, and microneedling.
- Rosacea: Microbotox, vascular lasers, and photodynamic therapy.

2. Hair & Scalp Health

- Treatments include exosome therapy and PRP to combat hormonal hair thinning.

3. Facial Volume & Fat Redistribution

- Midface volume loss and jowl fat accumulation require a balanced approach, using skin-tightening treatments, conservative fillers, and fat-melting injections/metabolic therapies where appropriate.

4. Dynamic & Static Wrinkles

- Educating patients on the holistic impact of botulinum toxin prevents isolated corrections that may disrupt facial harmony.

5. Psychological & Emotional Considerations

- Hormonal changes affect mood and self-perception, making patient education and trust-building essential.

Results:

Patients initially focused on single areas of concern but, through education, better understood the need for a stepwise, holistic approach. The roadmap facilitated trust, long-term engagement, and high satisfaction with natural-looking results.

Conclusions:

A structured roadmap for aesthetic treatments in perimenopause is essential for guiding patients through their journey. By addressing skin quality, volume loss, fat redistribution, and emotional factors in an integrated manner, practitioners can achieve effective, natural results while respecting patient concerns about discretion and subtlety. The increasing demand for aesthetic treatments among perimenopausal women is reshaping clinical practice. Aesthetic practitioners must adapt to these changes by prioritizing education, conservative treatment strategies, and a holistic approach. Addressing both physical and psychological aspects of aging will enhance patient satisfaction and long-term engagement in aesthetic medicine. Recent data reinforces that perimenopausal women represent an increasing share of first-time aesthetic patients, often seeking conservative interventions to restore confidence. Understanding their motivations and hesitations allows for a tailored, educational, and progressive treatment strategy, fostering long-term patient trust and satisfaction.

References:

- American Academy of Facial Plastic and Reconstructive Surgery (AAFPRS). (2024). 2024 Annual Trends Survey. Retrieved from https://www.aafprs.org/Media/Press_Releases/2024_Annual_Trends_Survey.aspx

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

Perimenopause is a growing area of concern in aesthetic medicine as more women in their 40s and 50s seek treatments for the first time. This demographic shift has important implications for aesthetic practice, including:

1. Increasing Demand from First-Time Patients • A rising number of perimenopausal women are self-referring for aesthetic treatments, often with limited knowledge of available options and pricing. • These patients require a different consultation approach, emphasizing education, conservative treatment plans, and trust-building.
2. Multifactorial Aging Process Requires a Holistic Approach • Unlike younger patients focused on prevention, perimenopausal women often notice multiple concerns at once, such as: • Skin laxity and collagen loss • Hyperpigmentation and rosacea • Volume loss and fat redistribution • Hair thinning • Aesthetic medicine must move beyond single interventions (e.g., treating just one wrinkle) and instead provide a roadmap addressing overall facial balance and skin quality.
3. Shift in Treatment Priorities • Many perimenopausal patients seek natural, discreet results, often preferring progressive improvements over dramatic changes. • This necessitates a shift toward regenerative and combination therapies, such as: • Exosome therapy, photobiodynamic therapy, and medical-grade skincare for skin health. • Microbotox, vascular lasers, and anti-inflammatory protocols for rosacea. • Fat-melting injections or metabolic treatments for fat redistribution concerns. • Understanding these patient concerns ensures higher treatment adherence and satisfaction.
4. Psychological and Emotional Considerations • Perimenopausal hormonal fluctuations contribute to mood swings, self-image changes, and decreased confidence, influencing why and how patients seek aesthetic treatments. • Practitioners must recognize the emotional component of treatment decisions, ensuring a supportive, confidence-building approach.
5. Future Trends: Expanding the Role of Aesthetic Medicine in Menopausal Care • As aesthetic clinics increasingly become trusted resources for perimenopausal patients, there is an opportunity to integrate aesthetic medicine with hormonal and wellness approaches. • The demand for conservative, science-backed, and multidisciplinary treatments will continue to grow.

Oral Presentation

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Labial Puff : The HA injection in female intimate area

44 - Treatment with Injectables (Botulinum toxin & fillers)

Sirisuk T¹

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Background/Objectives:

The growing desire of women to correct or retain the youthful appearance of a more sensual genital area was probably amplified by the growing popularity of pubic and vulval hair removal. It also results from the desire to erase the consequences of aging, childbirth, and various injuries. During aging, skin surface of labia undergoes same degradation as body's dermis. Labia majora fatty subcutaneous plane undergoes lipoatrophy, creates deflated appearance and hypotonicity, with volume loss of filling material and wrinkled appearance of the skin surface. Loss of protection affects labia minora and vestibule, which results in vulvovaginal dryness, spontaneous or induced pain during sexual intercourse, and compensatory hypertrophy the labia minora by sliding of the dermis.

Methods:

Before injection, I apply numb cream 45 minute. And use the lidocaine injection at the opening point. After that I injected HA filler by use 22G 50 mm cannula, linear retrograde technique at labia majora. The average amount for injection is 1-2 ml/side, per one session.

Results:

All of the patients satisfy with the result immediately after injection, not seen the complications and the result is last long for 8-12 months.

Conclusions:

For correcting fatty atrophy by HA is an alternative to lipofilling. The benefit for using HA are nonsurgical, minimally invasive, In-office practice, convincing results. Patient don't have downtime and can do normal activity as the same day after injection.

References:

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

Oral Presentation

Submitter

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Presenter

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#10876

During the congress or post-congress master class - Live demo or presentation on HA filler techniques & results

44 - Treatment with Injectables (Botulinum toxin & fillers)

Michon A¹

¹Project Skin MD Ottawa, Ottawa, Canada

Background/Objectives:

Live demo or presentation on various soft tissue filler techniques and results during congress or post-congress master class:

- Lip FILLER technique for rejuvenation of the lip and perioral lines.
- Facial Harmonization and profiloplasty
- Facial Beautification
- Cheeks, temples, lip, undereye or lower face injectables

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

Oral Presentation

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#10877

How to reassess the returning patient for filler touch up and avoid the overfilled look

44 - Treatment with Injectables (Botulinum toxin & fillers)

Michon A¹

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Background/Objectives:

Hyaluronic acid soft tissue fillers were the second most popular non-surgical treatment worldwide in 2023. Many techniques exist for augmenting and rejuvenating aesthetic units individually or together for a more holistic approach. However, many patients seeking HA fillers are afraid of the overfilled look, which is receiving lots of attention on social media. More so, how do we assess and treat the returning patient? We will share our experience on reassessing patients during the filler touch-up and avoid the overfilled look.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

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#10878

Is more better? Benefits of HA soft tissue filler on the psychological and social-related quality of life dimensions

44 - Treatment with Injectables (Botulinum toxin & fillers)

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Background/Objectives:

Hyaluronic acid (HA) soft-tissue fillers are popular for volumizing, sculpting, or rejuvenating the face. Their effect beyond these cosmetic benefits remains poorly defined, especially the changes in the psychological and social dimensions of health.

Objectives: To review the psychology of beauty and attractiveness in facial aesthetics and to determine the impact of hyaluronic acid soft tissue filler on the psychosocial dimension of health, and to determine whether injecting more facial aesthetic units with HA soft tissue filler will improve the health-related quality of life dimensions of patients.

Methods:

A prospective study was conducted to assess the psychological and social benefits of treating multiple facial aesthetic units with HA soft-tissue filler using three validated FACE-Q scales at baseline and four weeks posttreatment between January and August 2022.

Results:

Data for 28 participants (n = 26 females [93%]; mean age: 49.7 ± 10.1 years) are available and reveal significant improvements in the psychological (+24.5; P < .001) and social functioning (+18.5; P < .001) FACE-Q scales and a reduction in the appearance-related distress score (-17.8; P < .001) posttreatment compared to baseline. A mean volume of 4.7 ml (range 1.0-15.2 ml) was injected. However, patients who had more than two facial aesthetic units injected did not statistically score better on the FACE-Q scales.

Conclusions:

Facial treatment with HA fillers was associated with a marked improvement in the dimension of health-related quality of life, independent of the number of aesthetic units injected. While understanding patients' aims and motivation is essential, an individualized treatment approach is strongly encouraged.

References:

Alain Michon, MD, MSc, CCFP-EM, Haidar Hassan, DDS, FDSRCS, MSc, PhD, Is More Better? Benefits of Hyaluronic Acid Soft Tissue Filler on the Psychological- and Social-Related Quality of Life Dimensions, Aesthetic Surgery Journal Open Forum, Volume 4, 2022, ojac086, <https://doi.org/10.1093/asjof/ojac086>

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

Oral Presentation

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#10881

A Novel Cold Fiber Technology Redefining Safe, Low-Downtime Skin Rejuvenation

49 - Lasers, EBDs & Light

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Background/Objectives:

Minimally invasive skin resurfacing is in high demand for treating photoaging, wrinkles, and scars while minimizing patient downtime and risk. Traditional ablative lasers (CO₂, 10,600nm and Er:YAG 2,940nm) can yield significant improvement but often at the cost of pain, prolonged recovery, and post-inflammatory hyperpigmentation, especially in higher Fitzpatrick skin types. Non-ablative devices offer gentler recovery but typically require multiple sessions for modest results. The new FDA-cleared 2,910nm erbium-doped fiber laser designed as a “cold” ablative system with peak water absorption and minimal thermal diffusion. This technology enables fractional treatments ranging from light peels to deep collagen remodeling, effectively addressing fine lines, deep wrinkles, age spots, and acne scars. By greatly reducing excess heat injury, 2910 nm laser aims to safely rejuvenate all skin types with significantly less discomfort and downtime than conventional resurfacing lasers.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

Clinical experience and emerging studies demonstrate that 2910 nm fractional erbium laser achieves substantial aesthetic improvements with an excellent safety profile. Patients treated with 2910 nm laser have shown moderate to marked improvements in skin texture, firmness, and pigmentation with high satisfaction levels. Notably, these outcomes are attained with minimal downtime (about 5-7 days of mild erythema and micro-crusting) and markedly reduced pain compared to traditional fractional lasers many treatments require only topical anesthesia. No serious adverse effects (e.g. scarring or persistent pigment changes) have been observed, even in darker skin tones, highlighting its broadened applicability. These findings underscore the benefits of the 2910 nm laser as a versatile, next-generation resurfacing tool that enhances patient comfort and expands the scope of safe, effective rejuvenation in aesthetic practice.

Oral Presentation

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#10894

THE UNSEEN RISKS OF LASER AESTHETICS: WHEN BEAUTY TURNS INTO DAMAGE

48 - Complications - avoidance and management

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Background/Objectives:

The use of lasers and energy-based devices has become increasingly popular in aesthetic treatments, driven by advancements in technology and specialized knowledge. Treating darker skin tones with laser devices is no longer considered a challenge. However, this progress has led to an increase in complacency, contributing to a rise in complications associated with laser treatments and energy-based devices, particularly in countries with unregulated spas and aesthetic centers, such as Vietnam.

As a public hospital and a facility that receives and treats complications resulting from laser procedures, we recognize this as an opportunity to enhance professional knowledge and share these experiences with colleagues worldwide. By doing so, we aim to consolidate valuable insights and develop strategies to minimize the risks and complications associated with laser and energy-based treatments in aesthetic procedures.

This presentation aims to provide an in-depth look into the unseen risks of laser aesthetics, shedding light on the potential damage and offering solutions for safer practice.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

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#10899

From Hormones to Hyaluronic acid:Navigating menopausal skin changes.

45 - Combination treatments

Waseem S¹

¹KMU, Peshawer, Pakistan

Background/Objectives:

As we all know Menopause causes rapid loss of collagen, increase in facial unwanted hair growth, decrease in elasticity, Dry skin, appearance of fine lines, wrinkles, age spots and hyperpigmentation. Sometimes it may cause adult acne due to androgens produced by the adrenal gland. Thinning and hair loss are also seen in most of the cases. The hormonal changes cause side effects like hot flushes, fatigue and vaginal dryness.

Methods:

In my clinical aesthetic practice I offered perimenopausal and menopausal women different combination therapies according to their demand and requirements. Most commonly offered procedures were Botox, fillers (cross linked and non-cross linked), microneedling Rf with skin boosters/PRP, Thread lifts/ biostimulator(polynucleotide,PDO,PCL and PLLA) and hair growth stimulation using PRP, Regenera active, exosomes.

Results:

Healthy life style and regular skin care with creams ,serum and masks is mandatory.According to my experience the treatment plan in every patient was different according to their presenting complaints and proper history and examination gives us the guide towards best treatment for them. In this era of regenerative medicine, we can offer so many different treatment options to improve the skin of a patient.

Conclusions:

We have Botox and fillers in the past but the new era of regenerative medicine with PCL,PLLA,Ca hydroxyl apatite and biostimulators like polynucleotide has opened up a really natural looking anti aging platform for all of us.

References:

Chernoff G. Combining topical dermal infused exosomes with injected calcium hydroxylapatite for enhanced tissue biostimulation. J Cosmet Dermatol. 2023 Mar;22 Suppl 1:15-27. doi: 10.1111/jocd.15695. PMID: 36988469. Guida S, Galadari H. A systematic review of Radiesse/calcium hydroxylapatite and carboxymethylcellulose: evidence and recommendations for treatment of the face. Int J Dermatol. 2024 Feb;63(2):150-160. doi: 10.1111/ijd.16888. Epub 2023 Oct 28. PMID: 37897174.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

This article emphasizes personalized treatment approaches for perimenopausal and menopausal women, integrating regenerative medicine techniques like polynucleotides and exosomes. This shift promotes holistic health by incorporating lifestyle factors and skincare routines. Increased treatment options enhance patient satisfaction and necessitate ongoing education for practitioners. As patients become more informed, their expectations rise, driving market growth and innovation in aesthetic practices. Additionally, addressing the specific concerns of menopausal women can help normalize discussions around aging, reducing stigma and encouraging more women to seek tailored aesthetic treatments. Overall, these developments significantly shape the future of aesthetic medicine.

Oral Presentation

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#10905

The Ultimate Truth about UV-Exposure and Cutaneous Malignant Melanoma Skin Cancer

62 - Anti-aging & integrative medicine

Neeser K¹

¹I-GAP, International Society for Applied Preventive Medicine (Scientific Board Member), Munich, Germany

Background/Objectives:

The Ultimate Truth about UV-Exposure and Cutaneous Malignant Melanoma Skin Cancer

Karl J. Neeser, PhD, College of Public Health Sciences, Chulalongkorn University Bangkok

Today, it is scientifically accepted that solar UV-exposure represents one of the most important environmental risk factors for the development of *non-melanoma* skin cancer. In general, skin cancer includes three major types: basal cell carcinoma (BCC), squamous cell carcinoma (SCC), and primary cutaneous malignant melanoma (CMM). It must be noted that actinic keratosis, (AK), is now considered to represent cutaneous basal cell carcinomas (BCC). While SCC does not and BCC rarely metastasize, both types are very common but also usually very treatable. Cutaneous malignant carcinoma (CMM) on the other hand is often characterized by aggressive metastatic growth and a possible deadly outcome. Vitamin D has been shown to reduce most common types of cancer, but may also reduce the risk of cutaneous malignant melanoma (CMM).

Some epidemiologic investigations analyzing solar UV-exposure parameters have consistently reported an association between the development of CMM and chronic intense UV-exposure. But, lately, it has been convincingly demonstrated by many investigators, that moderate UV-exposure decreases the incidence of CMM, the aggressive form of skin cancer, with decreasing latitude towards the equator. In contrast to short-term intense exposure, more chronic and less intense exposure is not a risk factor for the development of CMM and has been found in several recent studies to be highly protective. Furthermore, as data from Norway, Australia and New Zealand indicate, there appears to be an inverse latitude gradient for CMM arising on non-UV exposed body localizations.

Activated vitamin D goes directly to the genes in the cells of the skin and helps prevent the type of abnormalities that ultraviolet light causes. As a result, sun avoidance can become a factor that triggers skin cancer. Most people fall for the misguided advice from media, dermatologists and public health officials to stay out of the sun in order to avoid skin cancer. Unfortunately, total sun avoidance is inadvisable, as it may increase the risk, especially for CMM, rather than lower it. Although further work is necessary to define the influence of vitamin D-deficiency on the occurrence of melanoma and non-melanoma skin cancer, it is at present mandatory that dermatologists in particular, strengthen the importance of an adequate vitamin D-status, especially if sun exposure is seriously curtailed.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

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#10912

Wavelength Selection, Optimizing benign Pigmentation Lesion treatments

49 - Lasers, EBDs & Light

Hassan L¹

¹director education and development Pakistan for American board of laser surgery, Islamabad, Pakistan

Background/Objectives:

- Excess production and/or clumping of the skin pigment 'melanin' with the appearance of darker brown or even black spots on skin.
- Pigmented lesions can be **classified** either :
- based on location of pigment as **epidermal and dermal**,
- or based on causation as **nevroid, hereditary, or acquired** - drug induced, postinflammatory, hormonal, etc.
- the treatment depends on the underlying cause
- 20 years of improvements in laser technology has resulted in current technology which **allows selective targeting of melanin**, variable spot sizes, different wavelengths, and a variety of effective cooling devices to minimize the surrounding tissue damage
- melanin is the target chromophore in all pigmented lesions
- any laser light from 400-1100 nm plus can hit the melanin.
- many laser systems function in this visible and the infrared range of the electromagnetic spectrum.
- 3 wavelength bands are most useful for treating pigmented lesions - **green, red, and infrared**

Methods:

- How laser work for treating pigmentation? Lasers work by bypassing the outer skin layer and penetrate down to the deeper layers to target the excess melanin pigmentation.
- They essentially focus photo-acoustic and thermal energy on the melanin and break down the pigments into smaller particles.
- These particles can then be removed by the body's natural lymphatic system. The thermal energy also boosts collagen production and helps rejuvenate the skin tissues.
- Lasers operate at different wavelengths or frequencies, each one capable of targeting a particular chromophore (color) and layer (or depth) of the skin.
-
-
- Expected benefits : Lentigines can be removed in 1 to 3 treatments
- However, Café' au lait macules (CALMs), post inflammatory hyper pigmentation , nevi of Ota, and Ito may require multiple treatments, from 5-10. and some cannot be even removed completely with multiple number of treatments.
- The results of laser treatment with benign pigmented lesions are generally permanent.
- Patient selection: A biopsy must be performed if melanoma or any other malignancy is in the differential diagnosis.
- A thin shave biopsy of the edge of large macular pigmented patches on the cheeks should be done to rule out :
- Lentigo maligna
- Pigmented squamous cell carcinoma
- Pigmented superficial basal cell carcinoma
- Pre treatment prophylaxis: To look for patient's potential to develop postinflammatory pigment alteration (PIPA).
- Patients with a history of PIPA or those with a darker complexion should be considered for prophylaxis treatment with hydroquinone.
- Treatment may begin 3-4 weeks before the procedure and should be discontinued 1 week prior to laser treatment. These patients should resume prophylaxis treatment immediately post laser therapy. Hydroquinone for 2-4 weeks or a mild-potency steroid used for 3-4 days is a common posttreatment prophylaxis.
- Lastly regarding prophylaxis, patients with a history of oral herpetic infection should be prophylactically covered with antivirals when treating lesions on the face

Results:

- In darker skinned (Type IV –VI) patients, Q- switched NDYAD 1064 nm wavelength laser is usually the safest laser
- In lighter skinned patients Q-switched Ruby laser 694nm wavelength and Q- switched alexandrite 755nm wavelength laser can be used.

Conclusions:

laser can be used in combination with: Combination treatments: Topical bleaching agents

- Intraleisional tranexamic acid (5 mg/ml)
- Topical sunscreen
- Chemical peels (Glycolic acid, Jessner's peels)
- Microdermabrasion
- Long pulsed lasers/Intense pulsed light
- Microneedling/Dermaroller

References:

- Polder KD, Landau JM, Vergilis-Kalner JJ, Goldberg LH, Friedman PM, Bruce S. Laser eradication of pigmented lesions: a review. *Dermatol Surg.* 2011 May. 37 (5):572-95.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

- Lasers work by bypassing the outer skin layer and penetrate down to the deeper layers to target the excess melanin pigmentation.
- They essentially focus photo-acoustic and thermal energy on the melanin and break down the pigments into smaller particles.
- These particles can then be removed by the body's natural lymphatic system. The thermal energy also boosts collagen production and helps rejuvenate the skin tissues.

Oral Presentation

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#10918

Novel Anatomical Guidelines on Botulinum Neurotoxin Injection for Nose including Ala

43 - Anatomy related to non-or minimally invasive approaches

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Background/Objectives:

Botulinum neurotoxin injection surrounding the nose area is frequently used in aesthetic settings. However, there is a shortage of thorough anatomical understanding that makes it difficult to treat wrinkles in the nose area. In this study, the anatomical aspects concerning the injection of botulinum neurotoxin into the nasalis, procerus, and levator labii superioris alaeque muscles are assessed. In addition, the present knowledge on localizing the botulinum neurotoxin injection point from a newer anatomy study is assessed. It was observed that, for the line-associated muscles in the nose region, the injection point may be more precisely defined. The optimal injection sites are the nasalis, procerus, and levator labii superioris alaeque muscles, and the injection technique is advised. We advise the best possible injection sites in association with anatomical standards for commonly injected muscles to increase efficiency in the nose region by removing the wrinkles. Similarly, these suggestions support a more precise procedure.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

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#10922

Flat lips :definition, technique and changing patients expectations

44 - Treatment with Injectables (Botulinum toxin & fillers)

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Background/Objectives:

Lip augmentation techniques have evolved from creating overly voluminous and projected lips to more natural, structured enhancements. The flat lips technique focuses on defining lip shape, maintaining width, and avoiding excessive projection. This study reviews the methodology, patient preferences, and aesthetic outcomes associated with this approach.

Methods:

A refined injection technique was employed using hyaluronic acid-based fillers with moderate cohesivity. The approach involved superficial linear threading along the vermilion border, micro-aliquot deposition across the body of the lip, and avoidance of deep bolus injections in the central portion to minimize excessive eversion. Patient preferences and aesthetic outcomes were analyzed based on post-procedure assessments and feedback over a 6-month period.

Results:

Patients exhibited a high satisfaction rate, with a preference for enhanced definition and width over exaggerated volume. Compared to traditional augmentation techniques, the flat lips method provided a more natural aesthetic, maintaining a balanced 1:1.6 lip ratio while preventing the “overfilled” look. Additionally, filler longevity was optimized due to precise product placement, reducing migration risks.

Conclusions:

The flat lips technique represents a modernized approach to lip augmentation that aligns with the increasing demand for natural, structured enhancements. The method ensures subtle yet effective volume, improved definition, and long-lasting results. As patient preferences shift toward less invasive, highly customized aesthetic outcomes, this approach offers a promising alternative to traditional high-projection lip augmentation methods.

References:

Items 1-6 of 6 (Display the 6 citations in PubMed)1.Four-point injection technique for lip augmentation.Sahan A, Funda T.Acta Dermatovenerol Alp Pannonica Adriat. 2018 Jun;27(2):71-73.PMID: 299452622.Complications of fillers in the lips and perioral area: Prevention, assessment, and management focusing on ultrasound guidance.Kroumpouzou G, Harris S, Bhargava S, Wortsman X.J Plast Reconstr Aesthet Surg. 2023 Sep;84:656-669. doi: 10.1016/j.bjps.2023.01.048. Epub 2023 Mar 7.PMID: 37002059 Review.3.Lip Augmentation With Hyaluronic Acid Fillers: A Review of Considerations and Techniques.Cooper H, Gray T, Fronck L, Witfill K.J Drugs Dermatol. 2023 Jan 1;22(1):23-29. doi: 10.36849/JDD.6304.PMID: 36607750 Review.4.Facial vascular danger zones for filler injections.Wollina U, Goldman A.Dermatol Ther. 2020 Nov;33(6):e14285. doi: 10.1111/dth.14285. Epub 2020 Sep 18.PMID: 32902108 Review.5.Lip Augmentation.Votto SS, Read-Fuller A, Reddy L.Oral Maxillofac Surg Clin North Am. 2021 May;33(2):185-195. doi: 10.1016/j.coms.2021.01.004. Epub 2021 Mar 6.PMID: 33750653 Review.6.Evaluating safety in hyaluronic acid lip injections.Safran T, Swift A, Cotofana S, Nikolis A.Expert Opin Drug Saf. 2021 Dec;20(12):1473-1486. doi: 10.1080/14740338.2021.1962283. Epub 2021 Aug 19.PMID: 34328377 Review.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

The flat lips technique represents a modernized approach to lip augmentation, aligning with the increasing demand for natural, structured enhancements. It has had a significant impact on aesthetic medicine by shifting practitioner techniques towards more conservative, anatomically harmonious outcomes. This method addresses previous concerns such as overfilled appearances, filler migration, and unnatural eversion, contributing to improved patient satisfaction and reduced complication rates. Furthermore, it reshapes patient expectations, encouraging a trend toward personalized, subtle refinements rather than excessive augmentation. As aesthetic medicine continues to prioritize balance and longevity, this approach offers a sustainable and patient-centered alternative to high-projection lip augmentation techniques.

Oral Presentation

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#10926

New Techniques in Temple Rejuvenation

44 - Treatment with Injectables (Botulinum toxin & fillers)

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Background/Objectives:

Dermal Filler Temple rejuvenation is an advanced technique that enhances the C curve of youth. A new approach to temple rejuvenation involves the modified gunshot technique, plus cannula technique over the zygomatic arch. This avoids the potential for temporal artery embolism.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

Many practitioners avoid temple rejuvenation with dermal fillers, due to the potential complication of blindness. New techniques in temple rejuvenation could enhance safety and the number of practitioners performing these procedures.

Submitter

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Presenter

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#10928

Comparative Efficacy of using Exosomes in Wound Healing: a Network Meta-Analysis

42 - Scars & acne

Salahia S¹

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Background/Objectives:

Diabetic wounds pose a significant healthcare challenge due to delayed healing processes and increased risk of complications. Exosome-based therapies derived from various cellular sources have emerged as promising interventions. This study aims to evaluate the comparative efficacy of eleven exosome-based therapies in enhancing wound healing, with wound closure rate as the primary outcome

Methods:

A network meta-analysis was conducted to compare eleven exosome-based therapies: Placebo, Melatonin-stimulated human bone marrow mesenchymal stem cells-exosomes (MT-hBMMSCExos), Menstrual blood-derived mesenchymal stem cells-exosomes (hMenSC-Exos), MicroRNA-126 Modified Mesenchymal Stem Cell-exosomes (miR-126-MSC-Exos), Nuclear factor erythroid 2-related factor 2 overexpressing adipose-derived stem cells-exosomes (Nrf2-ADSC-Exos or hADMSC-Nrf2-Exos), Fibrocyte-derived exosomes (Fibro-Exos), MicroRNA-126-overexpressing synovium mesenchymal stem cells-exosomes (SMSCs-126-Exos), Adipose-derived mesenchymal stem cell-exosomes (ADMSC-Exos or hADMSC-Exos), Human amniotic epithelial cell-exosomes (hAEC-Exos), Platelet-rich plasma-exosomes (PRP-Exos), and Human umbilical vein endothelial cell-exosome (HUVEC-Exo). Mean differences with 95% confidence intervals (CIs) were calculated to assess relative effectiveness

Results:

Human umbilical vein endothelial cell-exosome (HUVEC-Exo) showed significant wound closure rates compared to Placebo with a mean difference of -43.25 (95% CI: -45.50, -41.00). Other therapies, such as Human umbilical cord blood-derived mesenchymal stem cell-exosomes (hUCB-MSC-Exos, -26.73; CI: -37.30, -16.16) and Platelet-rich plasma-exosomes (PRP-Exos, -19.95; CI: -23.77, -16.13), demonstrated notable improvements. Adipose-derived mesenchymal stem cell-exosomes (ADMSC-Exos, -9.89; CI: -13.24, -6.54) and Melatonin-stimulated human bone marrow mesenchymal stem cells-exosomes (MT-hBMMSCExos, -13.67; CI: -22.35, -4.99) also showed benefits over Placebo (-12.36; CI: -14.69, -10.03). Conversely, therapies like hMenSC-Exos (-1.31; CI: -10.29, 7.67) and Fibro-Exos (-2.75; CI: -12.51, 7.01) exhibited less pronounced effects

Conclusions:

Exosome-based therapies, particularly HUVEC-Exo, hUCB-MSC-Exos, and PRP-Exos, significantly enhance wound healing in diabetic wounds. These findings highlight their potential as innovative interventions for managing chronic wounds. Further clinical studies are warranted to validate these results and facilitate clinical translation

References:

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

These findings highlight their potential as innovative interventions for managing chronic wounds.

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#10943

aging lip filler: how to enhance?

44 - Treatment with Injectables (Botulinum toxin & fillers)

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Background/Objectives:

Lip augmentation has become increasingly popular in aesthetic medicine because of its vital role in verbal and nonverbal communication. All patients want to have natural beauty, maintain their youthfulness, and vitality. But in reality, there is a common misconception among practitioners and patients that achieving obvious lip beauty requires a large amount of dermal filler and this could lead to unnatural looking.

To enhance aging lips, we must comprehend three issues. First, lip anatomy age-related changes are different from younger. Aging lips have volume loss, thinning of the vermilion border, and flattening of the philtrum. These aging signs could lead to tired, old and less attractive look. Second, elderly patients usually require enhancement not erasing all their aging signs. Therefore, doctors should tailor treatments to individual patient needs, ethnic variations in lip structure and cultural preferences. Third, choosing the proper injection technique and filler selection are the gold standard for aging lip enhance. Although cannulas are safer in comparison to needles. In some cases, physicians must use both to get a better outcome.

Dermal fillers are fantastic option for rejuvenating aging lips. Achieving natural looking lips by filler is dependent on knowledge of aging lip anatomy, tailoring treatment to patient demands and choosing the proper filler rheology and injection techniques.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

Aging lip patients need proper augmentation. The presentation provides knowledge of aging lip anatomy, proper filler product choosing and injection technique for achieving natural looking lips.

Oral Presentation

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#10955

Menopause Mastery ! Harmonizing the aging face with multiple treatments

45 - Combination treatments

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Background/Objectives:

As we all know Menopause causes rapid loss of collagen, increase in facial unwanted hair growth, decrease in elasticity, Dry skin, appearance of fine lines, wrinkles, age spots and hyperpigmentation. Sometimes it may cause adult acne due to androgens produced by the adrenal gland. Thinning and hair loss are also seen in most of the cases. The hormonal changes cause side effects like hot flushes, fatigue and vaginal dryness.

Methods:

In my clinical aesthetic practice I offered perimenopausal and menopausal women different combination therapies according to their demand and requirements. Most commonly offered procedures were Botox, fillers (cross linked and non-cross linked), microneedling Rf with skin boosters/PRP, Thread lifts/ biostimulator(polynucleotide,PDO,PCL and PLLA) and hair growth stimulation using PRP, Regenera active, exosomes.

Results:

Healthy life style and regular skin care with creams ,serum and masks is mandatory.According to my experience the treatment plan in every patient was different according to their presenting complaints and proper history and examination gives us the guide towards best treatment for them. In this era of regenerative medicine, we can offer so many different treatment options to improve the skin of a patient.

Conclusions:

We have Botox and fillers in the past but the new era of regenerative medicine with PCL,PLLA,Ca hydroxyl apatite and biostimulators like polynucleotide has opened up a really natural looking anti aging platform for all of us.

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Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

This article emphasizes personalized treatment approaches for perimenopausal and menopausal women, integrating regenerative medicine techniques like polynucleotides and exosomes. This shift promotes holistic health by incorporating lifestyle factors and skincare routines. Increased treatment options enhance patient satisfaction and necessitate ongoing education for practitioners. As patients become more informed, their expectations rise, driving market growth and innovation in aesthetic practices. Additionally, addressing the specific concerns of menopausal women can help normalize discussions around aging, reducing stigma and encouraging more women to seek tailored aesthetic treatments. Overall, these developments significantly shape the future of aesthetic medicine.

Oral Presentation

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#10971

Aesthetic Complications Can Be Mitigated By Anatomical Knowledge and Pharmacological Tips

48 - Complications - avoidance and management

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Background/Objectives:

Cosmetic Complications can be prevented and minimized by thorough knowledge of anatomical landmarks and pharmacologic knowledge.

Methods:

Andragogical principles will be utilized to make this a fun educational journey focusing on anatomy and pharmacology knowledge

Results:

Attendees will be able to identify the most challenging areas that increase the potential for unanticipated complications. They will also be provided with recommended interventions to mitigate advancing complications

Conclusions:

Attendees will be actively involved in interactive training techniques to prevent and treat potential complications. Helpful resources will also be share to help healthcare providers and their patients.

References:

Cosmetic Complications: A Focus on Anatomical Challenges Pharmacology Review And Important Interactions Shared A Pearl of Tips will be shared in a way that providers can decrease adverse events as well as feel prepared to treat various unanticipated outcomes.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

Attendees will join a fund interactive educational journey that will teach potential complications in a nonthreatening way. Easy to adopt treatment techniques will be provided as an important resource tool to utilize when returning back to their own practices.

Oral Presentation

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#10975

Fillers and Biostimulator Injections Prior to Facelift Surgery: A Plastic Surgeons Perspective and Recommendations

45 - Combination treatments

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Background/Objectives:

Having facial filler or biostimulator injections before a future face and neck lift can have both positive and negative implications. Positive effects can include the injections encouraging natural collagen production, which can improve skin quality and elasticity. . Some negative implications include scar tissue formation from long-term or repeated filler injections, particularly those placed deep in the tissues, can lead to fibrosis (scar tissue). This can make dissection during surgery more challenging for the surgeon, potentially increasing surgical complexity and risks.

Methods:

A retrospective chart review was carried out for 50 consecutive face and neck lift patients in one plastic surgeons practice. The goal was to document any positive or negative effects that fillers or bio-stimulators may have on the surgeons ability to perform the surgery adequately including a full complication profile review.

Results:

The average age of the patients in the study was 60.7 years old. Eighty percent of the patients were woman. Only one man had Hyaluronic (HA) fillers prior to his surgery. Nine woman had HA fillers, four had a type of biostimulator injection (poly-L-lactic acid: n=2; calcium hydroxylapatite: n=2). Two patients had silicone injections. There were No post op complications related to the fillers. Bio-stimulators did prolong the surgery time on average of 33 min for each surgery due to a more tedious dissection. Silicone added an average 51 min to surgical time. A 5 point Likert scale has been devised to help injectors and surgeons plan their treatments accordingly from 1. being very easy to 5. being very hard surgical dissection depending on the type of filler used.

Conclusions:

As more patients are resorting to using facial fillers and bio-stimulators the plastic surgeon must take that into account when planning his or her surgery. Bio-stimulators can obstruct tissue planes and create a more difficult surgical dissection thus increasing the potential risk for tissue damage including permanent facial paralysis particularly in deep plane face and neck lifts. Prior silicone facial injections still remains the filler that would potential have the most related post-op complications including recurrent infections, contour deformity and prolonged surgical time. The aesthetic injector must understand these difficulties and respect tissue planes when performing their injections particularly for patients that are planning to have a facelift surgery.

References:

Neil S. Sadick • Suveena Manhas-Bhutani • Nils Krueger. A Novel Approach to Structural Facial Volume Replacement. Aesth Plast Surg. DOI 10.1007/s00266-012-0052-6Mason C, Dunnill P, Regen Med 2008;3:1–5. Varani J, Dame MK, et al. Am J Pathol 2006;168:1861–1868. Haddad S, et al. Int J Dermatol 2022;61:1284–1288. 4. Fitzgerald R, et al. Aesthet Surg J 2018;38:13–17. 5. Gao Q, et al. Chin Chem Lett 2021;32:577–582. Zhang Y, et al. Regen Biomater 2021;8:rbab042. Sedush NG, et al. Cosmetics 2023;10:110.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

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#10990

Combination of Nanofat and Longhair Transplantation (nonshaven follicular unit extraction) improves hair re-growth in patients with androgenic alopecia and prevent shockloss

52 - Hair restoration

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Background/Objectives:

Androgenetic Alopecia (AGA) has become a more common condition in society. Its incidence increases with age for both sexes. Hallmark characteristics of AGA include thinning and subsequent miniaturization of terminal hairs to vellus hairs. Non-shaven FUE has the advantage of recipient area preview. A possibility of postoperative donor hair effluvium is reported, which can happen post-surgery. The cause of this postoperative anagen effluvium is probably a transient ischemia, which could be caused by vasoconstrictors or microtrauma. Localized telogen effluvium could be a cause hair loss after hair transplantation. Nanofat can improve graft survival and neovascularization. It stimulates angiogenesis and improve blood circulation to the scalp, stimulate hair health and growth. This study aimed to confirm that nanofat can prevent shock loss hair and improves hair re-growth after hair transplantation in androgenetic alopecia.

Methods:

A randomized forty patients (30 males and 10 females) of which 30 males were classified according to stage I-V by the norwood – hamilton scale, and 10 females were classified in stage I–III by the ludwig scale. Nanofat was processed via mechanical emulsification and filtration before long hair transplantation. Patients underwent single-session nanofat and longhair (NS-FUE). It harvests donor hair without shaving. Assessment of hair re-growth was evaluated with photography before, during follow up until 1 year postoperatively.

Results:

Our results had shown that shock loss was not seen in patients who continue to have preexisting hair within the transplant zone. Nanofat helps in enhancing grafts survival, reducing the risk and early recovery. All patients showed natural hair transplant results at their follow-up visits and were satisfied with the results. NS-FUE was successfully performed with good to excellent results. The total surgery time was approximately 5 hours. NS-FUE was immediate visualization of the probable completely result at 1 year postoperatively. All patients expressed high satisfaction with the results and no complication was encountered. The results were analyzed on the basis of global photography. The patient's photographs were taken after nanofat 3 and 6 months and hair transplant at 3, 6 and 12 months. The body hair with scalp has enhanced the visual density with no shockloss, leaving to better coverage in even higher grades of baldness.

Conclusions:

Two techniques (NS-FUE and nanofat) have been combined for the treatment of androgenetic alopecia. The combined results improved the results in term of hair count and hair density with no shock loss compared with those obtained by alone NS-FUE. Nanofat can enhance neovascularization and improve hair graft survival, providing a potential clinically viable approach to hair graft supplementation. NS-FUE grafts are harvested at the natural length and area later cut as needed. The ultimate goal of hair transplantation is to achieve good density in recipient area. Nanofat is also necessary to support healthy hair growth in recipient area and facilitate tissue repair and healing in the donor area. Using nanofat with NS-FUE increase success of NS-FUE hair transplantation. Patients had more rapid improvement in hair density.

References:

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Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

Nanofat combines with Long Hair Transplantation (NS-FUE) can enhance regrowth hairs with no shock loss in androgenic alopecia patients. Integration of various techniques can increase the effectiveness of hair restoration.

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#11001

Scarless lower lid rejuvenation with blepharoplasty, nanolipofilling and skin resurfacing.

56 - Minimally invasive surgery / Minimally invasive advances

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Background/Objectives:

Blepharoplasty is one of the most commonly performed aesthetic procedures for eyelid rejuvenation. Lower lid surgery addresses the puffiness and skin excess. To reduce the risk of lower lid malposition, fat pads removal is managed through a transconjunctival approach. For the patients with minimal skin excess, energy-based devices such as Morpheus 8 or CO2 laser were proposed. For the management of malar bags, Accutite or radiofrequency-assisted liposuction was chosen. To improve the skin quality, nanolipofilling was performed at the time of the surgery. The main purpose of surgery is achieving a younger look, with stable results and high grade of satisfaction among patients.

Methods:

A cohort of 33 patients with a median age of 37.2 years were operated by a single surgeon in a private practice accredited facility from January to December 2021. All cases were documented for associated medical issues and photos were taken preoperatively with patients' consent. A single dose of antibiotic was administered at the time of the incision. Preoperative bleeding control included 1g of tranexamic acid. All the surgery was done through a transconjunctival approach with nanolipofilling in most of the cases (n=25). Morpheus 8 was done in all the cases at the time of the surgery and CO2 laser 2 weeks after for n=20 patients. For the patients with malar bags (n=7), Accutite was performed and for one patient direct excision was chosen.

Results:

All the patients reported the surgery as completely painless and as a good experience they would repeat it if needed. The overall complication rate was 3% (n=3). Three patients had prolonged edema for 3 months after the surgery and 2 patients reported hypoesthesia 3 months after the surgery. There were no cases of chemosis.

Conclusions:

Lower transconjunctival approach blepharoplasty can be safely combined with energy-based devices, lipofilling and Accutite in selected cases with quick recovery and no scarring. With technical refinements and tissue preservation, a natural look is created with high grade of satisfaction among patients.

References:

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

Oral Presentation

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#11002

Botulinum Toxin and Filler for Chin Augmentation: Patient Satisfaction and Technical Insights

44 - Treatment with Injectables (Botulinum toxin & fillers)

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Background/Objectives:

Chin augmentation has become increasingly popular as part of facial harmonization and contouring. Traditionally, surgical implants were the primary method for chin enhancement. However, non-surgical approaches using botulinum toxin and dermal fillers have gained traction due to their minimally invasive nature, reduced recovery time, and immediate results. This study aims to evaluate patient satisfaction and provide technical insights into the combined use of botulinum toxin and fillers for chin augmentation. This retrospective study analyzes patient satisfaction and procedural efficacy in chin augmentation using botulinum toxin and dermal fillers. Data were collected from overall patient satisfaction was high, with 92% of participants expressing significant improvement in chin aesthetics and facial harmony. Patient-reported outcomes highlighted immediate visual improvements and minimal discomfort during and after the procedure. Follow-up assessments at 6 and 12 months post-treatment confirmed the longevity of results, with 85% of patients maintaining satisfactory outcomes at the one-year mark. 60 patients who underwent the procedure between January 2022 and December 2023. The treatment protocol involved precise administration of botulinum toxin to reduce chin dimpling and dynamic wrinkles, followed by hyaluronic acid filler injections to enhance chin projection and contour.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

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#11003

Botulinum Toxin and Subcisions: Complex Glabellar Approach

44 - Treatment with Injectables (Botulinum toxin & fillers)

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Background/Objectives:

The glabellar region, commonly known as the area between the eyebrows, is a frequent concern for patients seeking aesthetic treatments due to the appearance of deep dynamic and static wrinkles. Traditional treatments using botulinum toxin alone may not fully address severe glabellar lines, particularly those with significant dermal tethering. This study explores a combined approach using botulinum toxin and subcisions to enhance treatment efficacy and patient satisfaction. Objectives: 1. Evaluate Efficacy: To assess the effectiveness of combining botulinum toxin with subcisions in treating severe glabellar lines. 2. Patient Satisfaction: To measure patient satisfaction and perceived improvement in glabellar appearance post-treatment. 3. Technique Optimization: To refine the combined treatment protocol and identify best practices for achieving optimal results. 4. Safety Profile: To document and analyze any complications or side effects associated with the combined approach. 5. Longevity of Results: To evaluate the duration of treatment effects and the need for follow-up procedures. 6. Comparative Analysis: To compare the outcomes of the combined approach with botulinum toxin monotherapy.

Methods:

Technical Insights: - Botulinum Toxin Application: Precise injection of botulinum toxin into the glabellar muscles to inhibit muscle contraction and dynamic wrinkle formation. - Subcision Technique: Use of a fine needle to perform subcisions, releasing fibrous bands and promoting collagen remodeling. - Safety and Complications: The combined approach demonstrated a favorable safety profile, with minor, transient side effects such as bruising and swelling. No major complications were observed.

Results:

This study presents a novel approach combining botulinum toxin injections with subcisions for the treatment of complex glabellar lines. Data were collected from 180 patients who underwent the combined treatment between January 2023 and December 2024. The procedure involved administering botulinum toxin to relax the glabellar muscles, followed by subcisions to release dermal tethering and improve skin texture.

Conclusions:

High levels of patient satisfaction were reported, with 92% of participants indicating significant improvement in the appearance of their glabellar lines. Patients noted smoother skin texture and reduced depth of wrinkles, with minimal discomfort during and after the procedure. The combined use of botulinum toxin and subcisions for the treatment of complex glabellar lines is a highly effective and safe approach. This method provides significant improvements in wrinkle reduction and skin texture, leading to high patient satisfaction. Further research with larger sample sizes and longer follow-up periods is recommended to validate these findings and refine the technique. The impact on aesthetic medicine is considerable, offering an advanced treatment option for patients with challenging glabellar lines.

References:

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

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#11011

Nanolipofilling and Radiofrequency-Assisted Microneedling for Lower Eyelid Rejuvenation

45 - Combination treatments

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Background/Objectives:

The lower eyelid is a delicate anatomical area where signs of aging such as skin laxity, volume depletion, and pigmentation changes often appear early and are particularly difficult to treat. Traditional approaches often fall short in addressing both structural and superficial concerns simultaneously. This abstract presents a synergistic technique combining nanolipofilling with radiofrequency-assisted microneedling to restore volume, improve skin texture, and stimulate dermal regeneration in the infraorbital region. Nanofat, rich in regenerative cellular components, offers subtle volumization while enhancing tissue quality through bioactive signaling. When paired with radiofrequency microneedling—known for promoting collagen remodeling and dermal tightening—the combination achieves multidimensional rejuvenation with minimal downtime. This protocol targets both deep and superficial aging processes, delivering natural-looking, progressive improvement in periorbital contour and skin tone. The approach is especially beneficial for patients seeking non-surgical correction of tear trough deformity, crepey skin, and early skin laxity. The technique has shown high satisfaction rates, favorable safety profile, and excellent integration into modern aesthetic practice. This combined modality represents an effective, minimally invasive solution for comprehensive lower eyelid rejuvenation.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

Oral Presentation

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#11012

Polylactic Acid for Buttocks Augmentation: Safety and Satisfaction

50 - Body contouring & skin tightening

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Background/Objectives:

In the evolving field of body contouring, minimally invasive procedures for buttocks enhancement have seen a significant rise in demand. Polylactic acid (PLA) biostimulators offer a non-surgical alternative for gluteal augmentation by stimulating endogenous collagen production, resulting in gradual volume enhancement and improved skin quality. This abstract explores the use of injectable PLA as a safe and effective tool for reshaping and volumizing the buttocks in patients seeking subtle, natural-looking results without the risks associated with surgical implants or fat grafting. The procedure involves strategic multilayered injection techniques that prioritize both aesthetic symmetry and tissue safety. Key observations include progressive volume enhancement over several weeks, improved dermal texture, and high levels of patient satisfaction. Complications such as nodules, uneven distribution, or adverse reactions are minimal when proper dilution protocols and injection techniques are followed. Polylactic acid represents a versatile and reliable option in gluteal aesthetics, appealing to patients who value gradual transformation with minimal downtime. The treatment's safety profile, coupled with its regenerative benefits, positions it as a valuable addition to the modern aesthetic practice.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

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#11013

Complex Periorbital Rejuvenation with Endoscopic Brow Lifting and Upper Blepharoplasty

56 - Minimally invasive surgery / Minimally invasive advances

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Background/Objectives:

The periorbital region is one of the first areas to exhibit signs of facial aging, often characterized by brow descent, upper eyelid dermatochalasis, and periorbital hollowness. Addressing these concerns in isolation may lead to suboptimal outcomes, as the aesthetic harmony of the upper third of the face relies on a comprehensive approach. This abstract presents a refined technique combining endoscopic brow lifting with upper blepharoplasty to achieve full-spectrum rejuvenation of the periorbital complex. The endoscopic brow lift repositions the brow to a youthful vector while preserving a natural expression, minimizing scarring, and ensuring long-lasting elevation. Concurrently, upper blepharoplasty addresses eyelid redundancy and preaponeurotic fat redistribution, enhancing eyelid contour and opening the eye. The synergy of these procedures not only improves the structural framework of the upper face but also restores a refreshed, rested appearance. When performed through a tailored, anatomically mindful approach, this combination yields high satisfaction rates, swift recovery, and a balanced aesthetic result. It represents a gold standard in advanced periorbital rejuvenation, ideal for patients seeking natural enhancement with surgical precision.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

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#11014

How to Improve Your Brand Awareness in Aesthetic Medicine: From Social Media to Personalized Skincare Line

73 - Marketing & Practice management

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Background/Objectives:

In an increasingly saturated aesthetic market, building a strong, recognizable brand is no longer optional—it is essential for long-term success. Today's aesthetic patients are not only seeking results, but connection, trust, and alignment with a brand that reflects their values and lifestyle. This abstract explores strategic ways to elevate brand awareness in aesthetic medicine, leveraging both digital platforms and tangible product offerings. Social media, when used authentically and consistently, becomes a dynamic tool for education, storytelling, and engagement—transforming followers into loyal patients. At the same time, launching a personalized skincare line offers a unique extension of the practitioner's philosophy and expertise, reinforcing credibility and creating a physical touchpoint beyond the clinic. From visual identity and content strategy to packaging and patient experience, every element contributes to building a cohesive, recognizable brand. When done thoughtfully, this approach not only drives visibility and growth but also positions the practitioner as a trusted authority in an ever-evolving, image-conscious field.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

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#11015

Combined Protocols for Non-Invasive Neck Rejuvenation: From Nanolipofilling to Energy-Based Devices

45 - Combination treatments

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Background/Objectives:

The neck is a highly expressive yet challenging area to rejuvenate non-surgically due to its delicate anatomy, thin skin, and early signs of aging. Isolated treatments often fall short in delivering comprehensive results, making combination protocols the new standard in addressing volume loss, skin laxity, and textural changes. This abstract presents an integrative approach to non-invasive neck rejuvenation, blending regenerative techniques such as nanolipofilling with the collagen-stimulating effects of energy-based devices. Nanofat provides a biologically active scaffold rich in stromal vascular fraction, promoting skin quality, elasticity, and long-term regenerative effects. When combined with technologies like radiofrequency microneedling, ultrasound-based tightening, or fractional lasers, the synergy enhances both immediate firming and progressive dermal remodeling. Patient selection, layering of treatments, and timing are key elements in optimizing safety and efficacy. The result is a gradual, natural-looking improvement with high patient satisfaction and minimal downtime. This protocol offers a powerful alternative to surgical neck lifts for patients seeking visible yet subtle rejuvenation, and reflects the evolving role of regenerative and energy-based synergy in modern aesthetic practice.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

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#11016

Protocols for Treatment of Malar Bags. Diagnosis First

43 - Anatomy related to non-or minimally invasive approaches

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Background/Objectives:

Background/Objectives: The primary aim of this study is to develop and validate effective treatment protocols for malar bags based on comprehensive diagnostic evaluations. Secondary objectives include assessing the accuracy of ultrasound and hydrologic exams for classifying malar bag severity and causes, comparing the efficacy and patient satisfaction across various treatment modalities, and examining the long-term recurrence rates post-treatment.

Methods: We conducted ultrasound and histologic examinations on a cohort of patients diagnosed with malar bags to categorize their condition by severity and underlying causes. This diagnostic data informed our approach to treatment, which was categorized into surgical, minimally invasive, or oral medication interventions. Efficacy of treatments was assessed through measures of aesthetic improvement, patient satisfaction, symptom relief, and recurrence rates over a twelve-month follow-up period

Results: Initial results indicate that a diagnosis-first approach, supported by detailed ultrasound and histologies examinations, facilitates a more targeted and effective treatment protocol for malar bags. Treatments were tailored with surgical interventions for severe structural cases, minimally invasive procedures for moderate cases, and oral medications for mild cases. Follow-up data suggest differentiated success rates and patient satisfaction levels depending on the treatment modality and initial diagnosis.

Conclusions: Employing a diagnostic-first strategy appears to significantly enhance the effectiveness of treatment protocols for malar bags. By categorizing the severity and causes through ultrasound and histologies exams, treatments can be more accurately tailored, improving aesthetic outcomes and reducing recurrence rates. Future studies should focus on refining these diagnostic techniques to further improve treatment precision and patient outcomes

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

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#11019

Nearly Scarless Necklifts

56 - Minimally invasive surgery / Minimally invasive advances

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Background/Objectives:

While surgical procedures remain popular, patients are seeking less invasive options. New techniques allow for significant results with minimally invasive procedures. Presented is an algorithm for analysis of the lower face and neck with recommended non-invasive and minimally invasive procedures for each scenario. A treatment protocol for non-invasive and minimally invasive options is shown. Techniques are demonstrated. Clinical results are shown.

A strategy for diagnosing and treating the neck is presented to instruct an approach for less invasive aesthetic treatment. Attendees will learn an organized approach to the analysis of the key elements of the aesthetic neck. Step by step options are presented as an algorithm for treatment with demonstration of techniques. Attendees will learn:

- Understanding of relevant anatomy of the lower face and neck
- Non-surgical options for treatment of the lower face and neck
- Minimally invasive techniques to achieve results that approach surgical results
- Technical aspects of a nearly scarless minimally invasive neck lift

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

A strategy for diagnosing and treating the neck is presented to instruct an approach for less invasive aesthetic treatment. Attendees will learn an organized approach to the analysis of the key elements of the aesthetic neck. Step by step options are presented as an algorithm for treatment with demonstration of techniques. Attendees will learn:

- Understanding of relevant anatomy of the lower face and neck
- Non-surgical options for treatment of the lower face and neck
- Minimally invasive techniques to achieve results that approach surgical results
- Technical aspects of a nearly scarless minimally invasive neck lift

Oral Presentation

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#11020

Scarless Hand Rejuvenation

56 - Minimally invasive surgery / Minimally invasive advances

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Background/Objectives:

Hands are one of the tell tale signs of aging. Lack of volume, sun damage, and a veiny, tendinous or bony appearance can cause an aged appearance. Sometimes hands can make a patient appear older than their actual age. Frequently, graceful aging is betrayed by old looking hands. Due to lack of options and limited awareness of treatments, hand rejuvenation has not been widely adopted. However, with new treatment options it is an increasingly sought out treatment. Presented is a technique for scarless minimally invasive hand rejuvenation utilizing a combination of modalities. This technique requires no incisions in the hands. Application of plasma/RF energy alongside volumetric remodeling using microfat and nanofat is presented. Elements of technique are demonstrated. Results are shown. This new technique can achieve hand rejuvenation with minimal invasiveness under local anesthesia.

A new technique for scarless minimally invasive hand rejuvenation is presented. This technique is performed under local anesthesia with no incisions in the hands. Step by step instruction in the application of the technique is shown using video demonstration. Attendees will learn:

- Aesthetic analysis of the hand
- Application of local anesthesia to the hand
- Microfat and nanofat grafting technique
- Helium based plasma and RF energy treatment of the hand

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

A new technique for scarless minimally invasive hand rejuvenation is presented. This technique is performed under local anesthesia with no incisions in the hands. Step by step instruction in the application of the technique is shown using video demonstration. Attendees will learn:

- Aesthetic analysis of the hand
- Application of local anesthesia to the hand
- Microfat and nanofat grafting technique
- Helium based plasma and RF energy treatment of the hand

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Presenter

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#11021

A Game Changing New Adipose Based Filler for Body Contouring

50 - Body contouring & skin tightening

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Background/Objectives:

Fillers for facial contouring have been a standard treatment for two decades. The vast majority of facial fillers are hyaluronic acid based. Body contouring with fillers is less common but has been achieved with hyaluronic acid products. While effective, results are short-term lasting 1-2 years in most cases. A new body contouring filler product is presented.

Newly approved by the FDA for use in the United States is a novel cadaveric adipose based body contouring filler (AlloClae, Tiger Aesthetics). This structural adipose filler product is administered as a sterile injectable into subcutaneous tissue. It provides structural augmentation of the soft tissue adding volume and support. The product is derived from cadaveric fat and is devoid of all genetic material. Results are long lasting.

Treatment using this structural adipose filler can be performed in any subcutaneous space around the body. Examples of use in buttock shaping and augmentation as well as hand rejuvenation are presented. Results are shown.

Body contouring with injectable products has been limited due to lack of an option for safe, long-lasting results. A new structural adipose filler product has potential to disrupt this area of treatment providing a good option off the shelf for patients seeking body contouring and augmentation without surgical intervention. Structural adipose filler offers an option to patients without sufficient autologous tissue for volume and shape enhancement. A long lasting safe and effective structural adipose filler can prove to be a game changer for body aesthetics.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

Body contouring with injectable products has been limited due to lack of an option for safe, long-lasting results. A new structural adipose filler product has potential to disrupt this area of treatment providing a good option off the shelf for patients seeking body contouring and augmentation without surgical intervention. Structural adipose filler offers an option to patients without sufficient autologous tissue for volume and shape enhancement. A long lasting safe and effective structural adipose filler can prove to be a game changer for body aesthetics.

Oral Presentation

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#11023

Paradoxical effect: increase in penile length secondary to restructuring of the Dartos fascia by circumferential injection of hyaluronic acid

44 - Treatment with Injectables (Botulinum toxin & fillers)

Mariotto R

Background/Objectives:

Introduction

Penile dissatisfaction due to size can significantly impact self-esteem. Minimally invasive techniques like hyaluronic acid (HA) injections gained popularity for penile augmentation. HA injections show promise in improving girth and length, addressing issues like the small penis syndrome and Peyronie's disease.

Objectives

Evaluate effects of hyaluronic acid injection under Dartos fascia in patients with varying penile sizes. To assess changes in penile dimensions, including length, circumference, and diameter, along with patient satisfaction and follow-up of outcomes.

Methods:

Methodology:

Patients underwent penile augmentation with hyaluronic acid. Injections were administered under the Dartos fascia using predetermined volumes. The technique involved dermal filling using multiphasic, 100% cross-linked hyaluronic acid with a high G-prime, applied circumferentially under the Dartos fascia. This filler, produced with R2 technology, was administered at a ratio of 2.09 ml/cm, supplemented by 0.46 ml/cm of filler produced with IPN-Like Technology. Measurements of penile dimensions were recorded, along with any adverse events reported by patients, and changes in function were monitored.

Results:

Results The procedure utilizing hyaluronic acid injections for penile augmentation yielded highly satisfactory outcomes. Patient-reported data indicated significant contentment post-intervention. Prior to the procedure, a patient presented with a flaccid penile length of 4.3 cm and diameter of 2.4 cm. There was a notable increase to 7.8 cm in length and 3.5 cm in diameter observed when the penis was flaccid. Importantly, no adverse events were observed, and the patient did not report any functional complaints.

Conclusions:

Conclusion Expanding understanding and practice of genital aesthetic procedures with hyaluronic acid injections is essential. By better studying efficacy, safety, and patient satisfaction, this technique emerges as a highly promising option. In conclusion, these procedures represent a valuable contribution to male sexual health and patient quality of life.

References:

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

Oral Presentation

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#11028

Why Patients Choose You: The Doctor's Role in Marketing

73 - Marketing & Practice management

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Background/Objectives:

This session will cover how our clinical style, communication, decision making and presence shape patients loyalty and reputation more than any Ad campaigns.

As clinicians we are the brand and this session will explore how we can harness that authentically and professionally.

Key points:

- The invisible marketing during the consultation
- Building trust without selling
- What patients see feel & remember
- Clinical growth, learning & development
- Why word of mouth is still the best form of marketing
- Higher conversion rate when the clinicians is the key communicator rather than relying on digital or sales staff.
- Marketing through reputation - word of mouth is the number 1 driver for new referral and patient retention.
- Patient education
- Future Impact :
- Marketing will be clinically led
- The clinician becomes the differentiator - due to their skills, communication , authenticity and professionalism.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

- Higher conversion rate when the clinicians is the key communicator rather than relying on digital or sales staff.
- Marketing through reputation - word of mouth is the number 1 driver for new referral and patient retention.
- Patient education
- Future Impact :
- Marketing will be clinically led
- The clinician becomes the differentiator - due to their skills, communication , authenticity and professionalism.

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#11033

Aesthetic camouflage of chin retrusion and M-shaped lips correction

44 - Treatment with Injectables (Botulinum toxin & fillers)

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Background/Objectives:

The present study was conducted to evaluate the aesthetic results (static and dynamic) and cephalometric measurements improvement after HA-based fillers procedures- chin retrusion correction followed by remodeling and biostimulation of the lower face region, including M-shaped lips.

Methods:

HA-based fillers (OBT and NASHA technology) were injected into the patient's tissue in the lower face region using cannula and needle in a multilayered fashion, targeting both the deep and superficial fat compartments. For the cannula, four points of entry per site were chosen depending on a specific anatomical landmark, providing multidimensional chin beautification, jawline enhancement and improvement of skin quality. In the lips the 'inner frame technique' in multistep approach was used in order to change the proportions, projection, volume and shape of the upper and lower lip.

In order to accurately evaluate the results, the photographic documentation was performed and analyzed. The cephalometric measurements as well as lower face soft tissue measurements were taken and compared.

Results:

Performed arrangement of procedures provided satisfactory results in balanced chin augmentation, enhanced line and angle of the jaw, correction of M-shaped lips (comprising uneven upper lip border alteration) as well as improvement of overall skin quality. Additionally, the multilayer HA placement in the front parts of the jaw changed dynamic appearance of the patient's smile.

Conclusions:

HA-based fillers may be used not only to correct defects resulting from skeletal and soft tissue structure but also to trigger biostimulating effects such as improving hydration and density of the skin. What's more fillers can act as myomodulation agents by changing the activity of the muscles – in this particular case by shifting activity between the mentalis muscle and depressor labii inferioris muscle.

References:

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

Beyond Volumetric Correction: A Shift Towards Regenerative and Functional Aesthetics: The recognition of HA fillers' biostimulating effects (improving hydration and skin density) fundamentally shifts their role. This means practitioners can now offer treatments that not only address immediate cosmetic concerns but also contribute to long-term skin health and rejuvenation. This moves aesthetic medicine closer to regenerative medicine principles, where treatments aim to improve tissue quality and function over time. Enhanced Patient Education: Practitioners will need to educate patients on the dual benefits of HA fillers – immediate aesthetic enhancement and long-term skin quality improvement. Myomodulation: A Refined Approach to Facial Dynamics and Expressive Aesthetics: The ability of fillers to act as "myomodulation agents" by shifting activity between muscles (e.g., mentalis and depressor labii inferioris) introduces a novel and potentially more nuanced way to address dynamic facial concerns. Instead of merely paralyzing muscles, fillers can subtly rebalance muscle activity, leading to more natural and harmonious expressions. This is particularly relevant for areas like the lower face, where muscle interactions greatly influence perioral aesthetics and overall facial balance.

Oral Presentation

Submitter

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#11045

Regenerative Medicine & the Future of Aging: Can Exosomes Slow the Clock?

51 - Regenerative aesthetics

Pakkar-hull D¹

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Background/Objectives:

Aesthetic medicine is undergoing a profound transformation. No longer confined to superficial enhancements, the industry is shifting towards regenerative treatments—where the focus extends beyond appearance to optimizing skin health, tissue repair, and even longevity. As the global wellness movement fuels demand for science-backed, preventative aging solutions, aesthetic practitioners are increasingly looking to regenerative medicine as the future of the field.

At the forefront of this shift is exosome therapy—a breakthrough in cellular communication with the potential to redefine skin rejuvenation, hair restoration, and long-term aging interventions. But as the science advances, how do we separate real innovation from commercial hype?

In this session, Dr. Anoob Pakkar-Hull—a leader in regenerative aesthetics—shares clinical insights from years of teaching, using, and pioneering exosome-based treatments worldwide. He will explore the science, safety, and evolving applications of exosomes, examining their role in biological aging and their integration into aesthetic practice. Additionally, we will demonstrate real-time results, providing a tangible look at how exosome therapy is already transforming patient outcomes.

As regenerative aesthetics continues to evolve, bridging scientific discovery with clinical excellence will be the key to harnessing the true potential of exosomes. This session provides practitioners with an evidence-based understanding of where exosome therapy fits in the future of aesthetics—and how they can stay ahead in this new era of regenerative medicine.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

The rise of regenerative aesthetics marks a shift in how practitioners approach aging and tissue restoration. Unlike traditional cosmetic procedures that focus on external correction, exosome therapy offers a biological approach to rejuvenation, harnessing the body's intrinsic repair mechanisms. This paradigm shift has far-reaching implications for non-surgical aesthetic medicine. Exosome-based treatments provide practitioners with an advanced tool to improve skin quality, promote collagen synthesis, accelerate healing, and address hair loss at a cellular level—offering results that evolve naturally over time. With their regenerative properties, exosomes complement and enhance existing treatments such as injectables, microneedling, and laser therapies, expanding the possibilities for patient care. However, with rapid innovation comes the need for rigorous scientific validation and practitioner education. As the commercial landscape around exosomes grows, understanding the evidence-based applications versus market-driven hype is critical. Dr. Anoob Pakkar-Hull's session will provide clarity on the real-world implementation of exosome therapy, equipping practitioners with the knowledge to safely and effectively integrate these treatments into their practice. By staying at the forefront of regenerative medicine, aesthetic professionals can expand their treatment offerings, improve patient outcomes, and position themselves within the future of longevity-driven aesthetics. The next era of aesthetic medicine is here—one where science, safety, and regenerative potential drive the evolution of patient care.

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#11062

Institutionalizing Ethics in Aesthetic Clinics: Embedding Ethical Culture through Leadership, Training, and Governance

73 - Marketing & Practice management

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Background/Objectives:

In aesthetic medicine—an industry increasingly shaped by market dynamics, social media influence, and rising patient expectations—the responsibility to safeguard ethical standards no longer rests solely with the individual physician. Clinics and institutions must actively create environments where ethical behavior is embedded into everyday practice through systems, training, and leadership.

This presentation reframes the ethical conversation in aesthetic medicine to focus on institutional ethics—emphasizing the critical role of clinics in cultivating a culture that prioritizes long-term patient welfare, responsible marketing, and sustainable growth over short-term commercial gain.

Drawing on the presenter's published research, this talk explores how staff training, leadership, and internal governance serve as powerful levers to institutionalize ethics within aesthetic practices.

Methods:

This presentation draws on both primary and secondary sources. It synthesizes current literature in medical ethics, health leadership, and business sustainability, while integrating insights from two recent publications authored by the presenter:

- Scherz, G. et al. "Ethical Challenges and Solutions in Medical Aesthetic Clinics: A Call for Institutional Responsibility." *Clin Cosmet Investig Dermatol*. 2024;17:775–785. [PMID: 38919517]
- Scherz, G. "Institutional Ethics and Aesthetic Medicine: A Systems-Level Approach." *IntechOpen*. 2024. Available: <https://www.intechopen.com/online-first/1209466>

The research includes a thematic review of ethical leadership models, informed consent frameworks, and staff empowerment strategies across healthcare and aesthetics. Practical implications are derived through the lens of aesthetic practice management, with an emphasis on sustainability, team alignment, and risk reduction.

Results:

Ethical clinics don't merely follow rules—they build structures that embed ethical reflection, accountability, and transparency into their culture. Key components include:

- Leadership-driven ethics culture: Clinic leaders must consistently model ethical behavior, set clear boundaries, and reward ethical decision-making over sales targets.
- Structured, value-based staff training: Regular workshops and onboarding modules should go beyond protocols to foster deep understanding of patient autonomy, safety, and dignity.
- Transparent patient pathways: Including comprehensive informed consent, consistent pricing, and consultations that educate patients—not just sell procedures.
- Internal governance frameworks: Systems for auditing, feedback, and ethical escalation empower staff to raise concerns and prevent questionable practices.

Conclusions:

Ethical governance is no longer optional—it is a strategic advantage in an industry where patient trust is paramount. Clinics that invest in institutional ethics benefit from:

- Stronger patient relationships and loyalty
- Improved staff morale and retention
- Reduced legal and reputational risks
- Enhanced alignment with emerging regulatory trends

Institutionalizing ethics allows clinics to balance commercial sustainability with patient well-being—ensuring that all staff, from doctors to therapists to consultants, are aligned in delivering care that is not only effective but ethically sound.

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Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

The rising scrutiny of aesthetic practices by both regulators and the public underscores the urgent need for clinics to move from individual responsibility to institutional accountability. As procedures become more accessible and patients more empowered, the ethical pressures on aesthetic providers will only intensify. Institutions that implement ethics-focused training, leadership accountability, and transparent clinical pathways are positioned not only to prevent over-treatment and harm, but also to lead the industry in trust, innovation, and longevity. The ethical climate of a clinic influences everything—from patient choices to staff retention—and is directly correlated with long-term viability in a competitive market. This work advocates for a shift in how ethics is operationalized in aesthetics—arguing that the future of the industry depends on our ability to elevate ethics from a personal value to an institutional imperative.

Oral Presentation

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#11069

The Lip F.I.L.L. technique for lip augmentation with comfort and safety in mind

44 - Treatment with Injectables (Botulinum toxin & fillers)

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Background/Objectives:

The Lip F.I.L.L. technique for lip augmentation with comfort and safety in mind

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

Lip augmentation is one of the most popular soft tissue dermal filler procedures. Many techniques exist. However, some may give unnatural results and cause more downtime for the patient. The Lip F.I.L.L. technique has been developed to improve the naturalness of results while decreasing discomfort and enhancing safety.

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#11072

The BOOMERANG JAW Rejuvenation and Augmentation Technique for Improved Safety and Naturalness of Results

44 - Treatment with Injectables (Botulinum toxin & fillers)

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Background/Objectives:

Lower face rejuvenation and augmentation have gained in popularity. Many techniques are used but with varying degrees of safety, efficacy, and naturalness of results. The author will demonstrate the Boomerang JAW Technique for jaw angle rejuvenation and augmentation.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

Oral Presentation

Submitter

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Presenter

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#11080

Melasma Management: Rapid Control and Long-Term Treatment Strategy

41 - Pigmentation

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Background/Objectives:

Melasma is a common acquired hyperpigmentation disorder most frequently occurring on Asian women. Even though there are a variety of treatments, therapeutics are challenging due to their multifactorial pathogenesis, chronic course, and high recurrence rate. Effective management of melasma involves a dual approach: rapid pigment reduction and sustained long-term maintenance to prevent relapse.

Rapid melasma control focuses on reducing the pigmentation using topical agents. Triple combination remains the gold standard, but only for new cases. Patients that have been using topical cream need different approaches. Alternatives such as azelaic acid, Kojic acid, and topical moisturizer to reduce the side effect of triple combination cream.

Long-term management emphasizes the prevention of relapses through continuous changing maintenance therapy. Non-hydroquinone and steroid agents should be used for ongoing treatment. Adjunctive procedural interventions, including basal membrane remodeling and micro injection of tranexamic and other anti aging agents.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

Melasma management requires an individualized, patient-centered approach that integrates topical therapies, photoprotection, procedural options, and lifestyle modification. Education, adherence, and long-term follow-up are essential to achieving sustained improvement and enhancing patient quality of life.

Oral Presentation

Submitter

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#11082

Training what really counts: how to elevate your aesthetic practice by emotional intelligence

73 - Marketing & Practice management

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Background/Objectives:

While aesthetic medicine continues to evolve with rapid technological advancements, the human factors that influence patient safety, satisfaction, and long-term outcomes remain underrepresented in medical education. Emotional intelligence (EI)—the ability to recognize, understand, and manage one's own emotions and those of others—is a key component of effective physician-patient interaction. Particularly in aesthetic practice, where expectations, communication, and trust are critical, a high level of EI is essential. This study explores how Crew Resource Management (CRM) training, originally developed for high-stakes environments like aviation, can be adapted to enhance emotional intelligence and other non-technical skills among aesthetic physicians.

Methods:

A pilot intervention was designed using core CRM principles—situational awareness, communication, leadership, and decision-making—combined with modules on emotional intelligence and reflective practice. The training was delivered to a cohort of 12 members of the division of plastic, aesthetic and reconstructive surgery of the medical university of Graz. A control group consisted of 10 members of the same department. Participants completed validated self-assessment tools (ESCI) before, after and six weeks after the intervention.

Results:

Quantitative analysis showed a drastic improvement in overall emotional intelligence scores, immediately after the intervention, whereas the ones in the control group remained unchanged. After six weeks these increases dropped again remaining still significantly above the ones in the control group. Several participants of the training reported directly applying the techniques in challenging clinical scenarios with positive outcomes and an overall improved atmosphere..

Conclusions:

This study demonstrates that CRM-based training, traditionally reserved for technical or emergency contexts, holds significant promise in fostering emotional intelligence and non-technical competencies in aesthetic medicine. By equipping physicians with tools for better emotional regulation and interpersonal effectiveness, such programs may enhance patient satisfaction, reduce conflict, and support ethical, patient-centered care. Introducing such training at an early stage of medical education could disrupt conventional models that prioritize technical proficiency over human connection—thus shaping a new generation of emotionally intelligent aesthetic practitioners.

References:

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

This talk won the aesthetic disruptor award at the AMWC in Monaco 2025 - it is a real disruption for aesthetic medicine that focusses mainly on technical advances, yet totally neglects the importance of non-technical aspects which this talk emphasizes.

Oral Presentation

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#11083

The art of leadership - why the neglected stepchild of medicine becomes more and more important.

73 - Marketing & Practice management

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Background/Objectives:

The medical world has changed drastically. Being a good doctor is no longer just about having excellent skills in your specialty. One must be a good listener, manager, marketer, consultant, employer, and more. Leadership skills, however, are not taught in medical school and are therefore neglected by many specialists. In turn, healthcare organisations are often led by economists. This presentation will explain what leadership is, why it is a concept every physician should know, and why it should be actively practised. Furthermore, a description of leadership theories from "Born to lead" to Transactional and Transformational Leadership to High Impact Leadership will be given and the impact of current developments and the increasing importance will be explained.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

Oral Presentation

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#11084

Aesthetic Excellence through Academic Integrity: The Role of Maximum Provider Centers in Shaping the Future of Aesthetic Care

77 - Unclassified topics

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Background/Objectives:

As aesthetic medicine continues to expand across diverse clinical and commercial settings, the involvement of university hospitals and other maximum provider centers remains a crucial—yet often underappreciated—pillar of quality assurance, innovation, and ethical standards in the field. This talk aims to shed light on the unique contributions of academic institutions in delivering high-level aesthetic care, grounded in scientific evidence, interdisciplinary collaboration, and rigorous training.

Drawing from the experience of a university-based plastic surgeon, this presentation explores how maximum provider centers can serve not only as clinical hubs for complex and reconstructive cases, but also as centers of excellence for aesthetic procedures. These institutions combine surgical competence with access to research, advanced technologies, and structured quality management systems, creating a framework in which patient safety, outcome monitoring, and continuous improvement are embedded in practice.

Furthermore, the talk addresses the growing public demand for transparency, trust, and accountability in aesthetic care—a demand that academic settings are uniquely positioned to meet. By integrating aesthetic services within university hospitals, a higher standard of care becomes accessible without compromising on ethics or education. This integration also provides fertile ground for training future providers with both technical expertise and a strong foundation in evidence-based practice.

In an industry where aesthetic outcomes are often marketed more than measured, the role of university institutions must be reclaimed and redefined—not as conservative outliers, but as forward-thinking leaders in a complex and rapidly evolving field.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

Oral Presentation

Submitter

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#11086

Pigmentations: Skin deep or a Systemic Problem?

41 - Pigmentation

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Background/Objectives:

Human skin undergoes chronological aging and environmental aging. Chronological aging is dependent upon the passage of time. Ultraviolet (UV) irradiation is the primary factor in environmental aging, which is also called photoaging, although other factors such as tobacco smoking and air pollution are involved in environmental aging. With age, senescent cells accumulate in human skin, which can compromise skin function and integrity. Chronological aging and photoaging share certain molecular mechanisms. Skin aging is influenced by several factors including oxidative stress, mitochondrial DNA mutations, DNA damage, telomere shortening, and hormonal changes. Autophagy impairment is also involved in aging and the senescence of skin cells

Methods:

Causes of pigmentationsDNA Damage Oxidative Stress Telomere Shortening*Role of Hormones**Role of Autophagy* Treatments of pigmentationslasersRadiofrequencyTopical creams and serum*FRET Resonance & Energy Transfer technologies*Protein Refolding Technologies

Results:

Skin diseases with pigmentation abnormalities are difficult to treat primarily due to unknown causes or pathogenesis. The pathomechanisms in individual patients can be different even in the same disease. It is important to identify the cause to manage skin pigmentation abnormalities. To propose the possible role of skin aging in abnormal pigmentation, the association between the identified mechanisms involved in skin aging and skin pigmentation abnormalities in various inherited and acquired disorders were reviewed

Conclusions:

The mechanisms implicated in skin aging include oxidative stress, which is the most pivotal cause of skin aging, DNA damage, telomere shortening, decreased melatonin, and autophagy impairment. Both skin aging and pigmentation abnormalities in various inherited disorders caused by DNA damage or telomere shortening indicate the relevant relationship between skin aging and pigmentation abnormalities. However, other mechanisms may not yet sufficiently support the relationship between skin aging and pigmentation abnormalities. Epigenetic changes, particularly DNA methylation and microRNAs, are also proposed to be involved in skin aging without an identified role in skin pigmentation. More studies are needed to prove the reliable role of skin aging in various conditions showing abnormal skin pigmentation. The most appropriate technology to treat a variety of pigmentations' underlying causes was examined

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Capelli, E.; Ravera, S.; Vaccaro, D.; Cuccarolo, P.; Bartolucci, M.; Panfoli, I.; Dufour, C.; Degani, P. Mitochond

Causes of pigmentationsDNA Damage Oxidative Stress Telomere ShorteningRole of HormonesRole of Autophagy Treatments of pigmentationslasersRadiofrequencyTopical creams and serumFRET Resonance & Energy Transfer technologiesProtein Refolding Technologies

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#11088

Combination of Nose Thread Lifts with Nose Filler for Enhanced Volume, Shaping, and Precision: A Unique Combination and Case Report

46 - Threads

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Background/Objectives:

A beautiful, well-shaped nose is a desire for many, especially women. In Indonesia, many patients opt for thread lifts but avoid nasal fillers due to concerns about filler migration causing nasal widening. However, the effects of thread lifts alone are often short-lived due to factors such as the number of threads inserted, their placement (nasal layer), and the type of threads used. The combination of threads and fillers is a novel approach aimed at compensating for the limitations of both techniques.

Methods:

On the first visit, the patient underwent an assessment to determine suitability for both filler and thread procedures. During the follow-up session, **Polydioxanone (PDO) threads** were inserted—6 threads along the nasal bridge and 4 threads in the columella. Subsequently, a **hyaluronic acid-based filler** (20mg/ml HA, 3mg/ml lidocaine) was injected at 3 points (0.1–0.2cc per point on the nasal bridge and 0.2cc at one point in the columella) using a sharp needle.

Results:

The nose appeared more defined, volumized, and naturally fuller.

Conclusions:

The combination of threads and fillers is a novel approach aimed at compensating for the limitations of both techniques.

References:

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:
this combination is new low-moderate risk technique and applicable for daily practice.

Submitter

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#11094

A Prospective Large-Scale Study on Full-Face Rejuvenation Using Injectables and RF Microneedling

45 - Combination treatments

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Background/Objectives:

Facial aging results from the normal wear of facial skin, adipose tissue, muscles, ligaments, and bones. Combining different minimally invasive techniques aims to achieve the most harmonious and natural-looking facial rejuvenation as effectively and safely as possible. It is common to see the use of different combinations of injections (e.g., fillers, toxins) or energy devices (e.g., radiofrequency energy) along with other modalities. As the demand for non-invasive facial rejuvenation continues to grow, plastic surgeons must maintain a mastery of nonsurgical techniques for restoring a youthful facial appearance. Hence, our study aimed to evaluate the effectiveness of such techniques to relax, resurface, and volumize facial tissue, and ultimately, achieve the most harmonious and natural-looking facial rejuvenation possible.

Methods:

From June 2022 to June 2024, we conducted an extensive study on 250 patients, evaluating the effects of anti-aging treatments aimed at achieving comprehensive facial rejuvenation and removing signs of fatigue. Interventions included precisely dosed application of botulinum toxin in the upper third of the face, hyaluronic fillers in the middle third, and botulinum toxin in the lower third of the face to achieve a lifting effect in the mid face. For additional shaping of the lower third of the face and the chin, the advanced RF Microneedling device was used, with repeated treatments after 4 and 8 weeks in patients with more pronounced fat deposits

Results:

Results were monitored on days 14, 30, 60, and 90 when final results were achieved. Drastic facial rejuvenation was noted in all patients, with a significant improvement in skin texture, face lifting, complete elimination of signs of fatigue, and achievement of a fresh, rejuvenated appearance. Statistical analysis showed that over 90% of patients expressed full satisfaction with the results achieved, and their longevity further confirms the effectiveness, considering that patients reported a preserved rejuvenated appearance up to 18 months after treatment. All treatments were carried out following the highest standards of safety and ethics, with no significant side effects

Conclusions:

Our results irrefutably prove the extraordinary power of the synergy of neuromodulator, hyaluronic fillers, and advanced RF Microneedling device in facial transformation. Combined treatments allowed patients to regain their youthful appearance and permanently eliminate signs of fatigue, achieving a refreshed and rejuvenated appearance. This raised the level of self-confidence and satisfaction of our patients with their appearance. We concluded that an integrated approach to anti-aging is key to achieving superior results in aesthetic medicine, setting new standards in this field

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Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

Our results irrefutably prove the extraordinary power of the synergy of botulinum toxin, hyaluronic fillers, and the advanced RF Microneedling device in facial transformation. Combined treatments allowed patients to regain their youthful appearance and permanently eliminate signs of fatigue, achieving a refreshed and rejuvenated appearance. This raised the level of self-confidence and satisfaction of our patients with their appearance. We concluded that an integrated approach to anti-aging is key to achieving superior results in aesthetic medicine, setting new standards in this field. Upon completion, participants will be able to recognize the signs of a tired face and learn how to correct them.

- participants will be able to develop their knowledge and skills related to the full face approach to the patient.

Participants will be able to discuss possible difficulties they may encounter during combined treatments to remove the signs of a tired face.

Oral Presentation

Submitter

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Presenter

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#11097

The periocular challenge for the aesthetic physician

44 - Treatment with Injectables (Botulinum toxin & fillers)

Thulesen J¹

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Background/Objectives:

The periocular appearance plays a significant impact on our interpretation of facial attractiveness. Small topographical changes will usually be noted, since this region of the face is always exposed to others, is our 'window to the world', and the center of focus in social interactions. Interestingly, it is also the first to demonstrate signs of facial aging, and these changes bring many patients to the aesthetic clinics. This presentation will focus on the etiology and mechanisms behind these changes based on the anatomical architecture and the physiological compromises that are needed to provide mobility for the vital functions of the eyes, ears, and mouth, together with the facial expressions. This knowledge will lead to a more rational targeting of the aesthetic interventional procedures and by this to obtain the most optimal and natural looking results.

The architecture of the facial anatomy and the need for some compromises in the fixation of the tissue layers at the bony cavities of the orbit, nasal, and oral areas lead to changes in the physical surface appearance that are stigmatizing for ageing. Knowledge of this background will help the aesthetic physician in strategic rational treatment planning to obtain natural and rejuvenating results.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

Oral Presentation

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#11098

Emergency Procedures in Conditions with Complications following Treatment with Hyaluronic-acid (HA) containing fillers – An Overview based on the ISAC categorization

48 - Complications - avoidance and management

Thulesen J¹

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Background/Objectives:

Complications following treatments with hyaluronic acid-containing (HA) fillers require prompt and sufficient reaction to reduce discomfort and risks for sequelae for the patient. Most events with complications are mild and transient, whereas the rare and the most feared ones involve cascades that can evolve to devastating conditions, e.g. blindness or cerebral stroke. To date, no consensus on a general treatment algorithm for these conditions exists, but this overview will present HA-filler-related complications based on the novel categorization by the International Society of Aesthetic Competence Committee (ISAC) focusing on the treatment options based on up-to-date published theories, experiences, and recently published recommendations. Emergency procedures in the most devastating conditions, e.g. ocular or cerebellar complications, will also include anecdotal techniques and observations.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

The goal of the presentation is to provide the attendee in a schematic way for practical 'ready for clinic use' knowledge and acute procedures to diminish patient consequences.

Oral Presentation

Submitter

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Presenter

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#11099

The Portfolio of Oculoplastic Procedures – Key Elements to Individualize for Optimal Results.

56 - Minimally invasive surgery / Minimally invasive advances

Thulesen J¹

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Background/Objectives:

Eyelid surgical procedures are ranked as some of the most sought aesthetic treatment modalities. These procedures are minimally invasive that also lead to a holistic and significantly rejuvenated facial appearance. Preoperative assessment and evaluation are key factors in the planning process to offer the best suitable options, and often several operative techniques are combined in one session to obtain the best possible results. This presentation will focus on the key points to obtain eminent analytical skills in the preoperative process, and present several operative procedures in order to individualize the modalities to each patient and by combining these, obtain optimal end results.

This presentation will focus on the key points to obtain eminent analytical skills in the preoperative process, and present several operative procedures in order to individualize the modalities to each patient and by combining these, obtain optimal end results.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

Oral Presentation

Submitter

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#11103

Anatomy of the temporal region to guide filler injections

43 - Anatomy related to non-or minimally invasive approaches

Yi K¹

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Background/Objectives:

Hollow temples are not typically considered aesthetically pleasing, and hollowness worsens with the aging process. When filling this region with fillers, there are several anatomical considerations, with injection techniques varying depending on the layer targeted. Specifically, injections between the superficial temporal fascia and the superficial layer of the deep temporal fascia are performed using a cannula, while periosteal layer injections involve the use of a needle to reach the bone before inserting fillers. Detailed anatomical insights encompass the boundaries of the temporal fossa and cautionary notes regarding blood vessels, supported by specific studies on veins and arteries in the temporal region.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

Complications, including vessel injuries, are discussed alongside an exploration of various injection techniques. This review provides a comprehensive exploration of anatomical considerations and the specific methodologies employed in temple augmentation with fillers.

Oral Presentation

Submitter

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#11104

Body contouring (Deltoid) with the fillers

44 - Treatment with Injectables (Botulinum toxin & fillers)

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Background/Objectives:

The pursuit of aesthetically pleasing shoulder contours, particularly those characterised by a sharp, angular definition, has gained significant traction in Southeast Asia. Traditionally, neuromodulators have been used to achieve these results by inducing muscle atrophy, particularly in the trapezius muscles. However, this approach can carry potential risks, such as compromised muscle function and spinal instability. In response to these concerns, this article proposes a novel technique that combines the use of hyaluronic acid (HA) fillers with neuromodulators to achieve the desired shoulder contour. HA fillers, well established in facial aesthetics, offer the benefits of structural enhancement and long-term collagen stimulation. This combination technique aims to provide a more stable and natural-looking result by enhancing the underlying bone structure while selectively using neuromodulators to refine the shoulder profile. A clinical case study of a 32-year-old woman is presented, wherein 15cc of HA filler was injected into each shoulder to achieve a pronounced 90-degree contour, complemented by targeted neuromodulator injections in the deltoid muscles. The patient expressed high satisfaction with the outcome, noting the alignment with her aesthetic goals.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

This innovative approach has the potential to redefine shoulder contouring practices, offering patients a safer and more effective alternative to neuromodulators alone. Further research and clinical validation are necessary to fully establish the efficacy and safety of this technique.

Oral Presentation

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#11105

Novel single-entry point injection technique for masseter hypertrophy treatment using botulinum neurotoxin based on patient-reported comfort

44 - Treatment with Injectables (Botulinum toxin & fillers)

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¹You and I Clinic, Seoul, South Korea

Background/Objectives:

Introduction Botulinum neurotoxin (BoNT) injections are widely used for the treatment of masseter muscle hypertrophy in Southeast Asia. However, there remains a lack of consensus regarding the optimal injection technique. This study aimed to compare the efficacy and patient discomfort associated with single-entry point injections versus multiple three-point injections for masseter muscle hypertrophy treatment with BoNT.

Materials and Methods Sixteen participants, comprising both male and female Korean adults aged 22–63, were enrolled in the study. On the left side of the face, single-entry point injections were administered, followed by multidirectional injections, while on the right side, three-point injections were given. Pain intensity during the procedure was assessed using visual analogue scale scores.

Result Our results revealed that participants experienced lower levels of pain with single-entry point injections compared to three-point injections (average visual analogue scores of 3.31 and 5.19, respectively).

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

Conclusion These findings highlight the potential benefits of single-entry point injections in reducing patient discomfort during masseter muscle hypertrophy treatment with BoNT. We advocate for further research to validate these findings and encourage practitioners to consider single-entry point injections as a viable option for enhancing treatment outcomes in their clinical practice.

Oral Presentation

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#11106

Optimizing Skin Tightening: Combination Biorevitalizer Priming + Monopolar RF

45 - Combination treatments

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Background/Objectives:

To evaluate the efficacy and clinical benefits of combining injectable biorevitalizer priming with monopolar radiofrequency (RF) treatment for enhanced skin tightening and rejuvenation outcomes. Monopolar RF is widely used in non-invasive aesthetic procedures for improving skin laxity by stimulating dermal collagen remodeling. However, outcomes may vary based on individual skin quality. Priming the skin with a biorevitalizer containing hyaluronic acid and amino acids may improve hydration and dermal responsiveness, enhancing RF efficacy.

Methods:

This study compared monopolar radiofrequency (6.78 MHz, 5 cm² tip, 600 total shots) alone vs. monopolar radiofrequency (RF) preceded by injectable biorevitalizer priming.

Results:

Results showed that combining biorevitalizer (1% HA + amino acids) with RF significantly improved skin elasticity, hydration, and facial contouring, with better GAIS and 3D imaging outcomes. at 4,8,12 weeks follow up.

The combination group demonstrated superior improvements in:

- Skin elasticity
- Hydration and redness scores
- Volume contour and skin laxity, particularly in the lower face and jowl region

Patient satisfaction was higher in the combination group, with no significant difference in adverse effects or pain scores between groups.

Conclusions:

Biorevitalizer priming prior to monopolar RF treatment significantly enhances clinical outcomes in skin tightening and rejuvenation. This combination represents a safe, effective, and customizable protocol for practitioners seeking improved, longer-lasting results in non-invasive facial treatments.

References:

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

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#11107

Therapeutic Synergies in Aesthetic Science: PEGylated Fillers and Infrared Technology for Enhanced Facial Rejuvenation

45 - Combination treatments

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²Mae Fah Luang University, Bangkok, Thailand

Background/Objectives:

The advancement of biomaterials and energy-based devices has opened new frontiers in aesthetic rejuvenation. This study explores the synergistic effects of combining PEGylated fillers with infrared (IR) technology to achieve superior facial rejuvenation outcomes.

Methods:

A prospective clinical study was conducted on 20 volunteers, each receiving PEGylated filler injections followed by infrared therapy. Assessments were performed at baseline (Day 0), and follow-ups on Days 15, 30, 60 and 120. Evaluation tools included Global Aesthetic Score (GAS), 3D imaging (Meta Vu, PSI Plus), standardized photography, and Global Aesthetic Improvement Scale (GAIS), rated by both physician and participant.

Results:

The combination treatment demonstrated notable improvement in skin elasticity, dermal structure, and overall aesthetic appearance. Both objective and subjective assessments indicated high satisfaction and prolonged treatment efficacy, confirming a synergistic effect between the modalities.

Conclusions:

This dual-modality approach leveraging PEGylated fillers and IR technology presents a promising strategy for long-lasting, natural-looking rejuvenation, highlighting a significant advancement in personalized aesthetic treatment protocols.

References:

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

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Presenter

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#11116

Risk Factor Analysis for Vascular Occlusions after Dermal Filler Injections: A systematic review and meta-analysis

48 - Complications - avoidance and management

Chakhachiro A¹

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Background/Objectives:

Dermal fillers have become a cornerstone of minimally invasive facial rejuvenation. While generally safe, one of the most feared complications is vascular occlusion, which can result in tissue necrosis, vision loss, or permanent disfigurement [1–4]. The underlying risk factors for such events are not fully elucidated, with much of the existing evidence derived from isolated case reports or small series. This systematic review and meta-analysis aimed to identify, quantify, and analyse the key risk factors contributing to vascular occlusions following dermal filler injections and to propose a clinical risk assessment tool for predicting patient outcomes.

Methods:

A comprehensive literature search was conducted across PubMed, Embase, and the Cochrane Library to identify relevant case-control studies, cohort studies, and detailed case series reporting confirmed cases of vascular occlusion after dermal filler injections. Data were extracted on patient demographics, filler type, injection site, vascular anatomy involved, onset of symptoms, and treatment outcomes. Quality assessment was performed using the Joanna Briggs Institute checklist [11]. Pooled odds ratios and significance testing (Fisher's exact test) were calculated to assess associations between variables and clinical recovery. A Morbidity Risk Assessment Tool was developed using weighted scoring of significant risk factors.

Results:

Fourteen studies met the inclusion criteria, comprising 31 unique patient cases. The mean age of affected patients was 42.6 years, and 71% were female. Hyaluronic acid (HA) was the most commonly used filler (61.3%) [1,9]. High-risk anatomical regions—particularly the glabella, nose, and nasolabial folds—were frequently implicated in occlusions [5,10]. Involvement of major vessels such as the ophthalmic artery was significantly associated with poorer outcomes (OR 9.67, $p=0.02$), whereas occlusions involving smaller vessels like the supratrochlear or infraorbital branches were associated with better recovery [6]. Time to presentation was also a critical factor, with delayed recognition (>5 days) correlating with irreversible outcomes. Hyaluronidase use in HA-related occlusions led to an 84.2% rate of partial or full recovery, reaffirming its role as the mainstay of treatment [7,8].

Conclusions:

Vascular occlusion following dermal filler injection is a multifactorial complication influenced by filler type, anatomical site, vascular anatomy, and treatment timing. This study presents a practical morbidity-risk stratification tool to aid in pre-procedure planning and patient counselling. Early recognition and intervention, particularly with hyaluronidase in HA-related events, remain critical for minimizing morbidity [7]. However, due to the reliance on retrospective data and case reports, further prospective, large-scale studies are necessary to validate these findings and establish standardized safety protocols in aesthetic practice [12].

References:

1. Johl SS, Burgett RA. Dermal filler agents: a practical review. *Curr Opin Ophthalmol*. 2006;17:471–479. 2. Maruyama S. Histopathologic diagnosis of vascular occlusion after hyaluronic acid filler injection. *Aesthet Surg J*. 2017;37:NP102–NP108. 3. Quach B, Clemons RA. Complications of injectables. *Atlas Oral Maxillofac Surg Clin North Am*. 2024;32:57–63. 4. Wang R et al. Hyaluronic acid filler-induced vascular occlusion: Three case reports. *J Cosmet Dermatol*. 2024;23:1217–1223. 5. Soares DJ et al. Patterns of filler-induced ischemia: a systematic review. *Plast Reconstr Surg*. 2023;151:592e–608e. 6. Botha VE, Insull EA. Sight-threatening complications of dermal fillers: a review. *Clin Exp Ophthalmol*. 2024;52:365–373. 7. Rouanet C et al. Management of vascular complications after HA injections: high-dose hyaluronidase protocol. *J Stomatol Oral Maxillofac*. 8. Currie E et al. The use of hyaluronidase in elective and emergency settings. *Aesthet Surg J*. 2024;44:647–657. 9. Thanasarnaksorn W et al. Severe vision loss from cosmetic filler: case series and review. *J Cosmet Dermatol*. 2018;17:712–718. 10. Beleznyay K et al. Vascular compromise from soft tissue augmentation: experience with 12 cases. *J Clin Aesthet Dermatol*. 2014;7:37–43. 11. Gagnier JJ et al. The CARE guidelines: consensus-based clinical case reporting guideline development. *Headache*. 2013;53:1541–1547. 12. Cattelan L et al. Best practices for aesthetic medical care in patients on immunosuppressants. *Aesthet Surg J*. 2024;44:NP819–NP828.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

This study provides a critical, evidence-based framework for identifying and managing the risk of vascular occlusions from dermal fillers—one of the most serious complications in aesthetic medicine. The proposed Morbidity Risk Assessment Tool allows practitioners to stratify patients by risk level, guiding decisions on filler type, injection technique, and anatomical site selection. Its integration into clinical practice promotes safer, more personalized treatments, enhances informed consent, and supports early recognition and intervention—particularly with hyaluronidase in high-risk cases. The tool also has implications for standardizing training, improving emergency preparedness, and informing regulatory guidelines. Overall, it marks a significant step toward optimizing safety and outcomes in aesthetic procedures.

Oral Presentation

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#11118

Combination over competition

45 - Combination treatments

Moore A¹

¹Ashley Moore, Moncton, Canada

Background/Objectives:

Abstract:

In an industry often driven by comparison and competition, there's something quietly radical about choosing collaboration instead. This presentation explores the power of leveraging a local network of aesthetic professionals (across clinics and specialties) to deliver comprehensive, patient-first results. As a practitioner who primarily uses neuromodulators and dermal fillers, I've built a thriving practice not by trying to offer everything, but by knowing when to refer to someone who does.

From CO2 laser resurfacing to PRP/PRF, bio-stimulants like Sculptra, or surgical interventions like facelifts, I actively refer patients to colleagues I trust some of whom operate just down the road. This isn't about losing business; it's about gaining better outcomes. I'll share real-world before and afters that reflect the kind of transformations that only happen when multiple providers with different tools and expertise work in harmony.

I will explore how to establish referral relationships, manage shared care, and approach treatment planning when you're not the only provider involved. This isn't just about modality it's about mindset. The aesthetic journey doesn't have to live under one roof. It can, and perhaps should, be a collaborative path built on trust, mutual respect, and a shared goal of elevating patient care.

This session is for anyone who's ever felt like they had to do it all and a gentle reminder that sometimes, the most powerful tool you have is your colleague's number in your phone.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

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Presenter

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#11119

Fibred luminescent concentrator: A bridge between flashlamp devices and laser technologies for skin therapy

49 - Lasers, EBDs & Light

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Background/Objectives:

Laser skin therapy and intense pulsed light (IPL) therapy are both light-based treatments used for various skin concerns. They have been used since decades and each system have their own specificity, advantages, and drawbacks. However specific treatment is still not accessible with standard techniques due to difficulties having a source with both laser and IPL advantages. We describe a new concept, the fibred luminescent concentrator—FLC, based on luminescent concentrators capable of concentrating spectrally and spatially an IPL source, resulting in a multi-color fibred device.

Methods:

The FLC utilizes luminescent materials arranged in parallelepiped shapes polished on all faces. The IPL broadband spectrum is absorbed by the luminescent molecules and is re-emitted to a red shifted wavelength. The emitted spectral bandwidth ranges from green to dark red, depending on the type of luminescent concentrator. This light is then spatially concentrated by total internal reflections in the parallelepiped and guided through a fiber to the final operator.

Results:

We have developed three different solid luminescent concentrators based on a transparent polymer sheet (PMMA) doped with luminescent organic dye molecules for yellow and red emission, and an alexandrite crystal for emission in the dark red spectrum. We demonstrate that our new non-laser FLC device can concentrate spectrally and spatially the light with no temporal deformation and offers real opportunities for treatments where the IPL is less well-adapted.

Conclusions:

The FLC is an additional tool for existing conventional systems such as laser or IPL sources. It is easily adaptable to any IPL source and is a very good complement, especially for wavelengths where the laser cannot easily produce light, such as the yellow band.

References:

1. Ross V. Laser Versus Intense Pulsed Light: Competing Technologies in Dermatology. *Lasers Surg Med*. 2006;38:261–272. PMID:16596659. View ArticlePubMed/NCBI. Google Scholar 2. Bounois JL. Photophysical Processes in Recent Medical Laser Developments: a Review. *Lasers in Med Science*. 1986; 1:47–66. View ArticleGoogle Scholar 3. Boixeda P, Feltes F, Santiago JL, Paolid J. Future Prospects in Dermatologic Applications of Lasers, Nanotechnology, and Other New Technologies. *Actas Dermosifiliogr*. 2015;106(3):168–179. PMID:25193425. View ArticlePubMed/NCBI. Google Scholar 4. Alexiades M. Laser and light-based treatments of acne and acne scarring. *Clin Dermatol*. 2017;35:183–189. PMID:28274357. View ArticlePubMed/NCBI. Google Scholar 5. Wanitphakdeedecha R, Cembrano K. The efficacy and safety of a 577-nm high-power optically pumped semiconductor laser in the treatment of postacne erythema. *J Cosmet Dermatol*. 2020;19:1642–1647. PMID:32384205. View ArticlePubMed/NCBI. Google Scholar 6. Boixeda P, Calvo M, Bagazgoitia L. Recent Advances in Laser Therapy and Other Technologies. *Adv Dermatol*. 2008;99:262–268. View ArticleGoogle Scholar 7. Gold M. Lasers and light sources for the removal of unwanted hair. *Clin Dermatol*. 2007;25:443–453. PMID:17870522. View ArticlePubMed/NCBI. Google Scholar 8. Husain Z, Alster TS. The role of lasers and intense pulsed light technology in dermatology. *Clin Cosmet Investig Dermatol*. 2016;9:29–40. PMID:26893574. View ArticlePubMed/NCBI. Google Scholar 9. Raulin C, Greve B, Grema H. IPL Technology: A Review. *Lasers Surg Med*. 2003;32:78–87. PMID:12561039. View ArticlePubMed/NCBI. Google Scholar 10. Zachary C, Gustavsson M. TRASER—Total Reflection Amplification of Spontaneous Emission of Radiation. *PLoS One*. 2012 Apr;7(4):e35899. PMID:22558261. View ArticlePubMed/NCBI. Google Scholar 11. Edelenbosch O, Fisher M, Patrignani L, van Sark W, Chatten A. Luminescent solar concentrators with fiber geometry. *Optics Express*. 2013;21:A503–A514. PMID:24104439. View ArticlePubMed/NCBI. Google Scholar 12. Gustavsson M, Spanoghe JP, Berganza L, Zachary C. TRASER: Dye Cell Aspect Ratio and Parallel vs. Sequential Pulsing and their Relation to Energy Output. *Lasers Surg Med*. 2014;46:140–143. View ArticleGoogle Scholar 13. Friedman P, Tolkachjov S, Geddes E, Tillman K, Zachary C. TRASER: An Innovative Device for the Treatment of Nasal Telangiectasias. *Lasers Surg Med*. 2017;49:625–631. PMID:28382712. View ArticlePubMed/NCBI. Google Scholar 14. Geddes-Bruce E, Hamill S, Zachary C, Friedman P. One-year Follow-Up of a TRASER Clinical Trial for the Treatment of Nasal Telangiectasias. *Lasers Surg Med*. 2018;50:61–63. PMID:29171039. View ArticlePubMed/NCBI. Google Scholar 15. Volvosky M et al. Pulsed Light Handpiece (650-950nm) with Advanced Fluorescent Technology for Long-Term Hair Removal [Internet]. *Alma Lasers*. <https://www.almalasers.com> 16. Shaikh Z, Mashood A. Treatment of refractory melasma with combination of topical 5% magnesium ascorbyl phosphate and fluorescent pulsed light in Asian patients. *Int J Dermatol*. 2014;53:93–99. PMID:24168559. View ArticlePubMed/NCBI. Google Scholar 17. Van Sark W. Luminescent solar concentrators: A low-cost photovoltaics alternative. *Renewable Energy*. 2013;49:207–210. View ArticleGoogle Scholar 18. Barbet A, Paul A, Gallinelli T, Balembois F, Blanchot JP, Forget S et al. Light-emitting diode pumped luminescent concentrators: a new opportunity for low-cost solid-state lasers. *Optica*. 2016 May;3(5). View ArticleGoogle Scholar 19. Gallinelli T, Barbet A, Druon F, Balembois F, Georges P, Billeton T, et al. Enhancing brightness of Lambertian light sources with luminescent concentrators: the light extraction. *Opt Express*. 2019 Apr 15;27(8):11830. View ArticleGoogle Scholar 20. Pichon P, Balembois F, Druon F, Georges P. 3D luminescent concentrators. *Opt Express*. 2021 Mar 1;29(5):6915. PMID:33726202. View ArticlePubMed/NCBI. Google Scholar 21. Edelenbosch OY, Fisher M, Patrignani L, van Sark W, Chatten AJ. Luminescent solar concentrators with fiber geometry. *Optics Express*. 2013;21:503–514. PMID:24104439. View ArticlePubMed/NCBI. Google Scholar 22. Jakubowski K, Huang C.-S., Gooneie A., Boesel L., Heuberger M., Hufenus R. Luminescent solar concentrators based on melt-spun polymer optical fibers. *Materials and Design*, 2020; 189: 108518. View ArticleGoogle Scholar 23. Makarov N.S., Ramasamy K., Jackson A., Velarde A., Castaneda C., Archuleta N., Hebert D., Bergren M.R., & McDaniel H. Fiber-Coupled Luminescent Concentrators for Medical Diagnostics, Agriculture, and Telecommunications. *ACS Nano*, 2019, 13, 9112–9121. PMID:31291097. View ArticlePubMed/NCBI. Google Scholar 24. Roelandt S, Meuret Y, de Boer D, Bruls D, Van De Voorde P, Thienpont H. Incoupling and outcoupling of light from a luminescent rod using a compound parabolic concentrator. *Opt Eng*. 2015 May;54(5):055101. View ArticleGoogle Scholar

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

The FLC is an additional tool for existing conventional systems such as laser or IPL sources. It is easily adaptable to any IPL source and serves as a powerful complement, especially for wavelengths where lasers are less efficient, such as the yellow band. Beyond its technical advantages, the FLC enables more personalized treatments by allowing finer tuning of wavelengths to better match patient characteristics—including phototype, chromophore type, and target size. This results in improved efficacy and reduced risk of side effects such as burns, hypopigmentation, or hyperpigmentation.

Oral Presentation

Submitter

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#11120

Marketing High-End Treatments For Maximum Growth

73 - Marketing & Practice management

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Background/Objectives:

In the ever-competitive world of healthcare, standing out is a must. Clinics often struggle to effectively communicate their services to potential patients in a crowded market. This presentation will explore the vital role of paid advertising in helping clinics reach their target audience and drive patient acquisition. By discussing proven strategies and practical examples, the goal is to equip clinics with actionable insights to maximize their ad spend, build trust with potential patients, and ultimately boost their business growth.

Methods:

The presentation will cover a variety of paid advertising platforms, such as Google Ads, Facebook Ads, and Instagram Ads, providing real-world case studies and examples. Techniques such as audience targeting, ad creatives, campaign structure, and budget management will be discussed in-depth. Emphasis will be placed on the tools and metrics that make these ads successful, as well as how to track and analyze results to optimize performance.

Results:

Attendees will leave with a comprehensive understanding of how paid advertising can directly influence patient acquisition, increase appointment bookings, and improve clinic visibility. The methods covered will be shown to lead to measurable growth in patient leads and conversions, with improved return on investment (ROI) from advertising spend. Real-world examples will highlight the success of specific campaigns run for clinics and how they outperformed traditional marketing strategies.

Conclusions:

Paid advertising is no longer optional for clinics aiming to thrive in today's competitive market. By leveraging the right strategies, clinics can connect with their ideal patients and see tangible improvements in their operations. The key takeaway for attendees is the need to implement a data-driven approach, optimize campaigns regularly, and make smarter decisions with their ad budgets to maximize results. By doing so, clinics can ensure that every marketing dollar is spent efficiently and effectively.

References:

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

Paid advertising is revolutionizing the way clinics approach patient acquisition and retention. As more patients turn to online platforms to find healthcare services, clinics that understand how to effectively use digital ads can see a significant increase in leads and appointments. By using data-driven approaches, ads can be fine-tuned to target the right audience at the right time, leading to more successful patient interactions. For aesthetic medicine and surgery, where trust and reputation are critical, this targeted approach helps clinics build authority, educate potential patients, and offer personalized services—all while boosting their bottom line.

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#11121

Skin Rejuvenation with Fillers: Fake or Reality?

44 - Treatment with Injectables (Botulinum toxin & fillers)

Professor Sofra X^{1,2}

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Background/Objectives:

For many patients, injectable filling agents offer the promise of facial rejuvenation while offering reduced risks compared with more invasive procedures. While hyaluronic acid fillers are generally accepted as ones that fill in a space, recent clinical observation has documented a persistence of the filling effect that is longer than the biological availability of the filler. On the basis of this clinical observation, it has been advocated that fillers may have a biostimulatory effect on tissue by neocollagenesis. Injectable hyaronic acid fillers have been recently registered in Europe as agents specific for the improvement of skin quality (Restylane Skinboosters). However, the basic assumption of new collagen and elastinstimulation with fillers has not yet been substantially researched experimentally; neither has it been supported by long-term clinical examples. Additionally, procollagen production may be the result of hypoxia and mechanical stretching of the dermis.

Methods:

A literature review of dermal filles from 1995 to present reveals that different dermal fillers depend on the procedural technique, and the agent injected. All dermal fillers have the potential to cause complications as a result of volume and technique, product formulation and concentration, and insufficient knowledge of facial anatomy. The majority of adverse reactions are mild and transient, such as bruising and trauma-related edema. Serious adverse events are rare but present.

One of the underreported side effects of cosmetic injections is vascular occlusion. This condition can be identified by the pain on the injection spot, as well as in areas distant from the injection site. Blanching, white, dusky or pale skin may also be signs of a reduction in blood supply as a result of the cosmetic injection. Other side effects of fillers include allergic reactions, erythema, infections, chronic inflammation and granulomas. Rare side effects include intense necrosis and Keratoacanthoma-like reaction after hyaluronic acid injections

Results:

When evaluating anti-aging skin rejuvenation it is important to understand the exact role that Collagen and Elastin are playing in delaying aging, These two proteins are vital for skin firmness and texture but, from a molecular biology perspective, they cannot give an overall youthful look. Youthfulness depends on the interactions and signalling communications of around 100,000 proteins, as well as in the consistent reduction of toxicity, free radical formation and inflammation. Despite the ambitious projection of fillers as genuine anti-aging and rejuvenation agents, more thorough longitudinal research is necessary before a positive skin stimulation effect is established.

Conclusions:

A critical review of published studies on fillers and fact checking of their claims. One of these claims ascertains that fillers rejuvenate by inducing collagen increase; yet none of the studies thoroughly examines whether this is a positive or negative finding when it comes to anti-aging medicine. The inside story of collagen concluding that it is not just how much collagen the skin produces but whether or not the skin needs that much collagen produced simultaneously and whether this one protein, collagen, is optimally combined and engaged in harmonious interactions with the thousands of other proteins in a proteostasis that is necessary to produce genuine facial rejuvenation.

References:

Armstrong JR & Ferguson MW (1995). Ontogeny of the skin and the transition from scar-free to scarring phenotype during wound healing in the pouch young of a marsupial, *Monodelphis domestica*. *Dev Biol*; 169(1):242-60.

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Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

To offer a literature review on the short term and long term effects of fillers.

To examine the possibility that fillers genuinely produce neocollagenesis that gives a long lasting rejuvenation effect on the skin texture and appearance

To examine side effects and their frequency and severity following injections with different fillers

Specifically compare different fillers and enumerate the benefits and/or side effects they present

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Vicious Circle of Hormonal Imbalance, Depression, Cravings & Adiposity

62 - Anti-aging & integrative medicine

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Background/Objectives:

A review of 320 articles concludes that no lipolysis method can work with people who are stress eating and are metabolically imbalanced exhibiting depressive and anxiety symptomatology. Overeating, obesity, and inflammation are the starting points of a process that evolves into hormonal and appetite dysregulations, complemented by excess lipids, and lipoproteins that prelude the emergence of diabetes, CVD and respiratory disease. Depression due to hypothyroidism reinforces food cravings and snacking as a coping mechanism. Metabolic dysfunction has been associated with mood disorders, manic depressive disorder, acute psychosis and anxiety by a number of studies. Subclinical hypothyroidism has been associated with depressive symptoms. 63% - 65% of anxiety disorders have been correlated with hypothyroidism.

Methods:

A cross-sectional study with 254 patients demonstrated a seven-fold significantly higher risk of hypothyroid subjects developing a mood disorder. The incidence of thyroid diseases were examined in 2142 individuals with DSM IV diagnoses of depression and anxiety that were confirmed by a battery of tests including LEGEND and BDI-II. Hypothyroidism was positively correlated with depression and anxiety. Stress results in anxiety, and increased cortisol plasma levels that lead to greater food consumption. High plasma levels of DHEA correlated with low anxiety. DHEA appears to have a positive effect on emotional balance and stability, possibly due to DHEA's dual function of antagonizing cortisol and its synthesizing sex hormones such as androstenedione, testosterone and oestrogens.

Results:

Testosterone is an anxiety and depression moderator. Research reports a higher incidence of anxiety, depression, social phobia and agoraphobia in women with lower salivary testosterone levels. Other studies have associated low testosterone with fatigue, irritability, dysphoria, compromised libido and depression in both men and women. Exercise is the cornerstone of hormonal balance which promotes a sense of psychological harmony. The only problem is that as cortisol increases, testosterone decreases provoking stress eating behaviours, and accumulated adiposity that offset the benefits of exercise.

Conclusions:

In our recent research with an effortless exercise regimen, testosterone increase was statistically significant at $p = 0.00732$ $p < 0.01$. Cortisol decrease was $p = 0.00017$ $p < 0.001$ level. Testosterone increase was +42.23%. Cortisol decreased by -18.42%. Prior to treatment, Free T3 was below the normal range in around 55% of the subjects. Post treatment, these subjects manifested the greatest increase of Free T3, which was optimized without spiking above normality. Visceral fat decrease had a $t = -9.302125$ and a value of $p < 0.00001$ which brought the statistical significance to $p < 0.00001$. Leptin (appetite suppression / satiation hormone) and ghrelin (orexigenic or hunger hormone) were optimized after the treatments. Leptin increased within the normal range while ghrelin optimally decreased after the fifteen treatments, for all subjects. Mean average leptin increase was +10.82% and mean average ghrelin decrease was -7.35. Subjects reported reduced cravings for sugar and fatty foods yet, normal appetite.

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Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

The main problem with both surgical and non-surgical lipolysis technologies is that results rebound due to individuals' food consumption-- a vicious circle that starts with hormonal imbalance testosterone, cortisol and leptin/ghrelin disharmony leading to depression and anxiety which subsequently reinforce snacking and overeating. Long-term results in body sculpting are impossible until we focus on the interior imbalances that control hunger. Different methods of exercise regimes are examined to keep weight loss results from rebounding.

Oral Presentation

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Immune and Metabolic Signalling involved in Inflammatory Acne and Scarring

42 - Scars & acne

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Background/Objectives:

Acne is a worldwide condition that has a complex pathophysiology that involves hyperkeratinization, increase of sebum production, anaerobic bacteria, and inflammatory response. A cell-mediated immune response is considered to be involved in the pathogenesis of acne, although the extent of this response has been found to differ among patients. The immune system has a key role in acne being part of the sebaceous glands, antimicrobial peptides and other immune system pathways.

Methods:

Many patients with inflammatory acne suffer from significant scarring, which is disfiguring and difficult to treat. Studies comparing patients prone to developing scarring after inflamed acne were compared to patients who were not prone to developing scarring. Post inflammatory erythema is more common to people with fair skin and post-inflammatory hyperpigmentation and scarring is typical in individuals with dark skin.

Results:

Cells of the pilosebaceous unit, which represent the template for the development of acne lesions, seem to be parallelly affected by endocrinological/metabolic factors as well as inflammatory/immunological ones. Holocrine secretion, is influenced by inflammatory and metabolic (lipid) signalling with common denominator the selective regulation of peroxisome proliferator-activated receptors. Autophagy provides substrates for energy generation and biosynthesis of new cell structure proteins contributing to the normally increased sebaceous gland metabolic functions, which are also regulated by extracellular calcium signalling, essential lipids and hormones.

Conclusions:

Diet may also be an important source of substrates for the synthesis of pro-inflammatory and anti-inflammatory sebaceous lipids. Sebum changes might induce inflammation and initiate underlying immune mechanisms leading to acne lesions. Current new therapeutic efforts on acne concentrate on anti-inflammatory/immunologically active concepts, which are able to regulate sebaceous lipogenesis. At last, current molecular studies based on published molecular data sets confirmed the major role of inflammation in acne development.

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Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

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Immune and Metabolic Signalling involved in Inflammatory Acne and Scarring

51 - Regenerative aesthetics

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Background/Objectives:

Toxicity, stress and inflammation go hand in hand reinforcing each other and they are some of the most important reasons for aging and disease. These can be minimized by healthy lifestyle, hormonal balance and nutrition with probiotics. Research has shown that probiotics affect the integrity of the immune system and are involved in weight loss, hair growth and skin health.

Methods:

The lifestyle/probiotics/hormonal balance approach can reverse both overall physical and psychological stress as well as optimise physiological factors that include inflammation, slow metabolism, DHEA deficiency and gastrointestinal problems related to insufficient intake of probiotics. Different types of probiotics are examined on the basis of published research and their effects on body health, what speeds up vs what delays aging, hair growth, skin repair and weight loss.

Results:

Nutrition and anti-aging treatment modalities list the reported and actual statistical significance of around 190 published clinical and experimental studies that examine lifestyle, different exercise modalities and hormonal harmony. Results do not rebound with the lifestyle/probiotic/hormone regulation approach in contrast to current popular technologies used for body sculpting, skin rejuvenation and hair growth.

Conclusions:

Our goal was to design a wider perspective of anti-ageing by taking into consideration the long-term effects of different treatment modalities focused on health and immunity with respect to the entire person.

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Oral Presentation

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Immune and Metabolic Signalling involved in Inflammatory Acne and Scarring

51 - Regenerative aesthetics

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Background/Objectives:

Toxicity, stress and inflammation go hand in hand reinforcing each other and they are some of the most important reasons for aging and disease. These can be minimized by healthy lifestyle, hormonal balance and nutrition with probiotics. Research has shown that probiotics affect the integrity of the immune system and are involved in weight loss, hair growth and skin health.

Methods:

The lifestyle/probiotics/hormonal balance approach can reverse both overall physical and psychological stress as well as optimise physiological factors that include inflammation, slow metabolism, DHEA deficiency and gastrointestinal problems related to insufficient intake of probiotics. Different types of probiotics are examined on the basis of published research and their effects on body health, what speeds up vs what delays aging, hair growth, skin repair and weight loss.

Results:

Nutrition and anti-aging treatment modalities list the reported and actual statistical significance of around 190 published clinical and experimental studies that examine lifestyle, different exercise modalities and hormonal harmony. Results do not rebound with the lifestyle/probiotic/hormone regulation approach in contrast to current popular technologies used for body sculpting, skin rejuvenation and hair growth.

Conclusions:

Our goal was to design a wider perspective of anti-ageing by taking into consideration the long-term effects of different treatment modalities focused on health and immunity with respect to the entire person.

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The Collagen Miracle and why it's not Enough for Youthful Rejuvenation

51 - Regenerative aesthetics

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Background/Objectives:

All traumatic procedures increase collagen. The glorification of “collagen” has rendered it synonymous with youth maintenance. There are 7 types of collagen involved in skin integrity and 18,127 proteins determine the age of the human epidermis only. Around 8,987 proteins control the outer epidermis, the stratum corneum, and 9,140 proteins are the brains of the inner epidermis, comprising cell layers down to the basal membrane. Overall, collagen is 1/18,127 proteins on the human epidermis only and 1/200,000,000 proteins in the entire body as estimated by the 2024 Nobel prize in Chemistry.

Methods:

Proteostasis is the dynamic regulation of a balanced/functional proteome. Aging is the loss of protein homeostasis. The body cannot produce collagen because of the inefficient protein to protein communications and the systematic unfolding of proteins that renders proteins non-functional interfering with the instructions necessary for the body repair mechanisms to produce new collagens. The proteostasis network includes competing and integrated biological pathways within cells that control:

- * biogenesis
- * protein folding
- * protein trafficking
- * protein degradation.

Results:

A number of cellular processes are necessary for true antiaging. These include metabolic, multicellular organismal processes, extracellular structure organization, protein development and transport, catabolic events and adequate cellular communication and stimulus response. This presentation is designed to unpack the Collagen miracle to see if the Emperor has no clothes. Hundreds of devices market themselves as increasing the production of collagen forgetting that keloids are an excess of collagen.

Conclusions:

Collagen is a protein like hormones are proteins and it is crucial for anti-aging doctors to understand collagen as one of thousands of other proteins that need to interact optimally with other proteins in order to turn back the clock. Protein balance is the same as hormonal balance. Without balance, the freshness and natural glow of youth are forever lost and patients look puffed up and wrinkle-free, yet artificial. Importantly, they don't look younger because they don't have that freshness and natural glow of youth, so most people around them can still guess their real age.

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Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

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Nobel prize research on Exosomes. Theory and Application

51 - Regenerative aesthetics

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Background/Objectives:

A review of over 300 articles examines exosomes' advantages and disadvantages. Exosomes regulate complex intracellular pathways and have been used as biomarkers, cell-free therapeutic agents, drug delivery carriers, exosome kinetics, and cancer vaccines. The complex cargo of exosomes is readily accessible via sampling of biological fluids (liquid biopsies). Proteins, metabolites, and nucleic acids delivered by exosomes into recipient cells effectively alter their biological response. Such exosome-mediated responses can be healing or the exact opposite: It can promote disease and/or aging.

The clinical application of exosomes faces various questions and challenges. In addition, exosome-based clinical trials are required to conform to specific good manufacturing practices (GMP). A GMP-grade exosome production method comprises the type of cells, culture environment, cultivation system, and culture medium. Further purification is essential after production, usually divided into three-step process. The third subject in GMP of exosomes is the establishment of characterization and identification method, comprising physical configuration and bioactivity function characteristics.

Methods:

Exosomes can deliver proteins, metabolites and nucleic acids into recipient cells altering their biological response and restraining or, the exact opposite, promoting the course of disease. Despite the exosomes' miraculous effects on several diseases, including cancer where exosomes are used as a vaccine, there is clinical evidence that exosomes may promote viral infection by enabling the spreading of a virus into the body. Viruses can use exosomes like a "Trojan horse" to gain access to our cells and disseminate the infection.

Results:

It has been proposed that multiple viruses may package within exosomes, a process that would promote multiplicities of infection and viral genetic cooperativity. Recent studies have shown that exosomes released from bacteria-infected macrophages are pro-inflammatory. Blocking the generation of exosomes appears to be protective against sepsis-induced inflammatory response and cardiac dysfunction. Overall, the blockade of exosome generation in sepsis dampens the sepsis-triggered inflammatory response and thereby, improves cardiac function and survival.

Conclusions:

Exosomes contain many constituents of a cell, including DNA, RNA, miRNAs, lipids, metabolites, cytosolic and cell-surface proteins. The physiological purpose of generating exosomes remains largely unknown. One speculated role is that exosomes likely remove excess and/or unnecessary constituents from cells to maintain cellular homeostasis. Exosomes' functional heterogeneity can result in one set of exosomes inducing cell survival, another set inducing apoptosis, and a different set inducing immunomodulation, etc. Due to their complexity, more research on exosomes is necessary. Exosomes have opened new horizons in exploring and understanding cellular communications and have offered us the opportunity to develop new methodologies for treating different diseases.

Exosomes have been welcomed by regenerative and anti-aging medicine, often without asking questions, and without examining the potentially harmful consequences and unwanted side effects

Understanding the advantages and dangers of exosome injections is crucial before adopting and applying exosome treatments to patients.

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Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

Exosomes have opened new horizons in exploring and understanding cellular communications and have offered us the opportunity to develop new methodologies for treating different diseases.

Exosomes have been welcomed by regenerative and anti-aging medicine, often without asking questions, and without examining the potentially harmful consequences and unwanted side effects

Understanding the advantages and dangers of exosome injections is crucial before adopting and applying exosome treatments to patients.

Oral Presentation

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Novel Modalities for Hair Growth

52 - Hair restoration

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Background/Objectives:

Background/Objectives: Evaluate the efficacy and long-term results of established and novel treatment modalities on hair growth. Examine the deleterious effects of inflammation and metabolic dysfunction on hair loss. Evaluate the efficacy and long-term results of anti-inflammatory technology on hair growth. We present a thorough literature review on the reported and actual statistical significance of laser and radiofrequency studies on hair growth. Some RF and laser studies postulate short-term improvement on hair growth, but without following up to control for adverse side effects, or effects reversal. A main issue pertaining to such technologies is the results of inflammation. Laser and RF companies claim reduction of inflammation. Yet, a large body of research demonstrates significant inflammation increase after trauma-based procedures. A diligent evaluation of other methods and techniques is also conducted based on research and clinical studies presented, with inflammation being the centrepiece.

Methods:

In our randomized, double-blind longitudinal clinical research, we followed 22 clinical cases treated with a novel resonance anti-inflammatory technology for up to 9 months

Results:

All subjects evidenced irreversible hair growth. Results on hair were slower to appear and ranged from two weeks to one month before observing the full effect. The number of treatments required for substantial hair growth depended on the chronicity and the extent of hair loss, rather than age. More chronic, difficult cases required more treatments irrespective of whether the subject was younger or older. These results on age-independent hair growth advocated for the importance of anti-inflammatory techniques to counterbalance immune insufficiency, age-accumulated oxidative stress, and disrupted cellular communications.

Conclusions:

Focus should be shifted from the immediacy of results to the long-term effects of the results with respect to evaluating different treatment modalities on hair growth. Inflammation is one of the main reasons for both aging and disease. In assessing the efficacy of a technology, it is important to diligently look for evidence pertinent to the absence of inconspicuous, or insidiously forming inflammation following the procedure, a perspective that most published and unpublished clinical studies fail to consider, since they do not test for inflammatory interleukins or levels of the C-reactive protein that would evidence the presence of inflammation.

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Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

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#11129

"Aesthetic Approach of the Oncological Patient"

44 - Treatment with Injectables (Botulinum toxin & fillers)

Toribio Rivera T¹

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Background/Objectives:

Cancer is an increasingly common disease. According to WHO data, the number of cases of this pathology grows every year.

The objective of oncological aesthetic medicine is to prevent, improve and treat totally or partially the unsightly aspects of the cancer patient to benefit their quality of life, providing treatments aimed at preventing and minimizing the side effects of antineoplastic or surgical treatments of the cancer patients.

Methods:

A systematic search of the subject was carried out in bibliographic reviews of medical journals, articles specialized in oncology and bibliographic references of textbooks PubMed, Medline, Scielo, JCAD, RESEARCHGATE, Sciencedirect, in accordance with the PRISMA statement. All searches were performed between January 2018 and march 2025.

Results:

The results obtained in this research showed us the efficacy of medical-aesthetic support in oncology to significantly reduce the anguish and concern of the patient in the face of this disease, improving their recovery; This effect goes beyond improving physical appearance but also these aesthetic treatments favor the patient to maintain a positive state of mind and feel better about himself despite going through a disease as catastrophic as cancer.

Conclusions:

I recognize that the aesthetic medicine approach in cancer patients is vital to help improve their recovery process, since cancer therapies cause undesirable side effects on the skin that directly affect patients' self-esteem; For this reason, aesthetic treatments are an indispensable tool that allows us to offer comprehensive care for the aesthetic treatment of the skin supported by complementary therapies for the management of this disease.

References:

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

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#11132

Anti-Aging Medical Practice in Film Industry.

62 - Anti-aging & integrative medicine

Lai D¹

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Background/Objectives:

Non-stop photoshoots under blinding limelight, remembering dialogue lines, matching facial expression or subtle bodily movement require huge patience and practice til perfect. Action film roles require exact choreographic motion at the precise moment. Indeed no small feat. No such thing as “burnout exhaustion”, you do it til the film director says cut. Anti-aging medical program that meets the realistic needs of film crews will be discussed.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

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#11133

Beyond the Surface: How Circadian Biology Shapes Skin Health and Aesthetic Outcomes

62 - Anti-aging & integrative medicine

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Background/Objectives:

Recent advances in chronobiology have revealed that the skin possesses its own circadian clock, regulating key physiological processes such as epidermal proliferation, barrier repair, melanin synthesis, and inflammatory responses. These rhythms play a critical role in maintaining skin quality and resilience, and disruptions—whether due to aging, environmental stressors, or irregular lifestyles—can accelerate cutaneous aging and compromise aesthetic outcomes. Emerging evidence highlights that skin of colour, including Asian skin, may exhibit distinct circadian dynamics in pigmentation, transepidermal water loss, and inflammatory signaling, influencing both the baseline skin condition and its response to aesthetic procedures. This presentation explores the molecular crosstalk between core clock genes and skin homeostasis, with a focus on how circadian biology modulates outcomes of treatments such as laser resurfacing, microneedling, and topical therapeutics. Understanding these rhythms may provide a framework for optimizing procedural timing, enhancing skin healing, and minimizing post-inflammatory hyperpigmentation—especially in patients with higher Fitzpatrick skin types. By integrating circadian biology into dermatologic and aesthetic practice, we propose a precision-timed approach to improve long-term skin health and procedural success in diverse patient populations.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

The integration of circadian biology into aesthetic medicine represents a paradigm shift toward time-informed, biologically personalized care. As we deepen our understanding of the skin's rhythmic behavior, opportunities emerge to refine treatment protocols based on optimal circadian windows—timing interventions when skin exhibits peak repair, reduced sensitivity, or heightened receptivity to stimuli. For example, scheduling energy-based devices or chemical resurfacing procedures during times of enhanced DNA repair and lower inflammation could reduce downtime and adverse effects, especially in melanin-rich skin types prone to post-inflammatory hyperpigmentation. In surgical aesthetics, circadian-informed perioperative planning may enhance wound healing, minimize scarring, and improve overall patient recovery. Moreover, personalized skincare regimens that align with the skin's circadian phases may amplify the benefits of cosmeceuticals and regenerative treatments. As this field evolves, aesthetic practitioners will be equipped not only with better tools but also with better timing—unlocking a new layer of precision in the pursuit of skin rejuvenation and age management.

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#11137

Exploring the Role of Probiotic-Derived Exosome in Restoring Skin Barrier and Dermal Remodelling in Sensitive Pigmented Skin

41 - Pigmentation

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Background/Objectives:

Probiotic-derived exosomes have emerged as a promising therapeutic innovation in dermatology, particularly for addressing sensitive pigmented skin. This case report evaluates the application of *Lactobacillus*-derived exosomes in ten Indonesian patients (aged 19-45 years) with Baumann's sensitive-pigmented skin type. Following two treatment sessions, the exosomes effectively improved skin barrier integrity, reduced pigmentation irregularities, and enhanced dermal remodeling. Objective evaluations demonstrated significant improvements in skin texture and pigmentation uniformity, while subjective assessments confirmed reduced sensitivity and increased patient satisfaction. The results underscore the therapeutic potential of probiotic-derived exosomes in managing complex skin types, providing both functional and aesthetic benefits. Further studies are recommended to explore their mechanisms of action and long-term efficacy in diverse populations.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

The integration of probiotic-derived exosomes into aesthetic dermatology marks a significant advancement in regenerative, non-invasive treatments. By harnessing bioactive compounds from *Lactobacillus* species, these exosomes enhance skin barrier function, reduce inflammation and pigmentation, and support dermal remodeling—especially when combined with energy-based procedures like fractional picosecond lasers. This synergy not only improves clinical outcomes in sensitive, pigmented skin but also minimizes downtime and complications such as post-inflammatory hyperpigmentation, making it particularly valuable for patients with skin of color. Clinically, this approach introduces a novel, microbiome-based alternative to traditional growth factors or stem cell derivatives, aligning with current trends toward biocompatible and personalized skincare. As a safe, effective adjunct to aesthetic procedures, probiotic-derived exosomes have the potential to redefine post-treatment protocols and expand the toolbox for managing complex skin types.

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#11139

Laser Q-Switched vs. IPL for Melasma: A Comparative Clinical Study

49 - Lasers, EBDs & Light

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Background/Objectives:

Introduction: Melasma is a skin condition characterized by hyperpigmented patches in sun-exposed areas such as the face, neck, and forearms. This condition affects not only aesthetics but also the self-esteem and quality of life of patients. Despite numerous studies, there is no clear consensus on the optimal treatment for this condition. Pharmacological treatments for melasma, both topical and systemic, have shown variable efficacy. In recent years, there has been increasing interest in light-based treatments, such as Intense Pulsed Light (IPL) and Q-Switched (QS) lasers.

Objectives: Treatment of Melasma with Intense Pulsed Light 555 nm and QS 1064 nm Laser: A Retrospective Comparative Study of Both Treatments - To compare the clinical response to melasma treatment using Intense Pulsed Light (IPL) 555 nm and QS 1064 nm laser. - To evaluate treatment efficacy in terms of pigment reduction, skin tone, and overall skin quality. - To assess outcomes using MASI and GAIS indices. - To analyze treatment safety and the presence of adverse effects. - To evaluate the impact of treatment on patients' quality of life.

Methods:

A retrospective, longitudinal, analytical cohort study was conducted in Montevideo (July 2021–May 2024) to compare melasma treatment using IPL 555 nm and QS 1064 nm laser. Twenty-seven women were included; 24 were analyzed (median age: 42). Group 1 received QS 1064 nm; Group 2, IPL 555 nm. Comorbidities (mainly thyroid-related), risk factors, and quality of life were assessed. Outcomes included MASI and GAIS scores, pigment reduction, skin tone/texture improvement, and adverse effects. Confidentiality was ensured.

Results:

This study provides evidence that IPL 555 nm is more effective than QS 1064 nm laser, with an acceptable safety profile, despite the smaller sample size in the QS 1064 nm laser group. The results showed a significant reduction in the MASI index in both groups, with a greater reduction in the IPL-treated group. Quality of life assessments also indicated improvements in patients, highlighting the importance of addressing both clinical and psychosocial aspects.

Conclusions:

The findings confirm that both treatments (IPL and QS 1064 nm laser) are effective and safe for treating melasma. However, the smaller sample size in one group limits broader generalizations. These results can guide clinical practice and improve therapeutic strategies. Additional studies with larger sample sizes and long-term follow-up are recommended to validate these findings and optimize treatment protocols, ensuring greater efficacy and safety.

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Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

This comparative study between IPL 555 nm and Q-Switched 1064 nm laser for melasma provides valuable clinical evidence. Results showed greater efficacy with IPL in reducing MASI scores and improving perceived aesthetic outcomes (GAIS), with an acceptable safety profile. These findings suggest IPL may be a preferred option in selected patients, especially when aiming for visible pigment improvement and enhanced quality of life. By including psychosocial variables, the study supports a more holistic approach in aesthetic medicine, where emotional well-being is as vital as clinical results. This research encourages evidence-based, patient-centered treatment strategies and helps refine current therapeutic protocols.

Oral Presentation

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#11141

Neuroaesthetics and Facial Harmonization: Image, Self-Esteem, and Mental Health

43 - Anatomy related to non-or minimally invasive approaches

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Background/Objectives:

This presentation explores the scientific foundations of facial harmonization through the lens of neuroaesthetics, examining how facial proportions and symmetry impact brain perception, self-image, and emotional well-being. Facial harmonization has evolved beyond cosmetic enhancement to become a tool for improving self-perception and mental health. Grounded in neuroaesthetic principles, this session integrates findings from recent scientific literature and over a decade of clinical experience in aesthetic medicine, highlighting how the brain processes facial balance and beauty, and how aesthetic interventions can activate neural reward circuits, enhancing self-esteem, emotional well-being, and social confidence. A narrative review of the literature confirms that facial symmetry and proportion positively influence self-perception, and real-world patient outcomes reinforce the therapeutic value of facial aesthetics beyond appearance. When approached from a neuroaesthetic and medical perspective, facial harmonization transcends beauty to become a meaningful intervention for emotional health and quality of life, underscoring the importance of understanding the neurological and psychological impact of aesthetic treatments in delivering comprehensive, patient-centered care.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

The integration of neuroaesthetics into facial harmonization marks a paradigm shift in aesthetic medicine, where treatments are no longer aimed solely at enhancing appearance but also at improving psychological well-being. Understanding how facial symmetry and proportion influence neural reward systems and self-perception allows practitioners to approach aesthetic interventions as therapeutic tools. This perspective elevates the role of aesthetic medicine—placing it at the intersection of beauty, neuroscience, and mental health—and reinforces the importance of individualized, evidence-based care. As a result, facial harmonization is increasingly viewed not just as a cosmetic procedure, but as a medical intervention that can enhance quality of life, emotional resilience, and self-esteem, expanding its relevance in both clinical and surgical practice.

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#11143

The Architecture of Beauty: Proportions, Lines, and Angles in Facial Harmonization

43 - Anatomy related to non-or minimally invasive approaches

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Background/Objectives:

Facial harmonization has evolved into a highly specialized medical-aesthetic discipline, where geometry, anatomy, and perception converge to achieve balance and beauty. This presentation introduces the concept of the “architecture of beauty,” emphasizing how proportions, lines, and facial angles—rooted in classical principles like the golden ratio—can be applied to modern, non-invasive aesthetic approaches. Understanding these parameters allows clinicians to address aging not just as a loss of volume or tone, but as a disruption of structure and harmony.

By analyzing key anatomical landmarks and their relationships, practitioners can achieve results that are natural, respectful of identity, and deeply transformative for patients. Beyond aesthetic enhancement, the goal is to restore symmetry, highlight structural integrity, and ultimately improve emotional well-being and self-image. Drawing on current scientific literature, neuroaesthetic principles, and over a decade of clinical experience, this approach underscores the importance of anatomy-informed, patient-centered treatment planning.

Facial harmonization based on proportion and anatomical precision has been shown to enhance patient satisfaction, reinforce self-confidence, and preserve facial expression. It is not about perfection, but about coherence—between form, function, and perception. As such, this field now occupies a unique space at the intersection of medicine, art, and psychology, where facial aesthetics become a meaningful extension of healthcare.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

The incorporation of anatomical and geometric principles—such as facial proportions, natural lines, and ideal angles—into facial harmonization is transforming the practice of aesthetic medicine and minimally invasive facial surgery. This architecture-based approach allows clinicians to design treatments that are not only safe and anatomically sound, but also aligned with how the human brain perceives beauty and balance. As a result, interventions become more predictable, individualized, and emotionally impactful. The existing impact is already evident: aesthetic practitioners who apply these principles report higher patient satisfaction, more natural outcomes, and fewer complications related to overcorrection or disharmony. Patients increasingly seek results that enhance their features without altering their identity—an objective that this method supports through structural precision and visual coherence. Looking ahead, this paradigm is expected to shape training, protocols, and clinical standards across the field. By understanding and respecting the architecture of the face, aesthetic medicine moves toward a more scientific, reproducible, and holistic model—one that not only rejuvenates, but also restores psychological balance, emotional confidence, and quality of life. It positions facial harmonization not merely as a cosmetic service, but as a medical intervention with measurable therapeutic value.

Oral Presentation

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#11145

Review of body of evidence for glutathione and NAD+ supplementation in IV and oral formulations

62 - Anti-aging & integrative medicine

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Background/Objectives:

The advent of intravenous and oral regenerative therapies in the aesthetic and functional medicine realm has been gaining traction recently, with the advent of new-generation IV therapies such as intravenous or subcutaneous NAD+ and glutathione, as well as oral supplementation with NAD precursors such as NM & NMN, glutathione, quercetin, resveratrol, and Ca-AKG, to name a few.

Methods:

here is much evidence available on the benefits of NAD+ supplementation for cellular regeneration and DNA repair, as well as for systemic benefits such as cognitive function, restorative muscular function, decreased insulin sensitivity, and improved cardiovascular health.

This decline in NAD + levels is due to 2 main causes:

Reduced NAMPT in the Salvage Pathway which is the main enzyme in the cellular pathway that makes and recycles NAD+ declines with age

The demand for NAD+ increases in older cells mainly due to chronic inflammation

Despite this, many vitamin supplementation companies have been selling oral NAD precursors such as NMN & NR given the accessibility to customers with high promise & much demand. The recent evidence has shown this may cause methyl donor depletion as well as rebound increase in inflammation by increasing CD38 levels via the 'salvage pathway' & reducing the longevity protein' (SIRT1-7)

Results:

As the vitamin supplementation market is highly unregulated, with many supplements being advertised and sold to consumers, the ability to quantify objectively the benefits of each modality on NAD levels remains lacking.

We have a lack of systemised protocols such as various clinics offering 500mg NAD+ IV 3 sessions over alternate days for one week vs. monthly or fortnightly sessions & even being sold in boxes for patients to administer subcutaneously.

Conclusions:

The rising popularity & demand of intravenous and oral supplements requires more robust evidence and standardised protocols to ensure safety and evidence based benefits for consumers.

The summary of existing evidence raises the need for discussion of challenges to establish standardised protocols in longevity and antioxidants supplements administration. The rising popularity & demand of intravenous and oral supplements requires more robust evidence and standardised protocols to ensure safety and evidence based benefits for consumers.

References:

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Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

The summary of existing evidence raises the need for discussion of challenges to establish standardised protocols in longevity and antioxidants supplements administration

Oral Presentation

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#11152

The Art of a Treatment Plan: Unlocking Recurring Revenue and Brand Loyalty through Personalized Aesthetic Programming

73 - Marketing & Practice management

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Background/Objectives:

Objective:

To evaluate the efficacy of bespoke treatment planning in aesthetic medicine as a method to increase patient loyalty, satisfaction, and recurring revenue.

Background:

Traditional aesthetic consultations often focus on single-session outcomes or procedure-based sales. However, this approach can lead to fragmented care, inconsistent revenue, and diminished long-term value. Modern aesthetic patients seek more than treatments - they seek a trusted guide, a sense of progression, and an integrated vision of their transformation. A customized treatment plan addresses these expectations while establishing a recurring income stream for the practice.

Methods:

Method:

A patient-centric planning model was implemented in a private aesthetic practice. Treatment protocols were designed to incorporate:

- Visual education tools with anatomy-based mapping
- Emotional goal setting and long-term outcome forecasting
- Tiered pricing options and timeline flexibility
- Transparent package offerings with monthly auto-payment options

Patients such as 'Alison' were introduced to curated multi-step care plans addressing rejuvenation, volume, skin quality, and prevention. Consultations were documented and progress tracked across 12 months.

Results:

Results Implementation of personalized treatment plans over a 12-month period led to: - A 35-60% increase in patient retention year-over-year- Reliable monthly recurring revenue (MRR) through bundled services and automated payment structures- A notable rise in patient satisfaction, with qualitative feedback emphasizing clarity, trust, and long-term care vision- Increased rapport and deeper patient-provider relationships, characterized by shared goals, consistent follow-up, and emotional investment in outcomes- Higher lifetime value per client and a significant reduction in cancellations and no-show rates

Conclusions:

These results demonstrate that bespoke aesthetic planning is not only a financial and operational strategy - it is also a relational and reputational cornerstone that elevates modern practice outcomes.

References:

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Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

This model redefines the consultation from a transactional moment to the foundation of a long-term partnership. It transforms patients into collaborators and advocates, while giving providers a consistent, scalable business structure. The art of the plan is not only in the aesthetic vision, but in the relational trust and financial architecture that supports it.

Oral Presentation

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#11158

Dissolution of Ellansé: In Vivo Evidence and Electron Microscopic Validation

44 - Treatment with Injectables (Botulinum toxin & fillers)

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Background/Objectives:

Background Ellanse is a polycaprolactone-based collagen stimulator that requires a higher level of injectors skills, primarily due to the absence of a reversal agent. Inadvertently injected Ellanse can contribute to nodule, which has limited treatment options.

Aim We present two lines of evidence demonstrating the degradation of Ellansé's polycaprolactone (PCL) microspheres following treatment with a collagenase mixture:

1) Scanning Electron Microscopy (SEM) image illustrating morphological changes of microsphere degradation include fissures, flaking off microsphere surface and collapse of microspherical structure and 2) in-vivo experiment with 3-months follow up as evidence of Ellanse polycaprolactone microsphere degradation and inhibition of neocollagenesis.

Methods:

Method 0.1 ml aliquot of Ellanse M is mixed with 0.5 ml of collagenase mixture. Within five minutes of mixing, the Ellanse gel has transitioned into a solution. The resultant solution is allowed to dry naturally. A separate 0.1 ml Ellanse M aliquot is prepared as a control and allowed to dry naturally. Both samples are submitted for SEM analysis at Yong Loo Lin Medical School, National University of Singapore. The slides are analysed under 5000 times and 250000 times magnifications. A separate in vivo experiment involving conducted with two intradermal deposits of 0.1 ml Ellanse M (Designated D 1 and D 2). D1 is treated with 0.5 ml of collagenase mixture and massaged for 5 minutes while D2 serves as an untreated control. Follow-up assessments were conducted at three months to assess the effectiveness of neocollagenesis inhibition.

Results:

Results For the SEM analysis, the SEM images demonstrate extensive disruption of the polycaprolactone (PCL) microspheres. Observations include surface fissuring, fragmentation and collapse of the microspherical architecture. In contrast, the control sample displayed intact PCL microspheres with smooth, well-preserved surfaces. For the in vivo experiment, at the 3-month follow-up, the treated deposit (D1) appeared flat and non-palpable confirming that polycaprolactone microspherical destruction is effective in inhibiting neocollagenesis. The untreated deposit (D2) has evolved into a hard nodule consistent with neocollagenesis.

Conclusions:

Conclusion: These findings provide both ultrastructural (SEM) and clinical (in vivo) evidence supporting the use of collagenase mixture as a potential management tool for teaching Ellansé injection.

References:

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Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

Ellanse injection has been reserved for doctors with advanced injector skills due to the potential formation of nodules and difficulty in addressing nodules. We present electron microscopy and in vivo confirmation of Ellanse degradation. This can represent an advancement in Ellanse training and adoption.

Oral Presentation

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#11159

Hyperbaric chamber treatment to address vascular injection occlusion and necroses

48 - Complications - avoidance and management

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Background/Objectives:

Hyperbaric Chamber using high oxygen levels is implemented to save damaged skin after cosmetic procedures. We implemented the use of 7 days 2 times sessions to salvage skin from necrosis after facial HA injections, Breast and Abdominal surgery and ophthalmic complications.

Methods:

Patients suffering after HA injections and presenting skin necroses are enrolled in a program to salvage skin.

We use Hyaluronidase, Aspirin, Viagra, Cortison, Antibiotics and hyperoxygen treatment to save these complications.

Results:

All patients evolved in minimising skin areal attached and texture. We could prevent major surgery to adjust side effects.

Conclusions:

It is needed to combine a strict protocol using medication and hyperbar therapy. This approach showed a high salvage rate concerning these serious complications after filler treatment.

References:

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

Oral Presentation

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#11160

Hybrid Facelift - combining superficial treatment

56 - Minimally invasive surgery / Minimally invasive advances

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Background/Objectives:

Combined novel approach to use superficial techniques including PRP and deep fat grafting will be presented to maximize its effect performing modified deep plane facelift . PRP is administered using a mesogun in high quantities of 75ml ACP. 3 units are standard to be injected in the forehead, cheeks and chin. Furthermore, a combination of deep layer fat graft and deep layer mobilisation is employed to harmonize the facial structures. Deep layer fixation is obtained without suture positioning and with only mobilisation to the transition zone to the deep passing the zygomatic muscle. This combination is named hybrid technique because it shades the facial lines ideally without creating non natural tension lines that you can provoke using deep plane approach. Patients are presented pre and postop as well intraoperative technical visualization. Outcome shows a significant combining effect and demonstrated how to optimize synergies that multiple attac point treatments can achieve.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

Face treatments should address superficial issues and then only work deeper

Oral Presentation

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#11161

Vibration Micro Aire liposuction to tighten body skin

50 - Body contouring & skin tightening

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Background/Objectives:

A approach only addressing the dermal compartment using deep liposuction transforms an aggressive surgical operation in a superficial procedure. We present this new technique various regions of the body in weight loss patients. Specially in Breast surgery we use the approach to tighten the surrounding skin. Overall, this approach is less invasive and preserves all lymphatic and nerve structures. This leads to little pain and uneventful wound healings.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

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#11164

Harmonizing Beauty: The Fusion of Aesthetic Medicine and Holistic Wellness

62 - Anti-aging & integrative medicine

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Background/Objectives:

The growing emphasis on holistic approaches within healthcare has prompted a significant reevaluation of aesthetic medicine and surgery. This study aims to explore the integration of aesthetic practices with holistic wellness principles, emphasizing the dual role of enhancing physical appearance while promoting overall well-being. The objectives include identifying beneficial practices from both fields, assessing patient outcomes, and discussing the potential for a cohesive treatment model that prioritizes both aesthetic goals and holistic health.

Methods:

A mixed-methods approach was employed, combining quantitative surveys and qualitative interviews with 150 patients receiving aesthetic treatments in conjunction with holistic wellness therapies. Participants were evaluated on their satisfaction levels, perceived health benefits, and overall holistic experience. Additionally, a review of current literature on aesthetic medicine and holistic wellness was conducted to identify best practices and emerging trends.

Results:

Preliminary findings indicate that patients who engaged in holistic wellness practices alongside aesthetic treatments reported significantly higher satisfaction levels (87% satisfaction rate) regarding their overall health and appearance compared to those receiving aesthetic treatments alone (65% satisfaction rate). Qualitative data revealed themes of improved mental health, enhanced self-esteem, and a greater sense of balance in life. The literature review supported these findings, highlighting the benefits of integrating mind-body therapies, nutritional counseling, and stress management techniques into aesthetic practices.

Conclusions:

The fusion of aesthetic medicine and holistic wellness presents a compelling model for enhancing patient care. By adopting a comprehensive approach that prioritizes both beauty and well-being, practitioners can improve patient satisfaction and outcomes. This model not only aligns with the evolving expectations of patients seeking more than superficial enhancements but also addresses the underlying psychological and physical health factors contributing to aesthetic concerns. The implications for the practice of aesthetic medicine and surgery are profound, as this integrative approach could redefine treatment protocols, enhance patient relationships, and promote a more sustainable model of care.

References:

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Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

The integration of holistic wellness into aesthetic medicine is poised to transform patient care, fostering deeper relationships between practitioners and patients. It encourages a preventive approach to beauty that prioritizes mental and physical health, thus reshaping treatment protocols and the overall aesthetic experience. As this trend grows, practitioners may need to adapt their training and business models to accommodate a more holistic philosophy, enhancing their competitive edge in the evolving landscape of aesthetic medicine.

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#11165

Structured Complication Management in Aesthetic Medicine: A Real-World Protocol for Safe Practice and Recovery

48 - Complications - avoidance and management

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Background/Objectives:

As the global volume of aesthetic procedures grows, so does the absolute number of complications—ranging from mild injection-site reactions to severe vascular compromise and biofilm-related nodules. Despite being uncommon, complications can result in permanent damage, aesthetic disfigurement, or loss of patient trust if not managed appropriately.

The objective of this presentation is to outline a structured, real-world, complication management protocol developed and implemented at a leading dermatology department. The focus is on ensuring timely identification, evidence-based treatment, and patient-centered recovery, applicable across various clinical settings.

Methods:

A retrospective case review was conducted on patients referred to the Andreas Syggros Hospital between 2022–2024 for management of complications following aesthetic injectable treatments (fillers, toxins, biostimulators).

A structured management protocol was followed for each category:

- **Vascular Occlusions:** Immediate administration of high-dose hyaluronidase (1500 IU+), repeated at intervals, targeting the occluded vessel path including potential anastomoses; adjunct use of hyperbaric oxygen therapy and systemic corticosteroids.
- **Infections:** Stratified approach using empiric and, when available, culture-guided antibiotic therapy, drainage when necessary, and avoidance of corticosteroids.
- **Nodules / Granulomas:** Escalating treatment protocol starting from hyaluronidase (for HA-based nodules), to intralesional corticosteroids, 5-FU, or surgical excision for resistant cases.
- **Patient Communication:** Informed discussions throughout to maintain confidence and transparency, with emphasis on cause, prognosis, and return-to-treatment strategies.

Results:

- **Vascular Complications (n=5):** All patients experienced full recovery without necrosis or ocular involvement, with hyaluronidase treatment initiated within 48 hours.
- **Infectious Complications (n=7):** All resolved completely with proper antibiotics and wound care; no systemic progression noted.
- **Nodules / Granulomas (n=9):** 80% resolution rate using non-surgical measures; 2 patients required combined steroid and 5-FU therapy.
- **Patient Satisfaction:** High across all categories. Patients reported reassurance from clear protocols, rapid intervention, and minimal long-term impact. No legal complaints or medical disputes were reported in this cohort.

Conclusions:

This study demonstrates that a structured, systematic approach to aesthetic complications—based on anatomical understanding, product-specific strategies, and timely execution—can significantly reduce the risk of permanent sequelae. Equally important is the role of clear communication, rapid response, and team preparedness, which restore patient trust and allow future treatments to continue safely. This model is easily adaptable to private or hospital-based aesthetic practices and offers a reproducible blueprint for managing complications confidently and effectively.

References:

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Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

This protocol-driven approach equips practitioners with an actionable framework for handling complications—turning moments of crisis into opportunities to demonstrate professionalism and safety. Its clinical impact lies in:

- Reducing complication-related morbidity
- Maintaining long-term patient loyalty and confidence
- Decreasing the likelihood of medicolegal outcomes
- Providing a foundation for formal staff training and emergency preparedness

As aesthetic medicine continues to evolve, protocols like this will become standard-of-care benchmarks, ensuring consistency, safety, and excellence in complication management worldwide.

Oral Presentation

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#11170

Gingival smile: when botulinum toxin is the best choice

44 - Treatment with Injectables (Botulinum toxin & fillers)

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Background/Objectives:

The etiology of gingival smile may be related to different causes, such as dentoalveolar extrusion, altered passive eruption, gingival hyperplasia, vertical excess of the maxilla, and short or hyperactive upper lip. Treatment should always be established based on the etiology. However, establishing a correct diagnosis may not be an easy task, since it involves concepts dental anatomy and aesthetic proportions that are generally little known by the aesthetic injector. In addition, more than 10 muscles are involved in the act of smiling, but there is no consensus in the scientific literature about which muscles should be treated with botulinum toxin to achieve more natural and lasting results. Therefore, the purpose of this presentation is to explain when botulin toxin may be indicated for the treatment of gingival smile and the best technique to achieve natural and long lasting results.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

This is a very important topic, since aesthetic injectors do not usually have in-depth knowledge of dental anatomy and proportions, and can often make inappropriate use of botulinum toxin to treat gingival smile, leading to unnatural results. Depending on the etiology, treatment may include botulinum toxin, gingival surgery or bone surgery.

Oral Presentation

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#11177

Nutrition as anti-aging therapy: Dietary interventions that lower metabolic age

62 - Anti-aging & integrative medicine

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Background/Objectives:

Accelerated aging is often the manifestation of an elevated metabolic age, driven by dysfunctional biological processes such as chronic low-grade inflammation, oxidative stress, protein glycation, impaired methylation, insulin resistance, gut dysbiosis, and hormonal imbalances. These disruptions cause profound changes at both cellular and tissue levels, impairing metabolic homeostasis, endogenous repair systems, and the body's adaptive response to internal and external stressors.

This presentation explores the potential of strategic dietary interventions in correcting these key processes that drive aging. Low glycemic index foods, natural anti-inflammatory and antioxidant compounds, intermittent fasting protocols, and balanced intake of healthy fats and quality proteins support the restoration of deep metabolic functions and contribute to rebalancing the inflammatory response, reducing glycation, and restoring insulin sensitivity.

The impact of these strategies is illustrated through case studies involving individuals with elevated metabolic age and insulin resistance. In these studies, personalized nutritional interventions improved metabolic parameters and reduced biological aging markers.

By understanding and targeting the systemic causes of accelerated aging, nutrition emerges as a fundamental therapeutic tool for extending active longevity and improving quality of life. This approach integrates insights from functional medicine, cellular nutrition, and epigenetics, offering a clinically validated model for metabolic regeneration and the prevention of pathological aging.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

Functional nutrition is one of the most effective and accessible anti-aging interventions, acting directly on the systemic roots of aging rather than merely addressing symptoms. By correcting metabolic imbalances, personalized nutrition can extend healthspan, reduce the risk of chronic degenerative diseases, and support the body's regenerative capacity at the cellular level. In a future-oriented medical paradigm focused on prevention and optimization, nutrition is a central pillar of conscious and active longevity.

Oral Presentation

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#11185

From Ischemia to Recovery: High-Dose Intra-Arterial Hyaluronidase Rescues Limb After HA Embolism

48 - Complications - avoidance and management

Nischwitz S^{1,2}

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Background/Objectives:

We report the case of a 62-year-old patient who presented with ischemia of the right dominant arm and hand after being injected with hyaluronic acid in the elbow crease. Occlusion of the radial artery, the deep and superficial palmar arch and the common digital arteries, as well as the princeps pollicis artery, was caused by an accidental injection of HA into the brachial artery. The patient was treated with a catheter-delivered injection of high dose (4.500 units) off- label hyaluronidase into the ulnar and radial artery and additional subcutaneous hyaluronidase application (1500 units) to the forearm and hand. In addition, a plexus catheter was placed 24 hours after initial treatment to achieve sympatholysis and promote vasodilatation. After a second intraarterial hyaluronidase injection (1500 units) combined with lysis therapy via alteplase and adjuvant hyperbaric oxygen therapy full revascularization of the right upper extremity was achieved. We conclude that off-label treatment with high dose intra-arterial hyaluronidase led to successful restoration of blood circulation after vascular occlusion due to intraarterial HA injection.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

Oral Presentation

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#11189

Anatomy of the complication: blindness

48 - Complications - avoidance and management

Faria G¹

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Background/Objectives:

Blindness is the most feared complication when it comes to fillers. But why does it happen? What are its anatomical foundations? What anatomical knowledge and practical tips can help prevent this devastating complication? All of this is discussed in this impactful and clinically relevant presentation.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

Oral Presentation

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#11190

Neck rejuvenation with injectables

45 - Combination treatments

Faria G¹

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Background/Objectives:

The neck is one of the greatest challenges when it comes to minimally invasive procedures. There are numerous treatment options available, including botulinum toxin, biostimulators, and combination therapies. I am the author of several studies in this field. In this lecture, I will cover everything from basic botulinum toxin applications focused on the platysma, progressing to biostimulation with CaHA, the combination of CaHA with toxin (an original technique I published in *CCID* under the name **Relax and Firmness**), and finally hybrid treatment combinations, meaning CaHA with HA and CaHA+HA+BTX. This lecture provides a practical algorithm to guide the indication of each technique.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

Oral Presentation

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#11191

All about temples

44 - Treatment with Injectables (Botulinum toxin & fillers)

Faria G¹

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Background/Objectives:

I am a professional highly dedicated to treatment-focused approaches and have presented numerous lectures on this subject worldwide. I have at least three publications:

Inferolateral Access for Safer Treatments**Interfascial: Is It Safe Blinded?****Brazilian Consensus on Temporal Fossa Treatments** (as first author) All of these topics can be addressed, depending on the congress's interest. Most audiences have shown a particular interest in the Brazilian Consensus on Temporal Fossa, as it was published in December 2024 and highlights the Brazilian perspective regarding safe and effective treatment in this area.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

Oral Presentation

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#11192

Open the eyes to the future: what I have to know to lift the eyebrows

45 - Combination treatments

Faria G¹

¹private clinic, Sao paulo, Brazil

Background/Objectives:

Open the eyes to the future: what I have to know to lift the eyebrows = this presentation is related one of our publication with reasons to eyebrow ptosis. In the end I present the diagnosis and the treatment that can be with Toxin, fillers (forehead and temples) and threads - 15 min (i have publication in this topic)

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

Oral Presentation

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Presenter

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#11193

Male treatments

44 - Treatment with Injectables (Botulinum toxin & fillers)

Faria G¹

¹gladstone private clinic, São paulo, Brazil

Background/Objectives:

Male aesthetic treatments are increasingly in demand, and I have been fully dedicated to this topic. I am available to speak on a variety of subjects, including:

Anatomical Specificities of the Male Face – focusing on achieving natural results without feminization or visible stigmas
Anatomical Basis for Male Gluteal Treatment with CaHA and HA – emphasizing structure, projection, and contour in a masculine aesthetic
High-Definition Abdominal Treatment in Men with CaHA – a technique featured in my book on biostimulators
I have a published article on **male beautification**, and another paper on **male gluteal enhancement** is forthcoming in *Plastic and Reconstructive Surgery (PRS)*. These topics add significant value to any scientific program and can be seamlessly integrated into various panels or sessions.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

Oral Presentation

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Presenter

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#11194

Long-term results of using volumetrics for lip contouring.

44 - Treatment with Injectables (Botulinum toxin & fillers)

Cherhava O¹

¹Ukrainian military medical academy, Kyiv, Ukraine

Background/Objectives:

Modern patients demand bright results from the first appointment and with minimal financial costs.

This pressure on doctors has led to a demand for the use of volumetrics for lip contouring.

These products provide a bright, significant volume, clear, expressive shape from the first use with just 1 ml of the product. In addition, these products have a more prolonged result than fillers that are intended for use in the perioral area, especially regenerative products.

But what happens to the lip tissues in the long term, which were injected with volumetrics? Why does every second patient after such a procedure ask to dissolve the drug in 1.5-2 years?

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

The report will cover the following issues: the reasons why doctors use this group of drugs in the oral area; at what stages a doctor usually makes a mistake; examples of soft tissue deformities caused by the use of volumetrics in the perioral area in the long term. The problems doctors face when restoring lip shape after volumetrics will also be discussed.

Oral Presentation

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Presenter

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#11195

“Sandwich technique” in lip augmentation

44 - Treatment with Injectables (Botulinum toxin & fillers)

Cherhava O¹

¹Olena Cherhava, Kyiv, Ukraine

Background/Objectives:

Individualization of the lip augmentation plan is a key aspect of creating natural shapes that suit the face of a particular patient.

The sandwich technique involves the multilayer injection of the filler.

The peculiarity of this injection scheme is that each layer is injected using a different method.

The first layer of material is injected to create the overall volume and shape of the lips as a whole.

The second layer is used to create an individual lip architecture.

The filler is applied locally to form elevations, depressions, and fissures that make the lips attractive and erotic.

The third stage is an emphasis on preserving and individualizing the microrelief of the lips, which is important for the naturalness of the result.

This injection protocol allows us to create unique lips for each client.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

This protocol makes it possible to individualise the filler administration scheme and create natural lip contours without hyper corrections

Oral Presentation

Submitter

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Presenter

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#11196

Orofacial anesthetic techniques for lip augmentation and for work with the perioral area in general.

48 - Complications - avoidance and management

Cherhava O¹

¹Olena Cherhava, Kyiv, Ukraine

Background/Objectives:

Pain is an unpleasant sensory and psychological experience resulting from actual or potential tissue damage and is commonly associated with injections in the field of aesthetic medicine. The perioral zone is one of the most sensitive areas on the face. That's why quality local anesthesia provides comfort for the patient but also as much comfort for the clinician.

The cause of this type of analgesia may be: an allergy to lidocaine-type drugs, the patient's low pain threshold, a person's panic fear of feeling pain, and others.

Several highly effective and practical techniques can be used to achieve anesthesia of the lips and surrounding soft tissues.

The anesthetic solution temporarily prevents the propagation of nociceptive nerve impulses, thus allowing for the pain-free delivery of injections in a field of aesthetic medicine.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

This report reviews the indications, contraindications, anatomical considerations, equipment, techniques, and complications of local anesthesia in aesthetic medicine.

Oral Presentation

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#11201

Beyond the Benefits: Uncommon Adverse Events in PRP Therapy

51 - Regenerative aesthetics

McGloin C¹

¹Claudia McGloin, Sligo, Ireland

Background/Objectives:

Platelet Rich Plasma (PRP) has become a cornerstone in regenerative aesthetics, dermatology and plastic surgery, with applications ranging from facial rejuvenation and hair restoration to scar revision and skin healing. While PRP is widely regarded for its safety and minimally invasive nature, the potential for rare yet significant adverse events is often underrecognised in clinical discussions.

This presentation explores the uncommon complications that can arise in aesthetic PRP treatments, including delayed-onset inflammatory reactions, post-injection infections, granulomatous responses, pigmentary changes, and hypersensitivity events. Through real-world case studies and evidence-based analysis, I will examine the underlying mechanisms, risk factors, and preventive strategies relevant to procedures.

Tailored for dermatologists and plastic surgeons, this session will equip attendees with the knowledge to identify early warning signs, manage unexpected outcomes, and maintain the highest standard of patient safety in cosmetic and regenerative practice. By going beyond the benefits, we aim to promote a more nuanced and clinically informed approach to PRP therapy.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

Platelet Rich Plasma (PRP) has significantly reshaped the landscape of aesthetic medicine and surgery by offering a natural, autologous alternative for tissue regeneration, rejuvenation, and healing. Its current applications in facial volumisation, skin texture improvement, hair restoration, and scar treatment have positioned PRP as a versatile adjunct to both surgical and non-surgical aesthetic procedures.

The existing impact is evident in its widespread adoption due to minimal downtime, low risk of allergic reactions, and growing patient demand for “natural” treatments. PRP is frequently combined with microneedling, laser therapies, and even fat grafting to enhance outcomes—solidifying its role in multi-modality aesthetic protocols.

However, as clinical use expands, the impending implications center around the need for a more standardised approach to preparation techniques, dosing protocols, and safety monitoring. Rare complications though infrequent highlight the necessity for improved patient selection criteria, comprehensive informed consent, and ongoing practitioner education. Aesthetic providers must now move beyond marketing-driven narratives and adopt evidence-based practices that acknowledge potential risks.

Ultimately, PRP's future in aesthetic medicine depends not only on its regenerative promise but also on our collective ability to recognise, manage, and mitigate its uncommon adverse events. As demand grows, so too must our commitment to clinical vigilance, ethical communication, and continuous training to ensure optimal, safe, and sustainable patient outcomes.

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#11204

Aesthetic Male Circumcision: Achieving Optimal Functional and Cosmetic Results

56 - Minimally invasive surgery / Minimally invasive advances

Wilianto W^{1,2}, Djunaedi A^{1,2}

¹Udayana University, Bali, Indonesia

²Everwill Clinic, Berau, Indonesia

Background/Objectives:

Male circumcision has long been practiced, particularly among Muslim populations. Recent studies have demonstrated its benefits for reproductive health, including: reduced risk of HIV, HPV, penile cancer, and HSV-2 transmission, lower incidence of urinary tract infections and decreased inflammation caused by smegma accumulation. Circumcision is also a treatment option for conditions such as balanitis and phimosis. Various techniques are now available, ranging from conventional methods to clamp, laser, and the latest stapler technique. The stapler technique is an ideal choice for adolescents/adults.

Methods:

Foreskin Separation: The foreskin is retracted forward to protect the glans.

2. Stapler Placement: The stapler device is positioned beneath the foreskin and locked.

3. Automated Cutting & Suturing: The stapler excises the foreskin while simultaneously sealing the wound with a small titanium ring. The entire process takes 3–5 minutes.

4. Stapler Removal: The device is removed, leaving a clean result without manual sutures.

Results:

Advantages of the Stapler Method:

Speed: Procedure time: 3–5 min (vs. 15–30 min for conventional methods).

Minimal Bleeding: Automated suturing reduces bleeding (Journal of Urology, 2020).

Aesthetic Outcome: Neater scarring with minimal visible marks.

Reduced Postoperative Pain: No manual sutures causing tissue tension.

Conclusions:

The stapler technique is an ideal choice for adolescents/adults seeking a fast, low-pain procedure with superior cosmetic results.

References:

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Wang, J., Wang, Z., Wu, J., & Wang, J. (2018). Safety and efficacy of circumcision stapler in the treatment for adult male circumcision. *Open Journal of Urology*, 8(7), 74–81. <https://doi.org/10.4236/oju.2018.87010>
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Khan, S., & Ahmad, R. (2023). Comparative study on stapler circumcision vs. dorsal slit: Outcomes, complications, and efficiency. *South Eastern European Journal of Public Health*. <https://www.seejph.com/index.php/seejph/article/view/5117>

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

this is new circumssision technique. Very easy and minimal invasive

Oral Presentation

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#11208

Filters, Followers & Facelifts: Redefining Ethics in the Age of Aesthetic Influencing

73 - Marketing & Practice management

Aneja D¹

¹mmc, Mumbai, India

Background/Objectives:

In an age where beauty is filtered and credibility is quantified by followers, aesthetic practitioners are navigating new ethical landscapes shaped by social media. With an organically built following of over **115,000**, I have developed a platform that prioritizes **education, patient safety and ethical storytelling**—proving that it's possible to grow without gimmicks. This talk empowers practitioners to leverage social media for visibility and growth while upholding the sanctity of the medical profession.

Methods:

This presentation draws on personal experience and in-depth analysis of my content performance, retention patterns, and patient engagement metrics over a 3-year span. It includes practical strategies used to maintain ethical boundaries while scaling visibility—without paid promotions or misleading claims. A proprietary framework, **The Ethical Influence Blueprint** and the **E³ Method (Educate, Empathize, Empower)** are shared to help practitioners create impact-driven digital content.

Results:

The integration of authenticity and ethics led to a 52% increase in follower retention and a 39% increase in patient referrals through Instagram alone. Key insights reveal that transparency, education and relatability are far more effective than sensationalism for long-term success and audience trust.

Conclusions:

Social media is the modern-day consultation room—its influence is undeniable. But with influence comes responsibility. This session reframes the narrative around medical marketing and equips aesthetic doctors to grow ethically, retain meaningfully and influence responsibly, all while protecting the integrity of the profession. The rise of aesthetic medicine in the digital age demands a new kind of leadership—one that balances visibility with values. This session addresses the subtle yet critical nuances of navigating online influence while preserving professional integrity. With increasing patient exposure to curated content, aesthetic practitioners must learn to communicate authentically, set boundaries and create content that informs rather than misleads. This talk offers a practical guide to doing just that.

References:

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

The rise of aesthetic medicine in the digital age demands a new kind of leadership—one that balances visibility with values. This session addresses the subtle yet critical nuances of navigating online influence while preserving professional integrity. With increasing patient exposure to curated content, aesthetic practitioners must learn to communicate authentically, set boundaries and create content that informs rather than misleads. This talk offers a practical guide to doing just that.

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#11212

Enhancing Vulvovaginal Tissue Regeneration: A Novel Approach Using CO2 Laser Therapy and Exosome Treatment

45 - Combination treatments

Sirisuk T¹

¹Genitique Clinic, Bangkok, Thailand

Background/Objectives:

Background:

Nowadays many women concern about genital wellness, not only in post birth or postmenopausal women but all age of women concern for genital wellbeing. The aim of vulvovaginal rejuvenation is not only for aesthetics but also for functional and sexual function problems. Vaginal Co2 laser has been use for many years for improve vaginal laxity, SUI, Vaginal dryness, Genital Bleaching. Exosomes, nano-sized extracellular vesicles, are the most important mediators for intercellular communication. The triple functions of regeneration, rejuvenation, and anti-inflammation of exosomes have been well-known in a number of research. These days, exosomes are being developed as next-generation regenerative therapeutics and aesthetics to improve the quality of life of all women.

Combination of vaginal Co2 laser and exosome, help for reduce downtime of Co2 laser and more effective result for vulvovaginal rejuvenation

Objectives:

1. To evaluate the result of vulvovaginal rejuvenation by using combination treatment of vaginal co2 laser and exosome
2. To evaluate safety of plant stem cell-derived exosomes for vulvovaginal rejuvenation
3. New clinical applications for vulvovaginal rejuvenation based on exosomes

Methods:

1. Evaluate VHI before treatment
2. Apply the numbing cream 45 minute at vulvar area
3. Use Co2 laser for vulvovaginal rejuvenation intravaginal and vulvar area
4. Apply the exosome intravaginal and vulvar area. Gentle massage until exosome was absorbed
5. Follow the protocol of vaginal Co2 laser, 3 sessions, 4 weeks apart for 1st and 2nd session and 6 weeks apart for 3rd session

Results:

1. Patients have more youthful appearance of vulvar area : less wrinkle, lifting, lightening of vulvar skin
2. Patients have improve in vaginal dryness, more tightening at vaginal canal, improve in SUI
3. Patient few a little bit burning from Co2 laser only in a few hours
4. Improve in VHI
5. Not seen any complication

Conclusions:

Combination treatment of Co2 laser and exosome for vulvovaginal rejuvenation improve the wrinkle, laxity and brightening at vulva area and improve vaginal laxity, SUI, increase vaginal lubrication. Patient satisfy with the result, improve in VHI and not seen any complication.

References:

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

This combine treatment is a new technology to improve women confidence, sexual function with effective results and minimal downtime

Oral Presentation

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#11213

Enhancing Practice Potential: The Clinical and Commercial Advantages of Integrating Platelet-Rich Plasma (PRP) Therapy

51 - Regenerative aesthetics

McGloin C¹

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Background/Objectives:

Platelet-Rich Plasma (PRP) therapy has evolved from a niche regenerative tool to a mainstream treatment option in aesthetic and medical dermatology, plastic surgery, and cosmetic practice. This presentation will explore the compelling reasons for incorporating PRP into clinical settings highlighting both its scientific merit and its value as a patient-driven service.

PRP's autologous nature, minimal downtime, and broad applicability in skin rejuvenation, scar revision, hair restoration, and post-procedural healing make it a versatile and in-demand treatment. Attendees will gain insight into the evidence-based mechanisms of PRP, its synergistic potential when combined with microneedling, lasers, and surgical interventions, and how it enhances patient satisfaction through natural-looking results.

Beyond clinical outcomes, we will examine the business and workflow advantages of integrating PRP, including its low overhead, high patient interest, customisable treatment protocols, and potential for bundled services. Real-world implementation strategies, pricing models, and consent considerations will be discussed to help providers seamlessly and ethically introduce PRP into their aesthetic offerings.

This session is ideal for medical professionals, dermatologists, and plastic surgeons looking to expand their service portfolio with a treatment that is both scientifically sound and commercially viable.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

Impact and Implications on Aesthetic Medicine and Surgery

Existing Impact: PRP therapy is already transforming aesthetic practices by offering a safe, versatile, and highly marketable treatment that aligns with the growing patient demand for natural, minimally invasive solutions. Its use in facial rejuvenation, hair restoration, scar treatment, and post-procedure healing has allowed clinicians to enhance results without relying on synthetic fillers or more aggressive interventions. For practitioners, PRP brings a cost-effective and customizable treatment with high patient satisfaction and repeat visit potential.

Impending Implications: As the field advances, PRP is poised to become a standard adjunct in both non-surgical and surgical aesthetic procedures. Its role in accelerated healing, reduction of downtime, and enhancement of outcomes particularly when combined with lasers, microneedling, or surgery signals a shift toward biologically based regenerative techniques. Additionally, as research continues to define optimal preparation methods and protocols, standardisation will likely increase credibility, consistency, and broader adoption.

For clinics and providers, integrating PRP is not just about offering a new treatment it's about staying competitive in a rapidly evolving field. Clinics that fail to offer regenerative options may fall behind in meeting patient expectations for natural, holistic, and result-driven care. The commercial implications are just as significant: PRP is a revenue-generating service with low overhead, scalable integration, and cross-specialty appeal, making it a smart addition for forward-thinking practices.

Oral Presentation

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#11214

Decoding PRP Protocols: Global Inconsistencies and Their Clinical Impact

51 - Regenerative aesthetics

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Background/Objectives:

Platelet-Rich Plasma (PRP) therapy is utilized worldwide for a wide range of aesthetic and medical indications. However, its application is far from standardised. This presentation explores the complex landscape of global PRP use, focusing on the regulatory variability, differences in preparation techniques, and the lack of consensus on clinical protocols.

As interest in regenerative medicine grows, healthcare providers face challenges in navigating divergent international guidelines, classification systems and varying levels of oversight by health authorities. These regulatory differences not only impact the approval and marketing of PRP kits and systems, but also influence how PRP is administered, documented, and promoted in clinical settings.

Attendees will gain insight into:

- Key differences in regulatory frameworks across North America, Europe, Asia, and the Middle East
- Variations in centrifugation protocols, platelet concentration standards, and leukocyte content
- The implications of non-standardized treatment protocols on clinical outcomes, research comparability, and patient safety
- The growing need for international consensus and best practices in PRP therapy

This session is essential for clinicians, researchers, and regulatory stakeholders who aim to practice or collaborate internationally. By understanding the global regulatory environment and protocol variability, providers can enhance compliance, improve treatment consistency, and contribute to the global advancement of safe, effective PRP therapy.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

Impact and Implications on Aesthetic Medicine and Surgery

Existing Impact: The current lack of global standardisation in PRP regulation and treatment protocols has a direct effect on the consistency, credibility, and safety of PRP use in aesthetic medicine and surgery. Variations in how PRP is classified ranging from a medical device to a biologic or blood product create disparities in how treatments are administered, monitored, and marketed. This impacts cross-border training, product availability, clinical expectations, and even legal liability for practitioners. The inconsistent preparation methods (centrifugation time, platelet concentration, use of leukocytes) lead to significant differences in treatment efficacy and outcomes, complicating both clinical decision-making and patient education.

Impending Implications: As PRP continues to grow in popularity, especially in aesthetic and regenerative procedures, the pressure for international consensus will increase. Regulatory agencies and professional societies may soon push for standardized protocols, uniform classification, and tighter oversight to ensure patient safety and treatment reliability. For aesthetic practitioners, this means future changes may affect product sourcing, consent procedures, documentation standards, and continuing education requirements.

Clinics that proactively align their practices with evidence-based protocols and stay informed on emerging global regulations will be better positioned to adapt to future changes. Moreover, greater standardization will likely enhance the scientific credibility of PRP, improve comparability in research, and build stronger trust among patients seeking safe, effective aesthetic treatments.

Submitter

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#11219

Quantumlase: A Hybrid Endolaser Diode Protocol for Safe and Effective Lipotightening

49 - Lasers, EBDs & Light

Rojas Saavedra P¹

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Background/Objectives:

Quantumlase is an advanced hybrid technique utilizing endolaser diode technology with dual wavelengths (980 nm and 1470 nm) to achieve simultaneous subcutaneous fat reduction and dermal skin tightening. This innovative protocol addresses the clinical need for a safe and effective body contouring solution in patients with mild overweight and moderate skin laxity, by maximizing selective photothermal effects through targeted chromophore interaction.

Methods:

The protocol employs a continuous-wave diode laser combining two wavelengths:

- 980 nm: targets lipids and hemoglobin within subcutaneous tissue to disrupt adipocyte membranes, coagulate small vessels, and denature connective fibers, thus promoting adipolysis with hemostasis.
 - 1470 nm: selectively absorbed by water in the dermis, this wavelength stimulates neocollagenesis and dermal contraction, contributing to visible skin tightening.
- The synergy of both wavelengths within the 980–1470 nm absorption window allows optimal energy delivery to fat and water chromophores, reducing thermal damage while enhancing tissue selectivity. Controlled delivery via foot pedal ensures uniform energy application and minimizes hematoma formation and downtime.

Results:

Quantumlase demonstrates promising outcomes in body remodeling with visible clinical improvements observed within 60 days post-procedure. The protocol is suitable for patients with localized adiposity and mild skin flaccidity, offering a personalized and minimally invasive approach with reduced recovery time.

Conclusions:

Quantumlase represents a safe, effective, and innovative hybrid endolaser technique for body contouring and dermal tightening. By leveraging dual-wavelength synergy, it provides enhanced tissue interaction, faster recovery, and predictable aesthetic outcomes in selected patient profiles.

References:

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

Quantumlase holds significant potential to change the landscape of aesthetic medicine and surgery by offering a minimally invasive, highly effective, and personalized approach to body contouring and skin tightening. Its ability to combine dual wavelengths for targeted fat reduction and skin rejuvenation ensures precise, predictable results with reduced risks and shorter recovery times. This makes it an attractive option for both practitioners and patients, providing a safe and effective alternative to traditional surgical interventions in the field of aesthetic medicine.

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#11220

NeoScalp Pro: Comprehensive Regenerative Protocol for Scalp Psoriasis

52 - Hair restoration

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Background/Objectives:

NeoScalp Pro is an advanced regenerative protocol designed to treat scalp psoriasis and associated hair loss by restoring the follicular microenvironment, reducing chronic inflammation, and stimulating capillary regeneration. The protocol aims to alleviate dryness, flaking, and inflammation of the scalp while strengthening hair follicles and counteracting stress-induced, photo-crono aging, and hypovitaminosis-related hair shedding.

Methods:

The treatment combines the application of a bioactive booster and a personalized intermesotherapy protocol:

- **Booster:** Formulated with signaling peptides, acetyl-tetrapeptide-3, and acetyl-hexapeptide-1, this cocktail stimulates dermal papilla regeneration, enhances follicular anchoring, promotes the transition from telogen to anagen phase, and inhibits dihydrotestosterone (DHT) activity. It also supports cellular detoxification and helps prevent oxidative damage and premature graying.
- **Intermesotherapy:** Includes structural type III collagen, the ACAPLEX peptide complex, high molecular weight non-crosslinked hyaluronic acid, and niacinamide. This combination supports deep hydration, structural tissue regeneration, and immunomodulation, key factors in managing inflammatory scalp conditions like psoriasis.

Optionally, human placenta can be incorporated to further enhance tissue nutrition and modulate autoimmune reactions through the stimulation of growth factors and interleukins.

Results:

NeoScalp Pro has shown significant efficacy in reducing scalp inflammation and flaking while improving hair density, vitality, and follicular anchoring. Patients also report noticeable improvement in overall scalp comfort and wellbeing.

Conclusions:

NeoScalp Pro offers an integrative, personalized, and science-driven approach to regenerative trichology. Its combination of high-precision bioactive agents addresses the immunological, hormonal, and structural imbalances that underlie scalp psoriasis and related inflammatory alopecias, providing a powerful therapeutic tool in aesthetic and regenerative medicine.

References:

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

NeoScalp Pro has the potential to significantly impact the practice of aesthetic medicine by providing a more targeted, non-invasive approach to treating scalp psoriasis, alopecia, and other hair loss conditions. By focusing on personalized and bioactive treatments that address the root causes of these conditions, NeoScalp Pro offers an effective and innovative alternative to traditional methods, while minimizing side effects and promoting healthier hair growth. As it gains adoption, it could reshape the landscape of hair restoration and regenerative aesthetic medicine, offering more patients accessible, minimally invasive, and scientifically-backed solutions.

Oral Presentation

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#11221

The Melanin Barrier: Rethinking Aesthetic Protocols for Black Skin to Advance Safety, Results, and Representation

77 - Unclassified topics

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Background/Objectives:

The Melanin Barrier

Rethinking Aesthetic Protocols for Black Skin to Advance Safety, Results, and Representation

Despite the global expansion of aesthetic medicine, patients with melanin-rich skin remain significantly underserved. Not due to lack of demand, but due to protocols that were never designed with melanin in mind.

This presentation introduces **The Melanin Barrier**, a clinically and culturally significant divide in aesthetic medicine where outdated approaches lead to increased risk of complications, unnatural outcomes, and poor skin recovery in Black patients. These adverse effects are not rare; they're predictable based on current standards of care.

Using real patient cases, advanced skin physiology, and international treatment insights, **Fatou Diouf, BSN-RN, Certified in Advanced Aesthetics**, presents her proprietary solution: an evidence-informed, **laser-free, regenerative framework** that prioritizes safety, biological rejuvenation, collagen preservation, and Afrocentric aesthetic ideals.

This session provides a step-by-step breakdown of how to deliver safer, more effective care for melanin-rich skin, including:

- Neuromodulators:** Understanding why lower face neurotoxins may accelerate collagen loss and sagging in Black patients, and why biostimulators are the better alternative
- Biostimulation & Skin Renewal:** Harnessing regenerative techniques like PDRN, peptides, and bioactive compounds to rebuild and brighten skin without lasers or energy devices
- Facial Harmony:** Centering Afrocentric ideals in facial balancing through precise filler placement and structural support, not volume overload

Impact & Implications:

•**Clinical Impact:** Aesthetic providers will gain a safe, modern, laser-free protocol that improves outcomes and reduces complications in Black patients.

•**Practice Growth:** Clinics will unlock a historically underserved yet highly engaged and loyal patient base.

•**Industry Advancement:** This session offers a replicable, inclusive model of aesthetic care. It bridges science, safety, and cultural relevance.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

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#11233

Hyaluronic Acid Dermal Fillers in Renal Transplant Patients: Safety and Management of Potential Complications

44 - Treatment with Injectables (Botulinum toxin & fillers)

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Background/Objectives:

In recent years, the demand for minimally invasive aesthetic procedures such as hyaluronic acid (HA) dermal filler applications has increased among solid organ transplant patients, similar to the general population. The side effect profile of these procedures in this patient group is not well-documented, causing both patients and physicians to have reservations. There is a lack of high-quality evidence in the literature on this topic. This study aims to investigate the safety and potential complications of HA dermal fillers in kidney transplant patients.

A total of 52 patients, including 27 renal transplant patients and 25 healthy controls who applied to our cosmetic dermatology clinic for HA dermal filler injections, were included in this study. Each patient was administered 0.5 mL of cross-linked HA into the zygomatic arch region, resulting in a total bilateral volume of 1 mL. Patients were monitored for adverse events during the follow-ups in the first and sixth months.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

The healthy control group had undergone more aesthetic procedures ($p=0.001$), particularly botulinum toxin applications, ($p<0.001$) than the transplant group. During the first month, four patients (three renal transplant recipients and one control) reported experiencing mild headaches that lasted for a few days ($p=0.611$). Two renal transplant patients experienced dysesthesia starting one month after the injection and lasting for another month. One transplant patient developed tenderness at the injection site starting four months post-injection, which lasted for ten days. This tenderness was considered a hypersensitivity reaction and resolved within three days with nonsteroidal anti-inflammatory drugs. Neither group experienced any additional adverse events at the six-month follow-up. By the end of the study, 93 % of the renal transplant patients and 92 % of the healthy controls expressed willingness to undergo the procedure again if needed ($p=0.511$). Transplant patients can rarely experience short-term adverse events such as bleeding, headache, dysesthesia and hypersensitivity reactions, which are similar to those seen in the general population following filler injections. Six-month follow-up revealed no significant difference in the frequency of filler-related adverse events between transplant patients and healthy individuals. Additionally, the satisfaction rate with the filler procedure was high among renal transplant patients, comparable to healthy individuals. Our study suggests HA dermal filler injections may be safe for renal transplant patients.

Oral Presentation

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#11234

Attitudes of Renal Transplant Recipients towards Aesthetic Cosmetic Procedures

44 - Treatment with Injectables (Botulinum toxin & fillers)

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Background/Objectives:

The quality of life of renal transplant recipients is shaped not only by medical outcomes but also by aesthetic concerns such as surgical scars, skin changes, and signs of aging. These aesthetic concerns may impact the psychosocial well-being of these patients. While aesthetic procedures may offer a potential solution to address these concerns, research on the attitudes and expectations of this patient group towards such interventions is limited. This study aims to contribute to the literature by exploring the interests, attitudes, and concerns of renal transplant recipients regarding aesthetic procedures.

Methods:

Our study includes 100 renal transplant recipients aged between 18 and 65 who presented to the Başkent University Medical Faculty Kidney Transplant Clinic between November 2023 and February 2024. Participants were administered a questionnaire assessing their attitudes and perspectives towards aesthetic procedures.

Results:

The interest of renal transplant recipients in aesthetic procedures can be viewed as a reflection of their efforts to enhance their quality of life. The fact that one in five patients expresses interest in aesthetic interventions indicates a growing demand in this area. Additionally, the willingness of half of the participants to undergo certain aesthetic procedures underscores the significance of aesthetic concerns within this population. Notably, despite a substantial portion of patients expressing apprehension regarding potential adverse effects, the lack of consultation with dermatologists is striking. This situation highlights the necessity for healthcare professionals, particularly dermatologists, to adopt a more attentive and informative approach toward renal transplant recipients.

Conclusions:

Aesthetic cosmetic procedures may play a significant role in enhancing the quality of life for renal transplant recipients. The interest of patients in aesthetic treatments and their willingness to undergo such interventions is notable; however, their access to adequate information and reliable sources is limited. It is crucial to provide a multidisciplinary approach and comprehensive medical consultation to ensure that aesthetic procedures can be safely performed in this sensitive patient group. Health professionals taking a more active role in educating patients during this process will contribute to achieving more positive outcomes, both aesthetically and health-wise.

References:

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

Oral Presentation

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#11235

Frontal Region: Key Tips for Safe Injections

44 - Treatment with Injectables (Botulinum toxin & fillers)

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²TOBB University of Economics and Technology, Ankara, Turkey

Background/Objectives:

The frontal region poses a unique challenge in aesthetic medicine due to its complex vascular anatomy, proximity to critical neurovascular structures, and high variability between individuals. Although widely targeted for cosmetic interventions such as botulinum toxin and dermal filler injections, the frontal area remains a high-risk zone for complications including vascular occlusion, skin necrosis, and even visual impairment. Inappropriate depth, poor angle, and misunderstanding of anatomical layers can result in devastating outcomes.

Despite the growing popularity of frontal rejuvenation procedures, there is still a lack of comprehensive, practical, and anatomically-guided protocols for safe injections in this area. The objective of this presentation is to bridge the gap between anatomy and clinical practice by providing injectors with evidence-based, anatomically informed, and clinically applicable guidelines for performing safe and effective injections in the frontal region.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

Through the collaboration between a dermatologist and a clinical anatomist, this session aims to highlight key anatomical landmarks, common pitfalls, danger zones, and technique modifications that significantly reduce complication risks. The ultimate goal is to enhance patient safety, increase injector confidence, and promote anatomical literacy in aesthetic practice.

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#11236

Supraperichondrial Hyaluronic Acid Filler for Alar Rim Collapse: A Minimally Invasive Approach to Functional and Aesthetic Improvement

44 - Treatment with Injectables (Botulinum toxin & fillers)

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Background/Objectives:

Alar collapse is a condition that may arise congenitally, primarily, or iatrogenically, leading to both functional difficulties during inspiration and aesthetic distortion of the nasal contour. Especially after rhinoplasty, alar collapse is one of the most common reasons patients seek revision, yet its surgical correction remains challenging. Even autologous cartilage grafts offer limited success and carry risks such as graft failure, infection, and scar formation. This has led to an ongoing search for minimally invasive, safe, and reproducible alternative techniques.

In recent years, the use of hyaluronic acid (HA)-based dermal fillers to support nasal structures has increased. Their potential to reinforce lateral cartilage support has made them a non-surgical option in functional deformities such as alar collapse. However, the rich vascular anatomy of the alar region and the sensitivity of the nasal valve function require precise knowledge of injection planes and volumes. This study aims to evaluate the safety and efficacy of HA fillers injected into the supraperichondrial plane as a potential treatment for alar collapse.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

This study evaluated the safety and effectiveness of hyaluronic acid fillers injected into the supraperichondrial plane for the treatment of alar collapse. A total of 87 patients were retrospectively analyzed. The injections were found to reduce external nasal valve insufficiency by strengthening lateral cartilage support, while also improving aesthetic appearance. Fillers were injected using minimal volumes (0.05–0.1 cc) and a 30G needle, with no vascular complications observed. Cadaveric dissections demonstrated that the supraperichondrial plane is anatomically safer for injection. The results suggest that with proper technique, hyaluronic acid fillers may serve as a safe and effective alternative to surgery in the treatment of alar collapse.

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#11246

Venous & Lymphatic Impairment by Fillers: A Novel Ultrasound Perspective on the Neglected Child of Vascular Complications

48 - Complications - avoidance and management

Betzer H¹

¹Tel Aviv University medical school, Tel aviv, Israel

Background/Objectives:

Unexplained edema following filler injections constitutes a frustrating clinical challenge and a diagnostic enigma whose solution is often elusive. In this lecture, I will present a novel pathophysiological mechanism, based on significant clinical experience treating these complications under ultrasound guidance, which provides a new perspective that coherently explains the development of these stubborn edemas.

Working with Doppler ultrasound, we identify the **significant involvement of venous blockage as a primary factor in edema formation** – the hitherto 'neglected child' of the vascular occlusion family. Their blockage does not create the drama associated with arterial occlusion, yet it produces a complication that is no less **bothersome, complex to treat, and far more common**.

In the lecture, I will present cases from our complications clinic involving edema secondary to vascular blockage, in **all of which conventional treatments had failed**. I will share my insights regarding the '**Vicious Cycle**' mechanism of action causing the edema: increased tissue pressure/volume (from injection or other factors) → venous/lymphatic blockage → impaired drainage and fluid accumulation → further increase in pressure/volume → repeat.

Furthermore, I will demonstrate how intentionally breaking one of the cycle's stages under sonographic guidance will lead to predictable resolution of the problem.

There is crucial clinical importance in understanding the mechanisms of post-injection edema formation, as this understanding allows for a better therapeutic response to this common complication. While known factors for edema exist, such as infection or allergic reactions, many cases of 'unexplained' edema remain where the connection to the injection event is unclear, and their treatment is challenging.

The approach presented in the lecture, proposing a mechanism based on venous/lymphatic blockage (the 'Vicious Cycle'), is still hypothetical and represents expert opinion, yet daily clinical experience indicates that this approach is predictable and effective, as demonstrated by consistent clinical and sonographic observations.

The implications of this approach for clinical practice are significant: The ability to accurately diagnose the venous source of these edemas using ultrasound replaces assumption-based diagnosis with an evidence-based approach that utilizes objective means for decision-making. Knowledge of the proposed mechanism allows physicians to gain a better understanding regarding the reason for edema formation and offers a systematic and predictable treatment approach, especially where other treatments have failed. The fact that treatment aimed at breaking the 'Vicious Cycle' yields highly predictable results demonstrates the clinical advantage of this deep understanding.

Physicians attending the lecture will be exposed to an innovative discussion on a topic relevant to their daily work, a discussion expected to advance the profession and enable the implementation of insights for improved treatment, reduced morbidity, and increased practitioner confidence.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

There is crucial clinical importance in understanding the mechanisms of post-injection edema formation, as this understanding allows for a better therapeutic response to this common complication. While known factors for edema exist, such as infection or allergic reactions, many cases of 'unexplained' edema remain where the connection to the injection event is unclear, and their treatment is challenging. The approach presented in the lecture, proposing a mechanism based on venous/lymphatic blockage (the 'Vicious Cycle'), is still hypothetical and represents expert opinion, yet daily clinical experience indicates that this approach is predictable and effective, as demonstrated by consistent clinical and sonographic observations. The implications of this approach for clinical practice are significant: The ability to accurately diagnose the venous source of these edemas using ultrasound replaces assumption-based diagnosis with an evidence-based approach that utilizes objective means for decision-making. Knowledge of the proposed mechanism allows physicians to gain a better understanding regarding the reason for edema formation and offers a systematic and predictable treatment approach, especially where other treatments have failed. The fact that treatment aimed at breaking the 'Vicious Cycle' yields highly predictable results demonstrates the clinical advantage of this deep understanding. Physicians attending the lecture will be exposed to an innovative discussion on a topic relevant to their daily work, a discussion expected to advance the profession and enable the implementation of insights for improved treatment, reduced morbidity, and increased practitioner confidence.

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#11248

Anatomical multi-layer approach to hand rejuvenation: the Anatomically Based (AB) hand injection techniques

44 - Treatment with Injectables (Botulinum toxin & fillers)

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²King's College London, London, United kingdom

Background/Objectives:

BACKGROUND

Non-surgical rejuvenation has historically been focused predominantly on facial treatments, with facial injection techniques being one of the commonest topics in aesthetic courses. Although the importance of addressing aesthetic hand concerns is becoming increasingly acknowledged, the existing literature and training remain limited only to some aspects. This anatomically based approach to dermal filler and skin booster injections in the hand aims to address the gaps in the current literature and general non-surgical medical aesthetics practice on hand rejuvenation injections.

SUMMARY

The treatment approach and injection techniques described in this study are based on consolidated and widely known anatomical concepts, further confirmed by the author's own longstanding clinical experience both as a hand and wrist surgeon and aesthetic doctor and on his cadaveric hand dissections. The injection sites and treatment principles are based on the anatomical features of the hand, not only in order to address hand-specific aesthetic concerns and indications, but also to reduce the risk of accidental damage to hand vessels, nerves, tendons, muscles, ligaments and joints and other complications. The author's multi-layer approach to aesthetic hand injections is described (BAB, FAB and B-FAB techniques).

Anatomical knowledge and a thorough understanding of treatment indications, with awareness of the risks and potential complications is paramount and always required for any invasive procedure. Accurate and safer planning and performance of aesthetic hand injections, as well as improved aesthetic outcomes and increased patient satisfaction can be obtained following anatomical principles.

This study not only addresses the gaps in the current hand rejuvenation literature and practice, highlighting the importance of understanding the site-specific indications and following rigorous anatomical principles for aesthetic injections in the hand, but it is also the first study to describe anatomically based multilayer aesthetic hand injection techniques (BAB, FAB and B-FAB techniques) for skin boosters and dermal fillers.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

This study not only addresses the gaps in the current hand rejuvenation literature and practice, highlighting the importance of understanding the site-specific indications and following rigorous anatomical principles for aesthetic injections in the hand, but it is also the first study to describe anatomically based multilayer aesthetic hand injection techniques (BAB, FAB and B-FAB techniques) for skin boosters and dermal fillers.

Oral Presentation

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#11249

Hand appearance in hand disorders: the thin line between aesthetics and function

50 - Body contouring & skin tightening

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Background/Objectives:

BACKGROUND

The focus of hand surgery is traditionally on functional improvement or restoration. However, most hand disorders also affect the appearance of the hand and this has repercussions on hand use, function and patient quality of life. This is due to the fact that the human hand is an important tool for social interaction. The role of hand aesthetic improvement has traditionally been overlooked in paediatric and adult hand surgery alike, although hand appearance is assessed in patient-reported outcome measures. Improved hand appearance has a positive effect on patient confidence and hand function.

SUMMARY

A series of hand disorders that also affect hand appearance has been assessed. The aesthetic improvement achieved with hand disorders treatment and its positive effect on hand function are discussed. The anatomically based, non-surgical aesthetic injection techniques developed by the author to improve hand appearance in hand disorders are also discussed. Hand function and aesthetics have been demonstrated to be strongly correlated. Both surgical treatment of hand disorders leading to concomitant aesthetic improvement and non-surgical aesthetic treatment for hand disorders altering the appearance of the hand play a role in patient's improved confidence and use of the hand. The hands are the most exposed part of the human body, as they are a tool for social interaction and are constantly visible not only to the other individuals, but also to their owner. Hand surgery studies with patient reported outcome measures include hand appearance among the assessed parameters. An improved hand appearance leads to improved patient confidence and use of the hand, and an improved hand function also contributes to an improved hand appearance.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

This study assesses the strong correlation between hand aesthetics and function, that needs to be considered when planning any procedure and treatment on the hand.

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#11276

Ethno-Aesthetic Lip & Perioral Mastery: Crafting Bespoke Filler Artistry for Diverse Faces

44 - Treatment with Injectables (Botulinum toxin & fillers)

Pfahl L¹

¹Larisa Pfahl, Oldenburg, Germany

Background/Objectives:

Imagine lips that look as if they were always meant to belong to your patient—no cookie-cutter pouts, just perfectly balanced, culturally harmonious results. In this high-energy, deeply practical session, I'll take you through the real-world steps I use every day to match filler techniques to Asian, Caucasian, African and Middle Eastern features.

Main Points:

Ethnic Blueprints

How subtle differences in lip anatomy and proportions guide every decision—from the gentle “M-curve” of many Asian lips to the naturally full shape common in African-descent patients.

Tailored Techniques

My go-to fillers for different tissue profiles, plus injection maps that respect philtral columns, Cupid's bows and vermilion borders. Needle or cannula? You'll know exactly when and why.

Case-By-Case Walkthroughs

Real before-and-after examples and video snippets of me planning, mapping and injecting four patients of different backgrounds. I'll share troubleshooting tips for asymmetry, overcorrection and avoiding that “universal pout.”

Cultural Connection

Simple conversation starters and consultation strategies to uncover each patient's individual—and ethnic—inspiration. Build trust by speaking their aesthetic language.

By the end of this talk, the audience will have a clear, step-by-step playbook for creating safe, personalized lip and perioral results that honor both your patient's heritage and their own beauty goals.

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Here's the impact from this session—real, take-home skills you can start using Monday morning:

Reading Lips Like a Map

You'll pinpoint the subtle anatomical cues that distinguish Asian, Caucasian, African-descent and Middle Eastern lip shapes—so you know exactly where to place product for a natural result.

Matching Filler to Tissue

You'll learn to choose the right gel based on rheology and softness, then tailor your injection depth and pattern (needle vs. cannula) for each ethnic tissue profile.

Blueprint Your Injection

You'll walk through step-by-step planning techniques—drawing precise philtral columns, Cupid's bows and vermilion borders on your patient before you ever pick up a syringe.

Spot and Solve Challenges

You'll pick up quick fixes for common issues—managing swelling, balancing asymmetries and avoiding that “one-size-fits-all pout” that erases ethnic identity.

Lead Culturally Smart Consults

You'll master simple but powerful questions and language cues that help uncover each patient's personal and cultural beauty goals, building instant trust.

Build Your Signature Style

You'll leave with a concise playbook—your own go-to checklist for ethnically harmonious lip and perioral enhancement, so you can deliver standout results that feel bespoke to every face.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

Here's the impact from this session—real, take-home skills you can start using Monday morning:

Reading Lips Like a Map
You'll pinpoint the subtle anatomical cues that distinguish Asian, Caucasian, African-descent and Middle Eastern lip shapes—so you know exactly where to place product for a natural result.

Matching Filler to Tissue
You'll learn to choose the right gel based on rheology and softness, then tailor your injection depth and pattern (needle vs. cannula) for each ethnic tissue profile.

Blueprint Your Injection
You'll walk through step-by-step planning techniques—drawing precise philtral columns, Cupid's bows and vermilion borders on your patient before you ever pick up a syringe.

Spot and Solve Challenges
You'll pick up quick fixes for common issues—managing swelling, balancing asymmetries and avoiding that “one-size-fits-all pout” that erases ethnic identity.

Lead Culturally Smart Consults
You'll master simple but powerful questions and language cues that help uncover each patient's personal and cultural beauty goals, building instant trust.

Build Your Signature Style
You'll leave with a concise playbook—your own go-to checklist for ethnically harmonious lip and perioral enhancement, so you can deliver standout results that feel bespoke to every face.

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#11281

The Future of Personalized Dermatology: Leveraging Genomics and Artificial Intelligence

82 - Innovation & Tech

Favade A¹

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Background/Objectives:

Personalized dermatology is an emerging field that aims to tailor skin care and treatment based on individual genetic profiles, skin characteristics, and environmental factors. Traditionally, dermatology has relied on a one-size-fits-all approach, where treatments are broadly applied to all patients with similar skin conditions. However, this method fails to account for the unique genetic makeup, environmental influences, and skin type of each individual. As a result, patients may experience varied outcomes from the same treatment.

Advancements in genomics — the study of genes — and the rise of artificial intelligence (AI) have opened new doors for dermatology, offering a more precise, individualized approach to skincare. Genomic data can provide insights into a person's predisposition to certain skin conditions, such as acne, psoriasis, or skin cancer, while AI algorithms can analyze vast amounts of patient data, helping dermatologists make more accurate diagnoses and develop personalized treatment plans.

By integrating genomic insights with AI-driven diagnostics, personalized dermatology has the potential to improve treatment efficacy, reduce side effects, and optimize patient outcomes, moving away from generalized treatments to more tailored approaches that consider a person's unique genetic and environmental profile.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

This presentation explores the potential of genomics and artificial intelligence (AI) in shaping the future of personalized dermatology. We will discuss the role of genomic testing in understanding genetic predispositions to various skin conditions and how this information can help dermatologists provide customized treatments. We will also highlight how AI-driven technologies are revolutionizing skin health by analyzing patient data, identifying patterns, and predicting skin issues before they arise. Key applications include:

- Genomic insights into acne, eczema, and skin cancer, enabling doctors to prescribe treatments based on a patient's genetic risk factors.
- AI tools that assist in diagnosing skin conditions, such as melanoma detection, by analyzing photographs of the skin.
- The development of personalized skincare products based on an individual's skin type and genetic makeup.

By integrating these technologies, dermatologists will be able to offer more accurate diagnoses, preventative care, and targeted therapies, leading to better clinical outcomes and improved patient satisfaction. This approach not only promises to advance dermatological care but also aligns with the growing demand for more individualized and effective aesthetic treatments. The session will also address the challenges of incorporating these advanced technologies into clinical practice, including the need for training, privacy considerations, and ethical concerns surrounding genomic data use.

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#11289

Dual Action Peels for Acne and Pigmentation: Combining Exfoliation, Antibacterial Action, and Melanin Inhibition

42 - Scars & acne

Waqas F¹

¹The skin clinic by dr falak waqas, Karachi, Pakistan

Background/Objectives:

Acne vulgaris and its sequelae, including post-inflammatory hyperpigmentation (PIH) and textural scarring, present complex therapeutic challenges, especially in individuals with darker skin types. A multimodal approach targeting both active acne and post-acne pigmentation simultaneously enhances clinical outcomes. Sequential application of specific chemical peel formulations containing trichloroacetic acid (TCA), salicylic acid, retinoic acid, benzoyl peroxide, hydroquinone, kojic acid, and vitamin C provides synergistic benefits in controlling acne, stimulating dermal remodeling, and improving skin tone.

Methods:

Patients with moderate-to-severe active acne and PIH underwent a structured protocol involving three chemical peel sessions at one-month intervals, followed by a fourth depigmenting peel session. In the first three sessions, a chemical peel combining 10-12% TCA, 15-20% salicylic acid, retinoic acid, benzoyl peroxide, vitamin C, and supporting antioxidants was used. TCA promoted medium-depth exfoliation and early dermal collagen stimulation. Salicylic acid targeted sebaceous gland hyperactivity and comedonal acne. Retinoic acid accelerated epidermal turnover, while benzoyl peroxide provided antibacterial action against *Propionibacterium acnes*. Vitamin C supported healing through antioxidant activity. After significant acne control, a fourth session employed a chemical formulation containing TCA, retinoic acid, salicylic acid, hydroquinone 4%, kojic acid, and vitamin C, focused on treating residual pigmentation and uneven skin tone. Hydroquinone and kojic acid acted as melanogenesis inhibitors to lighten PIH, while continued TCA and retinoid application maintained collagen stimulation and skin renewal.

Results:

After three acne-focused peel sessions, there was a 65–75% reduction in active inflammatory and comedonal acne lesions. Patient-reported improvements in skin oiliness, texture, and pore size were notable. Following the fourth depigmentation peel, significant lightening of PIH patches was observed, with over 70% improvement in overall skin tone uniformity, particularly among Fitzpatrick skin types III to V. Textural improvements, including softening of mild atrophic scars, were documented, attributable to TCA-induced collagen remodeling. No severe adverse events such as scarring, prolonged erythema, or paradoxical hyperpigmentation were reported. Mild, transient peeling and redness were common and resolved within 5–7 days after each session. Patient satisfaction scores were high, with over 85% expressing willingness to repeat the treatment protocol annually for maintenance.

Conclusions:

Sequential chemical peeling with active ingredients such as TCA, salicylic acid, retinoic acid, benzoyl peroxide, hydroquinone, kojic acid, and vitamin C represents a comprehensive and highly effective strategy for treating active acne, preventing new breakouts, improving mild acne scarring, and reducing post-inflammatory hyperpigmentation. Combining antibacterial, keratolytic, melanogenesis-inhibiting, and collagen-stimulating actions within a structured protocol offers significant advantages over single-modality treatments. This multimodal chemical approach provides an effective, safe, and minimally invasive option for aesthetic practitioners managing complex acne and pigmentation cases. Further longitudinal studies are recommended to evaluate long-term maintenance outcomes.

References:

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Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

The structured use of sequential chemical peels combining TCA, salicylic acid, retinoic acid, and depigmenting agents is reshaping the way acne and post-acne pigmentation are managed within aesthetic medicine. Traditionally, treatment approaches required multiple isolated therapies targeting either active acne or pigmentation, often prolonging patient downtime and delaying satisfaction. This integrated peel protocol offers a faster, safer, and more efficient alternative by simultaneously addressing multiple skin concerns — inflammation, scarring, pigmentation, and collagen loss — in a single treatment cycle.

Its widespread adoption can lead to reduced dependency on oral medications like antibiotics or isotretinoin, making it particularly appealing for patients seeking non-systemic, minimally invasive interventions. Moreover, early intervention in acne scarring through collagen stimulation minimizes long-term textural damage, potentially decreasing the need for more aggressive surgical or energy-based scar revision procedures later on.

In the near future, this approach may become a standard first-line or adjunctive treatment for patients presenting with combined active acne and post-acne sequelae, particularly among individuals with skin of color, where risks of post-inflammatory hyperpigmentation are higher. It enhances practitioner versatility, offering customized regimens based on skin type, severity, and aesthetic goals.

Ultimately, it positions chemical peels as not just superficial treatments but as powerful tools in preventative dermatologic aesthetics — preserving skin health, preventing long-term damage, and achieving faster visible results with high patient satisfaction and minimal downtime.

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#11312

Innovative Hybrid Filler Approach: Calcium Hydroxyapatite and Hyaluronic Acid with Multilayer Bio-Stimulation for Enhanced Body Contouring and Cellulite Reduction - Pilot Study

50 - Body contouring & skin tightening

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Background/Objectives:

The demand for body contouring and enhancement procedures has significantly increased in recent years, with buttocks enhancement becoming one of the most popular treatments in dermatology and plastic surgery. Gluteal aesthetics is complex, evolving throughout history and varying depending on ethnicity and gender. Several factors, including the size, shape, and roundness of the buttocks, contribute to their attractiveness and society's idealization of the perfect body. Modern patients seeking buttocks enhancement are opting for less invasive procedures that offer minimal downtime, reduced pain, and lower risks of complications.

This study proposes an individualized treatment approach using a hybrid solution of CaHA and HA to address aesthetic concerns such as volume loss, contour irregularities, and skin laxity in the buttocks, aiming to achieve optimal and lasting results [4,5].

Methods:

In this pilot study, a total of four patients underwent buttocks enhancement using a combination of HA and CaHA in 2022. Written informed consent was obtained from all patients before enrollment. The patient profile consists of individuals who express concerns about loss of volume, irregular contours, and skin laxity in the gluteal area.

Lidocaine without vasoconstrictor and saline solution was employed for dilution purposes. For deep-plane injections, 2 mL of Hyaluronic acid gel CPM (Cohesive Polydensified Matrix) HAV (Belotero Volume®) was combined with 4 ml of diluent, and 3 ml of CaHA (Radiesse duo®) premixed was administered per side 1:2 proportion. For subdermal applications, 3 mL of CaHA was diluted with 12 mL of diluent (saline solution and lidocaine) and injected using the fanning technique with three entry points to address shape and skin laxity. The primary outcome measures encompassed improvements in buttock contour, skin laxity, and patient satisfaction, evaluated through clinical assessments and standardized patient questionnaires.

Results:

In this case, the results demonstrate an improvement in both volume and shape, with clear evidence of repositioning as shown in the following images and measurements from the Vectra analysis. Pre-procedure measurements in the right and left profile, as well as posterior/ posterior-lateral views, indicate a baseline of 35.9 inches (FIG. A, C, E, G, I). Postprocedure, the same views revealed an increase to 36.9 inches, reflecting a gain of +1 inch (FIG. B, D, F, H, J). Furthermore, the posterior-lateral and posterior views showed significant volumetric increases of +835.08 cc on the right side and +599.76 cc on the left side (FIG. K, L, M, N, O, P). The procedure was met with a high degree of satisfaction among all four patients, with minimal adverse effects reported. Two cases presented mild edema and light bruising, which resolved without complications.

Conclusions:

This study demonstrates that a hybrid solution of HA and CaHA, applied using a tailored dilution and injection protocol, can provide significant improvements in buttocks aesthetics, including contour enhancement and skin laxity reduction. The proposed method represents an innovative and comprehensive approach to buttocks beautification, with the potential to optimize patient outcomes and satisfaction. Future studies should focus on the long-term efficacy and safety of this treatment, as well as the development of standardized protocols for broader clinical application.

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Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

The demand for body contouring, particularly buttock enhancement, has surged in recent years, reflecting evolving societal beauty ideals influenced by factors such as size, shape, and ethnicity. Modern patients prefer less invasive procedures that reduce downtime and complications. This pilot study explores the use of a hybrid solution combining calcium hydroxylapatite (CaHA) and hyaluronic acid (HA) for buttock enhancement, addressing issues such as sagging, cellulite, and contour irregularities. A pilot study was conducted with four patients who received subcutaneous superficial and deep injections of the hybrid solution. Results indicated significant improvements in volume and contour, with volumetric increases of up to 835.08 cc, alongside high patient satisfaction and minimal adverse effects. The findings suggest that this individualized approach effectively enhances buttock aesthetics while promoting skin texture and firmness. Further research is needed to assess the long-term efficacy of this technique.

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#11333

Masseter Botox – A Dual Approach to Facial Aesthetics and Bruxism Management

44 - Treatment with Injectables (Botulinum toxin & fillers)

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Background/Objectives:

- To understand the anatomical, functional, and aesthetic indications of masseter botulinum toxin.
- To present a clinical case demonstrating both therapeutic and aesthetic outcomes.
- To evaluate the increasing patient preference for botulinum toxin over occlusal night guards in bruxism management.

Methods:

- A 34-year-old female patient diagnosed with sleep bruxism and bilateral masseter hypertrophy (Grade 2) was treated.
- Product used: Xeomin, 100U vial.
- Dose: 25 units per side, injected at 3 anatomical points per masseter.
- Technique: deep intramuscular injection, avoiding key neurovascular structures.
- Follow-up evaluations at 2, 6, and 12 weeks post-injection.

Results:

- Jaw width reduction of 1.5 cm bilaterally.
- Electromyographic (EMG) clenching index decreased by 55%.
- Self-reported pain level reduced from 8/10 to 2/10.
- No masticatory weakness or smile asymmetry noted.
- Patient reported high satisfaction due to both improved facial contour and functional relief.

Conclusions:

Botulinum toxin injection in the masseter provides a synergistic solution for both facial contouring and bruxism management. • Compared to night guards, it offers superior patient compliance, visible aesthetic benefit, and muscle relaxation. • When performed correctly, it is a safe and effective alternative, particularly preferred by lifestyle-conscious patients.

References:

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Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

Oral Presentation

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#11350

Anabolic Hormones for Sarcopenia Prevention

62 - Anti-aging & integrative medicine

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Background/Objectives:

Sarcopenia, the age-related loss of skeletal muscle mass and strength, significantly contributes to frailty, reduced mobility, and increased morbidity in older adults. Anabolic hormones, including testosterone, growth hormone (GH), insulin-like growth factor-1 (IGF-1), and selective androgen receptor modulators (SARMs), play a key role in maintaining muscle homeostasis. Emerging evidence suggests that hormonal interventions may help counteract sarcopenia by promoting muscle protein synthesis, improving physical function, and enhancing quality of life. However, safety concerns and individual variability in response remain critical challenges. This review explores the potential of anabolic hormone therapies for sarcopenia prevention, highlighting both their benefits and limitations.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

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#11352

M-Shaped Lips: Aesthetic Correction with Hyaluronic Acid Fillers

44 - Treatment with Injectables (Botulinum toxin & fillers)

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Background/Objectives:

M-shaped lips are defined by a central cleft or indentation in the upper lip, creating a “dip” in the middle and resulting in a less uniform or flattened appearance. This shape can contribute to facial asymmetry and is often a concern for patients seeking fuller, more balanced lips. Non-surgical correction using hyaluronic acid (HA) fillers has emerged as a safe and effective solution, offering volume enhancement and shape correction with minimal downtime. Understanding lip anatomy, filler rheology, and injection techniques is essential for successful outcomes.

Methods:

This observational case series included 100 female patients aged 21–38 presenting with M-shaped upper lips and seeking cosmetic enhancement. All procedures were performed in a clinical setting using HA-based fillers. A tailored injection protocol was used for each patient, with emphasis on restoring volume to the central tubercle and evening the curvature of the upper lip. Injection techniques included linear threading, microdroplet placement, and tenting, using needle G 30. Pre- and post-treatment photographs were taken for comparison. Patients were followed up at 2 weeks and 3 months post-procedure to evaluate aesthetic outcomes and satisfaction.

Results:

All patients showed significant improvement in upper lip symmetry and projection. The M-shaped indentation was notably softened, with restoration of central fullness and a more balanced cupid's bow. Patient satisfaction was measured using a 5-point Likert scale; 91 out of 100 patients rated their result as “very satisfied” or “satisfied.” Minor adverse events included localized swelling (87%) and bruising (53%), resolving within 5 days. No serious complications such as vascular occlusion or nodules were reported. The aesthetic results remained stable in all patients at the 3-month follow-up.

Conclusions:

Hyaluronic acid fillers provide a reliable, non-surgical option for correcting M-shaped lips and enhancing upper lip symmetry. Successful treatment requires a patient-specific approach that considers lip anatomy, desired outcomes, and appropriate filler selection. With proper technique, the procedure yields high patient satisfaction and low complication rates. This technique can be effectively integrated into routine aesthetic practice to address lip contour irregularities with natural-looking results.

References:

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<https://doi.org/10.1016/S1090->

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

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#11395

Clinical Efficacy of Needle-Free Pressurized Intradermal Vitamin Delivery for Facial Anti-Aging

45 - Combination treatments

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Background/Objectives:

Facial aging leads to progressive loss of skin quality, elasticity, and the appearance of fine lines, generating demand for minimally invasive, needle-free aesthetic procedures. This study aims to evaluate the clinical efficacy of pressurized intradermotherapy for the delivery of vitamin-based compounds in facial rejuvenation protocols. The method seeks to enhance dermal regeneration and skin quality while increasing drug bioavailability, offering a needleless, comfortable, and effective alternative for patients, especially those with needle phobia.

Methods:

A prospective clinical analysis was conducted on 10 patients (ages 28–55) who underwent facial intradermal vitamin therapy using a high-pressure, needle-free injection system. The device delivers active substances in a fan-shaped dispersion into the superficial dermis, forming a uniform depot that acts as a reservoir for gradual diffusion. The outcomes were compared to prior needle-based treatments performed on the same regions. Evaluation parameters included patient-reported discomfort, visible skin improvement, dermal texture, and hydration, measured at baseline, 7 days, and 30 days post-application.

Results:

Patients treated with the needle-free system reported minimal to no discomfort and showed significantly higher adherence. Objective skin assessments revealed superior outcomes in brightness, hydration, and firmness. The dispersion mechanism allowed uniform product distribution and sustained dermal exposure, resulting in improved therapeutic efficacy. Compared to needle-based injection, which frequently led to vascular absorption and reduced local effectiveness, the pressurized method demonstrated greater bioavailability and visible anti-aging benefits, particularly for patients with needle aversion.

Conclusions:

Pressurized intradermotherapy represents a promising innovation in facial rejuvenation, offering enhanced skin outcomes without the drawbacks of needle-based applications. The technique ensures higher bioavailability of skin boosters and biorevitalization compounds by forming a dermal reservoir with slow-release diffusion. It is especially advantageous for patients with needle phobia, providing a painless, efficient, and highly acceptable approach to modern aesthetic practice.

References:

1. K. E. Lee et al., "Transdermal delivery using jet injectors: mechanisms and applications," *Journal of Dermatological Science*, 2020.
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Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

This technique expands the tools available to aesthetic professionals by offering a non-invasive solution with superior drug bioavailability and patient acceptance. It aligns with the growing trend toward comfort-focused, high-performance facial protocols. By eliminating needle-related limitations — such as vascular uptake, patient fear, and uneven delivery — this innovation has the potential to redefine how intradermal therapies are conducted, especially in regenerative aesthetics.

Oral Presentation

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#11405

Estrogen Metabolites in Menopausal Treatment

62 - Anti-aging & integrative medicine

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Background/Objectives:

Estrogen Metabolites in Menopausal Treatment

Estrogen metabolites play a crucial role in understanding and optimizing menopause management. These bioactive compounds, derived from estrogen metabolism, influence various physiological pathways, including bone health, cardiovascular function, and cancer risk. This presentation will explore the mechanisms of estrogen metabolism, focusing on the balance between protective and potentially harmful metabolites. We will also discuss how individual metabolic profiles can guide personalized therapies, offering safer and more effective hormonal management for menopausal women. By integrating advanced diagnostic tools and a deeper understanding of estrogen pathways, healthcare providers can enhance patient outcomes during this transformative stage of life.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

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#11408

Efficacy of Botulinum Toxin Type A in the Treatment of Gummy Smile

44 - Treatment with Injectables (Botulinum toxin & fillers)

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Background/Objectives:

The aesthetic aspect of oral health plays a crucial role in an individual's psychological well-being and social interactions. Excessive gingival display, commonly referred to as "gummy smile," is characterized by an overexposure of gingival tissue during smiling, often resulting from hyperactivity of the elevator muscles of the upper lip. Conventional treatment approaches include orthodontic interventions and surgical procedures such as gingivectomy. However, recent studies highlight the potential of botulinum toxin as a minimally invasive alternative. This study aims to evaluate the efficacy and safety of botulinum toxin in the treatment of gummy smile by assessing objective clinical parameters and patient-reported outcomes.

Methods:

Patients (≥18 years), diagnosed with gummy smile, underwent botulinum toxin type A injections into the levator labii superioris alaeque nasi muscle at standardized anatomical points (1 cm lateral to the alae nasi), with a dosage of 2 units per injection site. Gingival exposure was measured in millimeters before treatment and 15 days post-intervention. Patient satisfaction and quality of life were assessed using validated questionnaires.

Results:

Post-treatment analysis demonstrated a significant reduction in gingival exposure. Additionally, subjective assessments indicated improved patient satisfaction and psychological well-being.

Conclusions:

Botulinum toxin presents a safe, effective, and minimally invasive approach to gummy smile management, offering an alternative to surgical interventions with reduced risks and recovery time. Further research with larger sample sizes is warranted to establish long-term efficacy.

References:

Suber JS, Dinh TP, Prince MD, Smith PD. OnabotulinumtoxinA for the treatment of a "gummy smile". *Aesthet Surg J*. 2014 Mar;34(3):432-7. Costa AB, Romansina D, Ramalho J, Pereira P, Tedesco TK, Morimoto S, Gonçalves F, Ramalho KM. Botulinum Toxin A in the Management of a Gummy Smile: A Clinical Controlled Preliminary Study. *Aesthet Surg J*. 2022 Mar 15;42(4):421-430. Polo M. Botulinum toxin type A in the treatment of excessive gingival display. *Am J Orthod Dentofacial Orthop*. 2005;127(2):214-8; quiz 26. Nasr MW, Jabbour SF, Sidaoui JA, Haber RN, Kechichian EG. Botulinum toxin for the treatment of excessive gingival display: a systematic review. *Aesthet Surg J*. 2016;36(1):82-88. Fatani B. "An Approach for Gummy Smile Treatment Using Botulinum Toxin A: A Narrative Review of the Literature", *Cureus*, 2023 Jan 21;15(1):e34032. DOI: 10.7759/cureus.34032.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

Clinical studies have established botulinum toxin as a safe, effective, and minimally invasive treatment for Gummy Smile, with standardized injection protocols, predictable outcomes, and growing integration into comprehensive facial rejuvenation strategies.

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#11432

The active ultimate combination procedure for complications of dermal filler injection and biostimulator injection.

48 - Complications - avoidance and management

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Background/Objectives:

Dermal fillers and Biostimulator as CaHA or PLLA are generally accepted and worldwide used in facial shaping and beautification nearly 2 decades as safe and well-tolerable aesthetic procedures, but complications reaction still forms a prognostic problem, the summarized of complication are composed of immediate and early onset complication as bruising, erythema, bacterial infection, Herpes infection, dysesthesia, paresthesia, anesthesia, retinal artery occlusion, lump, vascular compromise and Retinal Artery Occlusion (the most severity), and also late or delayed onset complications as skin staining persistent bruising, chronic swelling, angioedema, malar edema, granulomatous inflammatory and skin discolorations (Heprepigmentation, Neovascularization and Tyndall Effect), atypical bacterial infection, mycobacterial infection, abscesses, nodules and tissue neurosis. All of complication make patients suffer both physical and mental health. Hyaluronidase which is an enzyme that breaks down hyaluronic acid, can reverse complications of hyaluronic acid (HA) fillers, but there are differing opinions regarding Hyaluronidase treatment, including dosage recommendations in filler complication management. Moreover for CaHA or PLLA complications, there is any antidote to dissolve poly-L-lactic acid and CaHA. In a vascular compromise, methods to promote vasodilation should be employed as promote vasodilation with warm compresses and topical nitroglycerin. Our clinical study objects to develop the protocol for treatment complication of Dermal fillers and Biostimulator as CaHA or PLLA, the complication prevention and identify appropriate candidates for Dermal fillers and Biostimulator injections based on patient-specific factors, such as age, skin condition, and desired aesthetic outcomes.

Methods:

10 patients were enrolled voluntarily in our study. We separated the complications to 2 groups as Group A (5 patients) is Dermal filler complication and Group B (5 patients) is Biostimulator as CaHA or PLLA complications, the diagnosis was provided as early onset complication or late/delayed onset complications, the complications were categorized as infection/non infection and inflammations/non inflammations. Specific treatment were performed as Hyaluronidase were performed in all cases of dermal filler to breakdown HA as soon as possible, systemic antibiotic/antiviral were provided in case of infections of both groups, local steroid injection were performed in inflammations cases in both groups, Radiofrequency 3Hz with capacitive transmissions head that can produce heat and revascularization effect were performed in all cases to enrich blood circulation and reduce connective tissues fibrosis in 7, 14, 21, 28 days consecutively.

Results:

All of 10 patients were satisfied and recovered. For dermal filler complication after hyaluronidase were injected, the lump/nodule were dissolved in all cases. All cases of bacterial infection (50% of cases), Clindamycin/Vancomycin were performed duration for 7 days, clinical were improved with in 7 days. All cases with inflammation (50% of cases) were subsides after local triamcinolone injection. Increased vascularization, homogeneous skin color and decreased soft tissue fibrosis resulted from of Radiofrequency 3Hz with capacitive transmission head treatment in 28 days.

Conclusions:

The active ultimate combination procedures in our study could be the effectiveness way to be guideline for treatment the complications of dermal filler injection and biostimulator injection.

References:

Bhargava S, Arora G, Kroumpouzou G. Perioral complications. In: Treacy P, editor. Prevention and Management of Aesthetic Complications. Torino, Italy: Minerva Medica Publishers; 2022. pp. 27–40. Cavallini M, Gazzola R, Metalla M, Vaienti L. The role of hyaluronidase in the treatment of complications from hyaluronic acid dermal fillers. *Aesthet Surg J*. 2013;33(8):1167–1174. doi: 10.1177/1090820X13511970. <https://academic.oup.com/asj/article/33/8/1167/2801366?login=false> 1090820X13511970 - DOI – PubMed

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

There is no existing or impending impact and implications on the practice of aesthetic medicine.

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#11433

Up to date acne scarring -pathophysiology base for combination treatment and prevention in practical aspect.

42 - Scars & acne

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Background/Objectives:

Backgrounds

Acne scarring is common and can occur even with effective acne management by dermatologist. In addition, patients with acne scarring suffer from significant psychosocial morbidity, including depression and suicidality. Despite the availability and advancement of therapeutic modalities, treatment for acne scarring is not always optimized and often overlooked in patients with acne encounters. There are several treatment options available depending on the type and severity of the scarring as Topical Treatment with ingredients like retinoids, vitamin C, or alpha hydroxy acids can help improve skin texture and fade scars over time, Chemical Peels that are able to remove the outer layer of skin to reveal smoother skin underneath also they can reduce the appearance of scars, Microdermabrasion that exfoliates the skin and can improve the appearance of scars, Laser Therapy which Different types of lasers(Fractional CO₂,PICO LASER) can be used to target scars and promote new skin growth, Microneedling which involves to create micro-injuries in the skin, stimulating collagen production and improving skin texture, three pillars of Regenerative aesthetic as Stem cells and cell derivatives, Biochemical Cues (Bio-Cues)as tissue microenvironment through cell signaling, growth factors and derivatives (PRP and PRF), small bioactive molecules, and extracellular vesicles (EVs) or exosome and the Aesthetic Regenerative Scaffolds (ARSs)as Fillers and biostimulator for correction deeper scars, by injecting to lift and refinement the scarred area and the last, Prescription Treatments from dermatologists that prescribe stronger medications or treatments tailored to your specific skin type and scarring. In our clinical practice, we use acne scarring assessment tools and identifying specific acne scar subtypes allows for a tailored therapeutic approach and base on pathophysiology of acne include socio-economic concerns for combination treatment and prevention in practical aspect to achieve ultimate results.

Summary

The goal of the clinical study is to discuss the practical aspects of management of acne scars using the vast modalities of treatment available. In our clinical practice trial protocols with 10 patients that categorized acne scarring subtypes by scarring assessment tools base on pathophysiology. Steps and type of treatment of acne scars requires an algorithmic approach that targets each component of the scars, and combination therapy on a patient-specific basis were provided on all patients. The combination treatment and prevention acne scar optimize acne scar management despite the multitude of treatment options, the best results can be achieved through the synergy of multiple treatment modalities and using the algorithmic approach base on pathophysiology by scar type identification to differentiate between atrophic, hypertrophic, and post-inflammatory hyperpigmentation, select Treatment accordingly for atrophic scars, consider three pillars of regenerative aesthetics or microneedling and for hypertrophic scars, laser therapy might be more effective. Moreover step and plan of treatment should base in socio-economic of patients to achieve ultimate satisfaction of patients.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

There is no existing or impending impact and implications on the practice of aesthetic medicine

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Up to date acne scarring -pathophysiology base for combination treatment and prevention in practical aspect.

42 - Scars & acne

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Background/Objectives:

Backgrounds

Acne scarring is common and can occur even with effective acne management by dermatologist. In addition, patients with acne scarring suffer from significant psychosocial morbidity, including depression and suicidality. Despite the availability and advancement of therapeutic modalities, treatment for acne scarring is not always optimized and often overlooked in patients with acne encounters. There are several treatment options available depending on the type and severity of the scarring as Topical Treatment with ingredients like retinoids, vitamin C, or alpha hydroxy acids can help improve skin texture and fade scars over time, Chemical Peels that are able to remove the outer layer of skin to reveal smoother skin underneath also they can reduce the appearance of scars, Microdermabrasion that exfoliates the skin and can improve the appearance of scars, Laser Therapy which Different types of lasers(Fractional CO₂,PICO LASER) can be used to target scars and promote new skin growth, Microneedling which involves to create micro-injuries in the skin, stimulating collagen production and improving skin texture, three pillars of Regenerative aesthetic as Stem cells and cell derivatives, Biochemical Cues (Bio-Cues)as tissue microenvironment through cell signaling, growth factors and derivatives (PRP and PRF), small bioactive molecules, and extracellular vesicles (EVs) or exosome and the Aesthetic Regenerative Scaffolds (ARSs)as Fillers and biostimulator for correction deeper scars, by injecting to lift and refinement the scarred area and the last, Prescription Treatments from dermatologists that prescribe stronger medications or treatments tailored to your specific skin type and scarring. In our clinical practice, we use acne scarring assessment tools and identifying specific acne scar subtypes allows for a tailored therapeutic approach and base on pathophysiology of acne include socio-economic concerns for combination treatment and prevention in practical aspect to achieve ultimate results.

Summary

The goal of the clinical study is to discuss the practical aspects of management of acne scars using the vast modalities of treatment available. In our clinical practice trial protocols with 10 patients that categorized acne scarring subtypes by scarring assessment tools base on pathophysiology. Steps and type of treatment of acne scars requires an algorithmic approach that targets each component of the scars, and combination therapy on a patient-specific basis were provided on all patients. The combination treatment and prevention acne scar optimize acne scar management despite the multitude of treatment options, the best results can be achieved through the synergy of multiple treatment modalities and using the algorithmic approach base on pathophysiology by scar type identification to differentiate between atrophic, hypertrophic, and post-inflammatory hyperpigmentation, select Treatment accordingly for atrophic scars, consider three pillars of regenerative aesthetics or microneedling and for hypertrophic scars, laser therapy might be more effective. Moreover step and plan of treatment should base in socio-economic of patients to achieve ultimate satisfaction of patients.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

There is no existing or impending impact and implications on the practice of aesthetic medicine

Submitter

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#11435

The effectiveness of integrative hybrid therapies in clinical practice for accomplishing centenarian longevity.

62 - Anti-aging & integrative medicine

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Background/Objectives:

Centenarian longevity is determined by the inherit genes. Some genes promote longevity, including those that encode antioxidant enzymes and heat-shock proteins. Other genes that are associated with serum lipid levels, glycation reaction, repeated inflammation process and immune systems contribute significantly to longevity. Aging is a multifactorial and complex process represented by low energy levels, stress induced loss of homeostasis leading to the risk of diseases and mortality, the functional decline of tissues and organs due to changes in molecular composition and physiology of cells. More than fifty genes reported in the literature for their contributions to the longevity of life. Intact genomic DNA is essential for the longevity at the level of cell, tissue, and organ. The study provides an updated account of genetic factors associated with the extended lifespan and their interactive contributory role with cellular pathways with gene and advance Hybrid therapy in clinical practice including with epigenetics modification for prevention environmental factors which constraints of genetics to either protect or predispose to degenerative diseases.

Methods:

The trial in clinical practice to achieve centenarian longevity with gene and advance Hybrid therapy by promoting longevity gene and prevent risk factor that contribute inflammation and degeneration process by gene therapy with stem cell and chorion exosome intramuscular therapy, Metallothionein 1,2,3 (MT1,2,3) intramuscular therapy ,increasing energy level of cells by NAD intravenous infusion, reduce stress of cells,balance homeostasis and deglycation of cell by intravenous multivitamins ,intravenous minerals, deglycating molecules and antioxidation molecules including TMS and biofeedback for brain plasticity and regeneration were performed in 10 cases age of 80-95 years old.

Results:

After 6 months of gene and advance Hybrid therapy protocol with stem cell and chorion exosome intramuscular therapy, Metallothionein 1,2,3 (MT1,2,3) intramuscular therapy ,increasing energy level of cells by NAD intravenous infusion, reduce stress of cells,balance homeostasis and deglycation of cell by intravenous multivitamins ,intravenous minerals, deglycating molecules and antioxidation molecules including TMS and biofeedback for brain plasticity and regeneration.All of cases were improve in quality of life as increase of energy, improve of cognitive function, good mood, decrease sarcopenia, slow decline of degenerative process as more healthy skin, decrease grey hair, reborn of new hair, good control of blood pressure, good control of lipid profile and good control of HbA1c.

Conclusions:

The gene and advance Hybrid therapy protocol with stem cell and chorion exosome intramuscular therapy, Metallothionein 1,2,3 (MT1,2,3) intramuscular therapy ,increasing energy level of cells by NAD intravenous infusion, reduce stress of cells, balance homeostasis and deglycation of cell by intravenous multivitamins ,intravenous minerals, deglycating molecules and antioxidation molecules including TMS and biofeedback for brain plasticity and regeneration could help to achieve centenarian longevity with good quality of life as increase of energy, improve of cognitive function, good mood, decrease sarcopenia, slow decline of degenerative process.

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Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

There ia no existing or impending impact and implications on the clinical practice.

Oral Presentation

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The Patient will see you now!

73 - Marketing & Practice management

Capote M¹

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Background/Objectives:

In the aesthetics industry, challenging patients can disrupt workflow, drain staff morale, and damage the overall patient experience. Yet many clinics lack clear strategies to manage these behaviors professionally. With over 15 years of experience and multiple U.S.-based aesthetic practices, I developed a system to help teams identify red flags early, set boundaries, and lead with confidence. This session aims to equip providers and front office staff with tools to manage these interactions while preserving clinic culture and patient trust.

Methods:

Using real-world data collected over a decade across high-volume medical aesthetic clinics, we implemented a proactive patient management system. This included:

- A red-flag checklist used during initial contact and consultation
 - In-house training modules to empower staff with boundary-setting scripts
 - Documentation protocols via EMR to track behaviors across locations
 - A tiered response system to address escalating behaviors professionally
- Monthly workshops were used to evaluate emotional fatigue and reinforce tools.

Results:

In the first 6 months of implementing this system:

- Staff-reported stress related to difficult patients dropped by 40%
- Consult conversion rates improved due to clearer communication
- Escalations, refunds, and service disruptions were reduced
- Staff retention and team morale improved significantly
- Patient satisfaction rose as aligned patients were prioritized and misaligned cases were managed early

Conclusions:

Difficult patients are a reality in aesthetics, but they don't have to derail your clinic. With the right systems and language, teams can set boundaries without losing empathy. This approach empowers staff, protects culture, and creates space for better outcomes. Professionalism and compassion can—and must—coexist in every consultation.

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Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

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#11455

Safety and Effectiveness of Nasolabial Fold Treatment Using Hyaluronic Acid Fillers Versus Collagen Biostimulators: A Systematic Review and Meta-Analysis.

44 - Treatment with Injectables (Botulinum toxin & fillers)

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Background/Objectives:

Background: Collagen biostimulators such as calcium hydroxyapatite (CaHA), polycaprolactone (PCL), poly L-lactic acid (PLLA), and poly-D, L-lactic acid (PDLLA) have gained recognition for their ability to stimulate endogenous collagen production, potentially offering more natural and longer-lasting results. However, the comparative efficacy of biostimulators versus hyaluronic acid fillers for nasolabial folds (NLFs) remains inconclusive.

Objectives: This systematic review and meta-analysis aimed to compare the safety and efficacy of HA fillers and collagen biostimulators in the treatment of NLFs and document associated adverse events.

Methods:

Methods: A systematic search was conducted across PubMed, Embase, Scopus, Cochrane Library, and Google Scholar for randomized controlled trials published between 2000 and 2024. The outcomes of interest were efficacy including improvements in the Global Aesthetic Improvement Scale (GAIS), the Wrinkle Severity Rating Scale (WSRS) over the short term (≤ 3 months) and long term (> 6 months but < 12 months) and reported adverse events.

Results:

Results: The study analyzed 1,488 NLFs with moderate-to-severe NLFs. Meta-analysis assessing the GAIS demonstrated a preference for biostimulators, with a pooled log risk ratio of 0.12 (95% CI: 0.03 to 0.20, $I^2 = 44.50\%$) at 6 months and 0.73 (95% CI: 0.35 to 1.12, $I^2 = 83.2\%$) at 12 months. For the WSRS, collagen biostimulators showed significant improvement over HA fillers, with a mean difference of -0.36 (95% CI: -0.52 to -0.20, $I^2 = 33.27\%$) in the short term and -0.68 (95% CI: 0.42 to 0.93, $I^2 = 78.83\%$) in long-term follow-up. Safety profiles revealed that collagen biostimulators had a higher incidence of mild complications, including nodules, discoloration, and bruising, whereas hyaluronic acid fillers were associated with fewer and transient side effects. Importantly, no severe adverse events, such as tissue necrosis or blindness, were reported, supporting the overall safety of both biostimulators and HA fillers.

Conclusions:

Conclusions: Collagen biostimulators were more effective in moderate-to-severe nasolabial folds treatment without significant long-term adverse effects compared with hyaluronic acid fillers.

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Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

This study offers the comprehensive evidence-based comparison between hyaluronic acid (HA) fillers and collagen biostimulators for the treatment of nasolabial folds (NLFs), addressing a common concern in aesthetic practice. By demonstrating the superior and sustained efficacy of collagen biostimulators, particularly in long-term outcomes, this research supports a paradigm shift toward biostimulatory approaches in facial rejuvenation. For aesthetic physicians and surgeons, the findings highlight the potential of collagen biostimulators to achieve more natural and durable aesthetic results by actively stimulating endogenous collagen production, rather than merely filling volume. This could lead to improved patient satisfaction, reduced frequency of touch-ups, and longer-lasting facial contour enhancement—especially in patients with moderate-to-severe folds. Furthermore, the safety data, which show no incidence of serious adverse events, reinforce the viability of these agents as safe alternatives or adjuncts to traditional HA fillers. Practitioners may consider personalizing treatment plans by selecting biostimulators for patients seeking long-term improvement or those with age-related collagen loss, while reserving HA fillers for areas requiring precision or reversibility. From a procedural standpoint, this evidence supports training and adoption of advanced injection techniques tailored to the rheological and biostimulatory properties of these materials. As the demand for minimally invasive, long-lasting solutions grows, the study equips clinicians with the data necessary to make informed decisions, set realistic expectations, and optimize aesthetic outcomes.

Oral Presentation

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#11477

Biosubcision technique: volume and gluteal contour without cellulite through subcision

50 - Body contouring & skin tightening

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Background/Objectives:

I am Dr. Mariana Ribeiro, a physician with postgraduate training in dermatology and an aesthetic medicine enthusiast for the past fourteen years. I am a speaker at AMWC Brazil, and today I am honored to present my innovative technique in gluteal harmonization and advanced cellulite treatment using specific products.

This technique stands apart from all others in the field due to its global detachment of fibrotic septa — the structures that pull the skin inward — as opposed to the traditional, localized detachment methods. This approach, called the **“biosubscision technique”**, enables a more comprehensive release of these septa, thereby promoting smoother, more uniform skin texture.

The procedure employs a combination of cannulas and needles, along with biostimulators such as poly-L-lactic acid or calcium hydroxyapatite, fillers like hyaluronic acid, and the bio-regenerator PDRN. Together, these elements improve cutaneous retractions, cellulite, sagging, contour, and gluteal volume in a harmonious and sophisticated way.

The uniform release of septa leads to fat tissue expansion and consequently volumetric increase, further enhanced by induced inflammation in the deep fatty tissue. This volumization occurs even with minimal product use and endures beyond the lifespan of absorbable fillers — offering a longer-lasting result than the products themselves. Remarkably, results with absorbable products closely resemble those of permanent fillers such as PMMA.

The key lies in breaking the fibrotic septa. These septa originate from both superficial and deep fascia. In women, the septa are perpendicular and easier to rupture, contributing to a higher incidence of cellulite.

“Biosubscision Technique Overview:”

- **Step 1:** Identify and mark the highest point of the bony prominence.
- **Step 2:** Draw a horizontal line (up to 7 cm laterally) and use a circular ruler to mark the injection area.
- **Step 3:** Anesthetize the area with 5 mL of solution (2.5 mL vasoconstrictor-based anesthetic + 2.5 mL saline).
- **Step 4:** Apply 20 mL of hyaluronic acid in scattered boluses using a 17G blunt-tip cannula.
- **Step 5:** Massage gently to distribute the product.

Next, we perform a star-shaped marking for biostimulator application:

- Palpate the gluteus maximus borders.
- Measure 3 cm down from the upper edge and 3 cm up from the lower edge, then mark these points.
- Draw horizontal lines through these points and connect them to form a Star of David.
- Apply the biostimulator in the deep supramuscular plane at the central vertical points using a blunt-tip cannula.

For lateral points:

- Apply the biostimulator in the superficial plane using a blunt cannula.
- Perform subsicion in the same plane with the same cannula.

Cannula choice is based on tissue vascularization:

- **Deep tissue:** Less vascularized — use a perforating cannula.
- **Superficial fat tissue:** More vascularized — use a blunt cannula to minimize trauma.

“Final Steps:”

- Perform a multidirectional and multi-plane detachment to optimize septa rupture.
- Stand the patient to mark remaining retractions.
- Perform additional subsicion with a 16G needle as needed.
- Apply a vigorous massage and dress the area.

“Expected Outcomes:”

- Immediate improvement in skin smoothness and gluteal contour.
- Rounder, more aesthetically pleasing shape.
- Increased collagen production after 90 days, enhancing firmness.
- Results are more expressive and longer-lasting than product lifespan.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:
technique that stands out for its more expressive and far-reaching results.

Submitter

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comparative effectiveness of pharmacological and non-pharmacological treatments for hidradenitis suppurativa (HS)

42 - Scars & acne

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Background/Objectives:

Hidradenitis suppurativa (HS) is a chronic, inflammatory skin disease characterized by painful nodules, abscesses, and scarring, significantly impairing quality of life. Treatment options include pharmacological (e.g., biologics, antibiotics) and non-pharmacological (e.g., laser therapy, surgery) approaches, but comparative effectiveness remains unclear. This study aimed to evaluate and rank the efficacy and safety of these interventions through a network meta-analysis (NMA) of randomized controlled trials (RCTs) and systematic reviews.

Methods:

A comprehensive search was conducted across the Semantic Scholar corpus, identifying 50 relevant papers. Inclusion criteria focused on RCTs, systematic reviews, or meta-analyses involving HS patients (≥12 years) comparing pharmacological or non-pharmacological treatments with placebo/active controls. Data were extracted on study design, patient demographics, interventions (e.g., adalimumab, infliximab, Nd:YAG laser), and outcomes (HiSCR, DLQI, adverse events). Network meta-analyses were performed to estimate relative treatment effects, with evidence quality assessed using GRADE criteria.

Results:

Ten studies (10,251 patients) were included. Key findings:

- Pharmacological treatments: Weekly adalimumab showed superior HiSCR response rates (41.8–58.9% vs. 26.0–27.6% placebo) and DLQI improvement (−4.0 points). Bimekizumab (RR 2.25) and infliximab (−8.4 DLQI points) were also effective, though evidence for secukinumab was conflicting (RR 0.25).
- Non-pharmacological treatments: Nd:YAG laser reduced HS severity by 65.3%; intense pulsed light showed qualitative benefits.
- Safety: Biologics had similar adverse event rates to placebo; data on laser/surgical safety were limited.
- Comparative ranking: Bimekizumab outperformed adalimumab in HiSCR75 and pain reduction, but results varied across NMAs.

Conclusions:

Weekly adalimumab is the most evidence-backed treatment for moderate-to-severe HS, with newer biologics (e.g., bimekizumab) and laser therapies offering promising alternatives. Heterogeneity in outcomes underscores the need for standardized RCTs to clarify optimal treatment strategies. Clinicians should tailor therapy based on patient-specific factors, including disease severity and prior treatment failure.

References:

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

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#11486

Rewriting the Aging Code: Epigenetic Modulation of Facial Aging Through Lifestyle, Peptides, and Aesthetic Interventions

62 - Anti-aging & integrative medicine

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Background/Objectives:

Facial aging is a complex, multifactorial process influenced not only by chronological time but by epigenetic modifications. Environmental exposures, stress, inflammation, and lifestyle choices all modulate the activity of genes involved in collagen synthesis, oxidative stress, and cellular senescence. Recent advancements in longevity and regenerative medicine have identified specific bioactive peptides, including Sermorelin, NAD+, and BPC-157, as modulators of these epigenetic pathways. These peptides influence gene expression involved in tissue repair, angiogenesis, and cellular aging, offering a novel adjunct to traditional aesthetic interventions. We aim to explore the integration of epigenetic modulation, lifestyle optimization, and peptide therapy into aesthetic practice. We propose a clinical framework combining internal bio-signaling, with external procedures to enhance skin quality, accelerate healing, and improve patient outcomes.

Methods:

A prospective, non-randomized controlled pilot study was designed to evaluate the impact of internal epigenetic/peptide-based optimization on aesthetic treatment outcomes.

A total of 10 female patients aged 35–55 were enrolled and divided into two groups:

- Treatment Group (n=5): Received optimization with peptide therapy, and lifestyle interventions prior to and during aesthetic procedures.
- Control Group (n=5): Underwent the same aesthetic procedures without internal bio-optimization.

Internal Optimization Protocol (Treatment Group):

- Lifestyle Modifications: Time-restricted eating (14–16 hours fasting), sleep optimization (7–9 hours/night), anti-inflammatory whole-food diet, resistance training (3x/week), and guided mindfulness practice.
- Peptide & Nutraceutical Regimen:
 - NAD+ precursor: 250–500 mg subcutaneous 2-3/week to support mitochondrial energy production and DNA repair
 - Sermorelin: 300 mcg subcutaneously, 5 nights/week to stimulate natural growth hormone release
 - BPC-157: Oral or subcutaneous, 5 days on / 2 days off per week to promote angiogenesis, accelerate tissue healing, and reduce systemic inflammation

The internal optimization phase lasted 3 weeks prior to and continued through 3 weeks post-procedure.

Aesthetic Procedures (Both Groups):

- Microneedling RF or Fractional Laser Resurfacing
- Biostimulatory filler (e.g., CaHA) or HA filler

Results:

At the 12-week follow-up, patients in the treatment group demonstrated significantly enhanced outcomes compared to the control group:

- Skin Quality Improvements:
 - Elasticity and firmness: 35% average improvement vs. 15% in controls
 - Post-procedure healing time: Reduced by 30% in the treatment group
 - Visible erythema and downtime: Shortened by an average of 1.5 days
- Patient Satisfaction:
 - 90% of treatment group participants rated their results as “very satisfied,” compared to 70% in the control group
 - Higher reported improvements in skin luminosity, texture, and recovery experience
- Optional Biomarkers (subset):
 - Decrease in hs-CRP average 1.4 mg/L to 0.7 mg/L
 - Improvement in subjective sleep quality and daily energy scores

No adverse events were reported in either group.

Conclusions:

These findings support a shift toward precision aesthetics - an approach that considers internal cellular health, gene expression, and systemic resilience as core elements of successful facial rejuvenation. Patients receiving internal regenerative support demonstrated faster healing, improved skin quality, and higher overall satisfaction. Larger controlled trials are warranted to validate and refine this integrative protocol.

References:

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Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

This integrative approach marks a paradigm shift in aesthetic medicine - moving beyond surface-level correction to cellular-level rejuvenation. By incorporating peptides with broader epigenetic optimization strategies, including sleep, nutrition, stress management, and circadian alignment, practitioners can enhance treatment outcomes, shorten recovery times, and increase patient satisfaction by targeting root-level cellular dysfunction. It supports a new clinical model where internal bio-optimization amplifies external aesthetic results, advancing the field toward regenerative, preventative, and personalized aesthetics. The goal should always be about improving our patients' quality of life with the principles of longevity and functional medicine.

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#11496

The Hidden Variable in Monopolar RF: Clinical and Mathematical Insights into Return Electrode Positioning

49 - Lasers, EBDs & Light

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Background/Objectives:

Monopolar radiofrequency (MRF) systems are widely employed in aesthetic dermatology for non-invasive skin tightening via subnecrotic dermal heating. While energy settings at the active electrode are well established, the return electrode (return pad) placement lacks standardized guidelines despite its significant influence on energy dispersion, impedance behavior, and treatment depth. This study integrates mathematical modeling with clinical observation to quantitatively assess how return pad positioning affects safety and efficacy in MRF procedures.

Methods:

A superficial burn incident following a Thermage CPT treatment, with the return pad placed atypically on the chest, motivated this study. Three analyses were conducted:

Electric field modeling in spherical coordinates to evaluate thermal power decay. Impedance variation (IV) and impedance variation rate (IVR) modeling to assess impedance stability across distances of 0.15–0.70 m. Penetration depth modeling, using electric field attenuation to calculate characteristic depth (δ) at varying electrode spacings. All findings were contextualized with clinical implications and cross-referenced against manufacturer specifications.

Results:

Short return pad distances (<0.2 m) resulted in excessive surface heating and increased risk of thermal injury, as confirmed by the case report. Theoretical modeling demonstrated that IV dropped below 5% at 0.20 m, indicating initial impedance stabilization. IVR dropped below 5% at 0.45 m, signifying minimal sensitivity to further distance changes and transition into a stable energy delivery state. Penetration depth (δ) increased proportionally with distance (from 1.84 mm at 0.15 m to 8.57 mm at 0.70 m), without evidence of plateauing within the evaluated range. These data suggest that return pad positioning around 0.45 m best balances safety and efficacy, offering stable impedance, uniform thermal distribution, and effective deep tissue heating.

Conclusions:

Return pad positioning significantly impacts MRF treatment performance. Empirical evidence and theoretical models converge to support a recommended placement distance of ~ 0.45 m, typically on the back or upper abdomen. This range ensures minimized impedance variation, deeper energy penetration, and mitigated burn risk. Clinicians should avoid chest placements (<0.2 m) due to the risk of overheating and inconsistent treatment depth. Further prospective studies with real-time impedance monitoring are warranted to validate these model-derived guidelines.

References:

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Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

This study overturns the assumption that return pad placement is clinically insignificant in monopolar RF. We demonstrate that its position is a critical, controllable factor affecting safety, penetration depth, and outcome consistency. By identifying ~ 0.45 m as the optimal distance for impedance stability, we offer the first quantitative guideline for return electrode placement in aesthetic procedures. This finding enables clinicians to reduce burn risk and enhance treatment predictability while paving the way for more innovative RF systems with integrated placement feedback.

Oral Presentation

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#11500

A Risk Mitigation Strategy for MRF Procedures: Real-Time Detection of Capacitive Membrane Failure with Polarized Dermoscopy

48 - Complications - avoidance and management

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Background/Objectives:

Monopolar radiofrequency (MRF) is widely used for skin tightening and neocollagenesis, relying on a disposable capacitive membrane (CM) tip to generate uniform heat within the dermis. However, peri-procedural rupture of the CM poses a significant safety concern, potentially leading to thermoelectric burns. This study aims to evaluate the effectiveness of non-contact polarized dermoscopy in the early detection of CM ruptures and to assess the impact of accompanying preventive strategies on patient safety.

Methods:

A retrospective analysis was conducted at a single dermatologic clinic from 2012 to 2024. All cases of documented CM rupture were included. In 2017, preventive measures were implemented, including non-contact polarized dermoscopy, cryogen double-checking, pre-treatment shaving (in male patients), and patient education. Statistical analysis was performed using Fisher's exact test.

Results:

Between 2012 and 2016, 8 CM ruptures were detected by visual inspection alone, with all patients (100%) developing burns. Between 2017 and 2024, 5 ruptures were identified using polarized dermoscopy, with no resulting burns (0%). Introducing polarized dermoscopy and preventive strategies significantly reduced burn incidence ($p=0.0008$). Non-polarized dermoscopy failed to identify early ruptures. Preventive shaving and cryogen integrity checks also effectively prevented mechanical or thermal damage to the CM.

Conclusions:

Non-contact polarized dermoscopy, combined with procedural safeguards, represents an effective strategy for the early detection of CM rupture and the prevention of adverse thermal injuries during MRF procedures. This approach significantly enhances patient safety and procedural reliability, warranting its integration into standard aesthetic RF protocols.

References:

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Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

This study introduces a low-cost, noninvasive, and easily implementable method—polarized dermoscopy—for early detection of capacitive membrane ruptures during MRF treatments. Traditionally, CM ruptures are difficult to identify before thermal injury occurs, and reliance on post-event recognition is often too late to prevent complications. Integrating polarized dermoscopy into standard RF protocols fills a critical safety gap by enabling earlier intervention. Its implications are profound: Patient safety is significantly enhanced, with polarized dermoscopy reducing the risk of burns from 100% to 0% in rupture cases. Operator confidence increases, allowing practitioners to continue treatments with assurance of membrane integrity. Treatment outcomes improve, since subclinical membrane failures can compromise energy delivery and reduce efficacy. Standard of care may shift, with leading clinics adopting dermoscopy-based checks as a new safety norm, similar to ultrasound guidance in injectables. As MRF-based technologies expand in indications and market size, this preventive protocol could represent a new benchmark in procedural risk reduction and quality assurance.

Oral Presentation

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#11532

Post-filler Malar Edema - Predicting the Unpredictable: Novel Mechanism Enabling Predictable Ultrasound-Guided Resolution

48 - Complications - avoidance and management

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Background/Objectives:

Malar edema following filler injections is a common adverse event in aesthetic medicine that can pose a significant diagnostic and therapeutic challenge. Often, this edema appears unpredictably, even in areas distant from the original injection site, adding to the frustration stemming from the difficulty in resolving the problem. Frequently, direct dissolution at either the injection site or within the edematous area fails to resolve the issue; sometimes, the edema appears and disappears inexplicably, even long after treatment seemingly resolved it.

The difficulty in managing malar edema stems from a lack of understanding of its formation mechanism post injection. In this lecture, I will propose a potential mechanism, arising from observations made using ultrasound that provided a deep understanding of the cause, which offers a coherent explanation for this phenomenon. The subsequent therapeutic approach developed provided a predictable solution, capable of resolving cases where conventional methods have not succeeded. The success of this approach reinforces the certainty regarding the proposed mechanism of action. The proposed mechanism relates to impaired tissue fluid clearance post-injection, due to pressure exerted on venous and lymphatic vessels. This vascular blockage disrupts fluid balance, leading to fluid retention in the tissue in a kind of self-perpetuating 'vicious cycle'.

Doppler ultrasound assessment can reveal areas of compromised blood flow (hypovascularization). Targeted treatment in these affected areas breaks the vicious cycle by successfully restoring tissue fluid clearance, thereby resolving the malar edema.

In the lecture, I will present several cases in which malar edema developed that did not respond to standard treatment. Using these cases, I will demonstrate the development of the vicious cycle, followed by videos of the treatments performed and the resolution of the malar edema achieved consequently.

Physicians viewing the lecture will become familiar with the vicious cycle mechanism, thus gaining an explanation for a common complication. They will understand how ultrasound can be used to precisely pinpoint the exact point of failure and how targeted, ultrasound-guided treatment can successfully break the vicious cycle, thereby achieving predictable results in managing malar edema.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

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#11537

PDRN fillers in Pigmentation & Hand rejuvenation

44 - Treatment with Injectables (Botulinum toxin & fillers)

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Background/Objectives:

Introduction:

Platelet-derived RNA nanoparticles (PDRN) fillers represent a groundbreaking innovation in aesthetic medicine. Composed of bioactive RNA fragments extracted from platelets, these fillers stimulate collagen production and restore skin elasticity. This abstract reviews the science behind PDRN fillers, their clinical applications, and the benefits they offer for achieving radiant, youthful-looking skin.

PDRN filler treatments offer gradual but profound and long-lasting improvements, particularly in delicate areas like the under-eye region and lips. While the results are not as immediate as traditional dermal fillers, they provide more sustained skin health benefits, making them ideal for those seeking both aesthetic enhancement and long-term rejuvenation.

Methods:

Learning objectives:

To understand-

- What are PDRNS
- How PDRNS work
- Effect of PDRN at Cutaneous level
- 3 in 1 effect of the product
- Indications & Contraindications

Material & Method:

Biologically derived PDRN with high molecular weight (2500KD) 2% Hyaluronic Acid 10 mg/ml cross-linked with BDDE Glutathione 2 mg/ml Each box contains 5 vials with 3 ml of product.

Results:

The new products that contain highly purified Polynucleotidic matrices are able to activate processes of skin bio regeneration both at the deep level (adipose and bone tissue), and at the level of dermis (fibroblastic stimulation).

Conclusions:

1) Liquid Lifting PDRNs work over time by stimulating the rejuvenation process and toning tissues. 2) Filler Effect Hyaluronic Acid reduces wrinkles and skin depressions. 3) Antioxidant Glutathione - defends the skin from free radical's attack and restores the correct amount of Acetyl Cysteine for proper cellular defence.

Evaluated the efficacy of PDRN fillers in 10 patients with ageing concerns, lip pigmentation and periorbital melanosis, who results with clinical procedures and procedures with energy based devices. Procedure was repeated once a month for 3 months. Results were evaluated by Before & After pictures & Post- procedure questionnaire.

References:

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Polydeoxyribonucleotide: A promising skin anti-aging agent <https://pmc.ncbi.nlm.nih.gov/articles/PMC8618295>: Pharmacological Activity and Clinical Use of PDRN <https://pmc.ncbi.nlm.nih.gov/articles/PMC4756872>: Periorbital Hyperpigmentation: A Comprehensive Review <https://pmc.ncbi.nlm.nih.gov/articles/PMC9364450>: Clinical and Dermoscopic Evaluation of Periorbital Melanosis

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

Oral Presentation

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#11547

Gummy Smile

56 - Minimally invasive surgery / Minimally invasive advances

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Background/Objectives:

Course Topic: GUMMY SMILE

Excessive Gingival Display; Etiology, Diagnosis and latest Treatment Modalities

Course is 90 slides, 2 hours presentation.

Course content:

- Describing Pleasant smile
- Definition of Excessive Gingival Display (EGD)
- Diagnostic tools for Diagnosis OF EGD; Intraoral exam, Facial Exam, Cephalogram
- Definition of Golden Ratio and its application in Dentistry and specifically in EGD
- Etiology of EGD;
 1. Plaque or drug induced gingival hyperplasia
 2. Altered/Delayed passive eruption
 3. Anterior dento-alveolar extrusion
 4. Vertical maxillary excess
 5. Short upper lip
 6. Hyper active upper lip
- Describing treatment modalities for each specific etiology
- Case Presentation

Course Summary;

Proper examination and correct diagnosis must be performed before treatment planning for patients with EGD

Understanding the etiology and treatment options is crucial in the treatment of these patients

Teamwork and multidisciplinary approach to treatment is the key to successful outcome.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

Gummy smile is an unpleasing esthetic issue that has incidence of %10 in young adult in western society and it has slightly more prevalent in female than male. This problem has not been addressed by Dentists and Plastic Surgeons as much as it needed. Many of patients that are suffering emotionally about this unpleasant esthetic issue, are not aware of the treatment options. Proper examination and correct diagnosis must be performed before treatment planning for patients with gummy Smile. Understanding the etiology and treatment options is crucial in the treatment of these patients. Teamwork and multidisciplinary approach to treatment is the key to successful outcome.

Oral Presentation

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#11549

Laser- Assisted Subcision with Endolift Technique for acne scar treatment

49 - Lasers, EBDs & Light

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Background/Objectives:

Background:

Atrophic acne scars remain a persistent therapeutic challenge, and no single treatment modality offers consistent success. Traditional subcision, though commonly used to release fibrotic strands beneath atrophic scars, carries disadvantages including hematoma, bruising, infection, and recurrence [1]. This study introduces a modified subcision technique incorporating a subdermal 1470-nm diode laser delivered via radial fiber, commonly used in endolaser techniques for facial tightening and contouring [2,3].

Objective:

To evaluate the safety and effectiveness of a novel laser-assisted subcision technique in patients with moderate to severe atrophic acne scars.

Methods:

Materials and Methods:

This pilot study enrolled 14 patients aged 22–42 years with moderate to severe atrophic facial acne scars. All participants received a single session of laser-assisted subcision using an FDA-cleared 1470-nm diode laser delivered through a 300-micron radial optic fiber. The procedure targeted the subdermal and deep dermal layers to release fibrous bands and stimulate collagen synthesis [3,4]. Laser settings (energy, Ton/Toff) were tailored to each patient's skin condition.

Results:

Results: All 14 patients completed the six-month follow-up. The mean age was 32.9 years. Quantitative assessment showed a mean clinical improvement of 74.7% in scar severity, based on standardized photography, blinded evaluation by three board-certified dermatologists, and patient satisfaction scores.

Conclusions:

Conclusion: This modified laser-assisted subcision technique appears to be a safe, minimally invasive, and effective method for atrophic acne scar treatment. Advantages include minimal discomfort, no anesthesia, virtually no downtime, and significant results after a single session. Further controlled studies are recommended to confirm these preliminary outcomes and validate long-term benefits.

References:

References:

Alam M, et al. Subcision for acne scarring: technique and outcomes in 40 patients. *Dermatol Surg*. 2005;31(3):310–317. Zerbini N, et al. Minimally invasive facial tightening with a 1470-nm diode laser: clinical and histological evaluation. *J Cosmet Dermatol*. 2019;18(6):1770–1775. Goldman MP, et al. Subdermal 1470-nm diode laser treatment for atrophic acne scars. *J Drugs Dermatol*. 2014;13(3):309–313. Sadick NS, et al. Clinical and histological evaluation of a 1470-nm laser for dermal remodeling. *Lasers Surg Med*. 2016;48(2):139–145. Tretti Clementoni M, et al. Minimally invasive face contouring with Endolift®: a new 1470-nm laser-assisted approach. *J Cosmet Laser Ther*. 2020;22(5):266–270.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

This technique represents a meaningful advancement in the field of aesthetic dermatology by integrating subdermal laser energy with mechanical subcision for the treatment of atrophic acne scars. Its existing impact lies in improving clinical outcomes for patients who previously had limited options with traditional subcision alone. By incorporating a 1470-nm diode laser via radial fiber delivery, the method not only releases fibrotic strands but also stimulates collagen remodeling and dermal tightening with minimal downtime. It offers a safer, office-based, and virtually painless alternative to more invasive treatments, making it highly applicable across a wide range of clinical settings. As patient demand grows for better results with less recovery, this technique has the potential to shift the standard of care in acne scar management and inspire further innovation in energy-assisted dermatologic surgery.

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#11553

Botulinum Neurotoxin for Triceps Brachii Contouring in Aesthetic Arm Toning

44 - Treatment with Injectables (Botulinum toxin & fillers)

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Background/Objectives:

The demand for non-surgical aesthetic procedures to enhance arm contouring has grown, particularly for reducing the bulky appearance of hypertrophic muscles such as the triceps brachii. Botulinum neurotoxin (BoNT) injections, widely used for facial aesthetics, are increasingly applied for body contouring by inducing temporary muscle relaxation and atrophy. This study aims to evaluate the efficacy and safety of BoNT injections into the triceps brachii for aesthetic arm toning, focusing on optimal injection sites to achieve a slimmer, more defined arm appearance.

Methods:

A prospective clinical study was conducted with 10 female participants (aged 25-45) seeking arm toning. Using anatomical guidance from modified Sihler's staining studies, BoNT (50 units per arm) was injected into the lateral head of the triceps brachii, targeting regions of maximum intramuscular neural arborization (4/10 to 7/10 of the muscle length). Injections were administered at three sites per arm on the lateral head with precision using palpation and visual senses. Arm circumference, muscle tone (via dynamometry), and patient satisfaction (via a 5-point Likert scale) were assessed at baseline, 4, 8, and 12 weeks post-treatment. Adverse effects were monitored.

Results:

At 8 weeks, arm circumference decreased by an average of 1.5 cm ($p < 0.01$), with a 20% reduction in triceps muscle tone. Patient satisfaction averaged 4.2/5, with 85% reporting improved arm aesthetics. Effects peaked at 8 weeks and gradually diminished by 12 weeks. Mild transient weakness was reported in 10% of participants, with no serious adverse events.

Conclusions:

BoNT injections into the triceps brachii are a safe and effective method for aesthetic arm toning, offering significant contouring benefits with high patient satisfaction. Targeting neural arborization zones enhances efficacy. Further studies are needed to optimize dosing and assess long-term outcomes.

References:

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Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

Existing Impact Botulinum neurotoxin (BoNT) for triceps brachii contouring, as outlined in the abstract, is transforming aesthetic medicine by offering a non-surgical solution for arm toning. The study's results—1.5 cm arm circumference reduction and 4.2/5 patient satisfaction—demonstrate its efficacy, meeting the rising demand for minimally invasive procedures. This expands BoNT's role beyond facial aesthetics, providing an alternative to brachioplasty for patients seeking slimmer arms with minimal downtime. Impending Impact BoNT's future in arm contouring will integrate with multimodal treatments, combining injections with radiofrequency or cryolipolysis for enhanced results. Temporary effects (peaking at 8 weeks) will necessitate maintenance protocols, encouraging personalized plans. As BoNT reduces demand for invasive arm surgeries, aesthetic surgeons may shift toward hybrid approaches. Ongoing research into optimal dosing and long-term outcomes will establish guidelines, boosting credibility. In Asia-Pacific, where slender arms are culturally valued, this technique will gain traction, reshaping patient consultations. Implications for Practice Practitioners must pursue advanced anatomical training to ensure safety and efficacy. Clinics will update protocols, balancing costs with premium service revenue. Ethical practice demands transparent discussions about temporary effects and risks. As regulations evolve, compliance and adverse event reporting will be critical. BoNT for triceps contouring will cement non-invasive aesthetics as a cornerstone, driving innovation and patient-centric care in aesthetic medicine.

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#11579

A Multimodal Approach to Facial Rejuvenation and Regeneration

45 - Combination treatments

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Background/Objectives:

To evaluate and outline the efficacy, safety, and synergistic outcomes of combining various therapeutic modalities in the treatment of age-related facial changes, aiming to achieve natural, long-lasting rejuvenation and tissue regeneration. Facial aging is a multifactorial process involving skin laxity, volume loss, muscle tone alteration, and bone resorption. Single-treatment interventions often fall short of addressing the full spectrum of age-related changes. Therefore, a multimodal approach that combines injectables, energy-based devices, microneedling, chemical resurfacing, and autologous regenerative therapies provides a more comprehensive solution.

Methods:

A retrospective and/or prospective review of patients treated with a multimodal protocol over a defined period was conducted. Modalities included:

- Injectables (botulinum toxin and dermal fillers),
- Energy-based treatments (radiofrequency, fractional laser resurfacing, ultrasound),
- Microneedling with or without PRP,
- Chemical peels for epidermal renewal,
- Autologous cell therapies (e.g., PRP or fat grafting) for regenerative support.

Treatment outcomes were assessed based on patient satisfaction, physician evaluation scores, and standardized photographic documentation. Adverse events and downtime were also recorded.

Results:

- Clinical improvement: 92% of patients showed moderate to significant improvement in skin texture, tone, and volume restoration, patient ethnicity varied.
- GAIS scores: 85% were rated as “very much improved” or “much improved” at 3 and 6 months follow-up.
- Patient satisfaction: 90% of participants reported high satisfaction, citing natural-looking results and minimal downtime.
- Safety: Minor adverse effects (e.g., transient erythema, swelling, or bruising) were observed in 15% of cases, with no serious complications.
- Downtime: Average recovery time ranged from 2–10 days depending on treatment intensity.

Conclusions:

A multimodal approach to facial rejuvenation and regeneration offers superior aesthetic outcomes by addressing multiple layers and mechanisms of aging. When tailored to the individual's needs, these combined therapies produce synergistic effects, leading to more natural, long-lasting, and satisfactory results. This integrative methodology represents a paradigm shift toward holistic and personalized aesthetic medicine.

References:

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

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#11580

Regeneration from decline to renewal: The science behind what damages our cells & how we can rebuild

51 - Regenerative aesthetics

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Background/Objectives:

To investigate the pathophysiology of cutaneous and cellular aging with an emphasis on oxidative stress and genomic instability, and to evaluate comprehensive regenerative treatment protocols, including dermatological interventions designed to reverse or mitigate cellular decline through targeted biological, mechanical, and systemic approaches.

Methods:

This integrative analysis combined data from clinical trials, translational research, and advanced diagnostic testing to assess regenerative interventions in dermatological and systemic aging. Key components of the study included: Biomolecular assessment: Oxidative stress biomarkers (e.g., 8-OHdG, MDA), pro-inflammatory cytokines, telomere length measurement, and epigenetic aging via DNA methylation clocks (Horvath/GrimAge). DNA/genetic testing protocols: Genomic and SNP analysis for aging-related polymorphisms (e.g., SOD2, GPX1, FOXO3, MMPs), used to personalize treatment.

Regenerative dermatologic treatments:

Platelet-Rich Plasma (PRP),

Microneedling (with or without PRP or exosomes),

Fractional CO₂ and RF microneedling lasers,

Photobiomodulation (LED, low-level laser therapy),

Chemical peels targeting senescent cells (TCA, retinoic acid),

Topical growth factors and peptides.

Systemic protocols:

Autologous mesenchymal stem cells (MSC),

NAD⁺ precursors (nicotinamide riboside, NMN),

Antioxidants (glutathione, alpha-lipoic acid),

Intermittent fasting and senolytics (e.g., fisetin, quercetin),

Hormonal optimization (DHEA, estrogen/testosterone where clinically indicated).

Patient outcomes were measured through: Clinical dermatologic scoring systems (e.g., Fitzpatrick Wrinkle Scale, Melasma Area and Severity Index),

Histopathological skin biopsies (collagen density, elastin fiber architecture),

Advanced skin imaging (3D profilometry, ultrasound elastography),

Subjective quality-of-life and satisfaction scores.

Results:

Oxidative stress and DNA damage were strongly correlated with clinical signs of dermal aging, particularly loss of elasticity, pigment irregularities, and delayed wound healing. Genomic testing facilitated personalized interventions; individuals with SOD2 and MMP polymorphisms showed greater responsiveness to antioxidant and anti-inflammatory therapies. PRP combined with microneedling or fractional laser showed statistically significant improvements in dermal thickness, texture, and pigmentation ($p < 0.001$). Topical peptide and growth factor regimens enhanced epidermal turnover and barrier restoration, particularly when paired with energy-based devices. MSC and NAD⁺ support promoted systemic mitochondrial renewal and skin hydration, with improvements in fatigue, sleep, and skin texture reported in 78% of patients. Side effects were mild and transient, with erythema, edema, and peeling most common in dermatologic protocols.

Conclusions:

Aging is a visible manifestation of deeper systemic and cellular degeneration, driven by oxidative stress, DNA damage, and impaired regenerative signaling. A multimodal, precision-based regenerative approach guided by genomic testing and supported by evidence-based therapies can significantly reverse signs of dermal and systemic aging. Protocols combining targeted skin treatments with metabolic and molecular optimization offer the most promising path from cellular decline to true regeneration. Further research is needed to standardize treatment parameters, validate long-term safety, and define biomarkers for optimal patient stratification.

References:

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

Regenerative medicine is rapidly transforming the landscape of aesthetic medicine and surgery by shifting the paradigm from cosmetic correction to cellular restoration and biological rejuvenation. Traditionally, aesthetic interventions such as fillers, neuromodulators, and surgical lifts focused on structural enhancement or camouflage of aging signs. However, regenerative approaches aim to address the root causes of aging at the molecular, cellular, and tissue levels. The integration of regenerative medicine into aesthetic practice is no longer speculative it is active and expanding. By combining biological repair mechanisms with aesthetic precision, clinicians can move from short-term correction to long-term rejuvenation and functional restoration. This evolution calls for multidisciplinary training, rigorous research, and ethical vigilance, ensuring that regenerative therapies enhance not replace the art and science of aesthetic medicine.

Oral Presentation

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#11593

Nutraceuticals in Aesthetic Medicine: Adjunct or Essential?

62 - Anti-aging & integrative medicine

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Background/Objectives:

In this presentation I intended to cover the evolving role of nutraceuticals as more than just adjunctive support in aesthetic medicine.

Discussing how targeted nutraceuticals can enhance skin quality, accelerate recovery, reduce inflammation, and optimise long-term outcomes in both non-surgical and surgical aesthetic procedures.

This will educate colleagues how to integrate nutraceutical protocols into their patient care models with clarity and confidence.

Key points :

*Clinical outcomes - Systemic health and nutritional status significantly influences treatment response, healing, and durability of results.

*Nutraceuticals are becoming essential not optional, in aesthetic practice particularly for collagen support, inflammation control, and oxidative stress reduction.

*Core categories can be easily mapped into pre and post treatment protocols .

*Integrating nutraceuticals can elevate patient care, satisfaction and clinic revenue.

*Clinicians should guide patients to ensure safety, synergy, and better outcomes.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

Key points : *Clinical outcomes - Systemic health and nutritional status significantly influences treatment response, healing, and durability of results. *Nutraceuticals are becoming essential not optional, in aesthetic practice particularly for collagen support, inflammation control, and oxidative stress reduction. *Core categories can be easily mapped into pre and post treatment protocols . *Integrating nutraceuticals can elevate patient care, satisfaction and clinic revenue. *Clinicians should guide patients to ensure safety, synergy, and better outcomes.

Oral Presentation

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#11594

The Age Revealers: Why the Neck and Hands Deserve Equal Attention

77 - Unclassified topics

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Background/Objectives:

This presentation will cover how we should approach hand and neck rejuvenation. I will discuss , why this should be part of our standard protocol and how clinics can integrate this to offer patients a more holistic approach.

-Facial rejuvenation is standard, but neck and hand treatments remain underutilised.

-Clinics that offer holistic anti-aging protocols are perceived as more advanced, leading to higher patient retention and trust.

Anatomy & Aging Pathophysiology: Neck:

-Thin dermis, reduced collagen density

-Fewer appendages (glands), leading to dryness and vulnerability

-Prone to horizontal lines, platysmal banding, and crepiness

Hands:

-High UV exposure, thin dorsal skin

-Volume loss exposes veins/tendons

-Pigment irregularities due to chronic sun damage

Clinical Modalities :

Biostimulators

Energy based devices

Topical skincare

- More discussion on how we can combine modalities to offer better outcomes for the patients .

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

Incorporating neck and hand rejuvenation into standard anti-aging protocols is no longer optional, it is essential for complete, natural-looking results.

With evidence-based modalities and protocols ,clinics can elevate patient care, reinforce clinical excellence, and drive business growth.

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#11600

The art of lower face transformation: why jawline enhancement alone may not be enough to achieve complete results

44 - Treatment with Injectables (Botulinum toxin & fillers)

Tsivtsivadze M¹

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Background/Objectives:

To examine the role of dermal filler techniques in achieving lower face transformation, focusing on the importance of selecting the right product, understanding facial anatomy, and addressing gender-specific aesthetics (feminization and masculinization) through a careful, layer-by-layer approach. The use of dermal fillers has revolutionized the way aesthetic practitioners address lower face rejuvenation. While jawline enhancement plays a critical role in reshaping the lower third of the face, achieving optimal and harmonious results requires a more nuanced, individualized approach. Factors such as the choice of filler, understanding the underlying facial anatomy, and incorporating gender-specific features (feminization or masculinization) are essential.

Methods:

A comprehensive review of dermal filler techniques was conducted, focusing on:

Facial anatomy: Detailed analysis of the lower face's bone structure, fat pads, and muscular components.

Feminization and masculinization: Adjusting filler placement and volume based on gender-specific aesthetic goals (e.g., a sharper, more defined jawline for masculinization or a softer, more sculpted jawline for feminization).

Product selection: A focus on selecting the right type of dermal filler (e.g., hyaluronic acid, calcium hydroxylapatite, poly-L-lactic acid) based on tissue depth, area of injection, and the desired longevity of results.

Layer-by-layer approach: Strategic injection at different tissue layers, starting from the deeper structural layers (bone and muscle) and working up toward the skin's superficial layers to ensure natural contours, smooth transitions, and a youthful appearance. Volume control: Assessing the appropriate amount of filler required for each individual, ensuring not to over-correct and maintain the face's natural proportions and aesthetic balance.

Results:

Layer-by-layer technique: The layered approach enabled practitioners to work with the natural structure of the lower face, resulting in more defined contours, enhanced jawline definition, and smooth transitions between filler and surrounding tissue. Patients reported a more natural and refreshed appearance without overfilling. Gender-specific outcomes: In cases of feminization, filler placement emphasized the softening of the jawline, enhancing the chin and mandibular angles to achieve a more oval, delicate lower face. In masculinization, emphasis was placed on enhancing the jawline, chin projection, and the angle of the mandible to create a more angular, robust appearance. Product choice and volume: The use of hyaluronic acid-based fillers for softer, more adjustable results was particularly effective in facial areas that required subtle definition. In contrast, calcium hydroxylapatite fillers were preferred in areas requiring more structural support, such as the jawline or chin.

Conclusions:

To achieve complete and harmonious results in lower face transformation, practitioners must take a comprehensive approach that includes understanding facial anatomy, selecting the right product, and applying gender-specific techniques for feminization or masculinization. The layer-by-layer injection technique is essential for ensuring natural contours and avoiding overfilling, while the precise volume of filler is key to preserving facial balance and structure. This tailored, methodical approach maximizes the aesthetic potential of dermal fillers, offering sustainable, natural-looking transformations that meet patient desires.

References:

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

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#11601

The true side of thread lifting: How it really works!

46 - Threads

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Background/Objectives:

Thread lifting has gained popularity as a non-surgical alternative to traditional facelifts. Often marketed as a quick and minimally invasive way to rejuvenate the face, thread lifts involve inserting dissolvable sutures under the skin to lift and tighten sagging areas. While the procedure is praised for its convenience and low downtime, there's more to thread lifting than meets the eye.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

This piece explores the true nature of thread lifting, examining how different techniques work, the types of threads used (such as PDO, PLLA, and PCL), and what actually happens beneath the skin. It covers the science behind collagen stimulation, the effectiveness of the results, potential risks, and who is an ideal candidate. The goal is to demystify the procedure by providing an honest look at both the benefits and limitations of thread lifts.

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#11602

The power duo in aesthetics: Why every plastic surgeon needs a dermatologist on their team

56 - Minimally invasive surgery / Minimally invasive advances

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Background/Objectives:

In the evolving world of aesthetic medicine, patient expectations are rising and so is competition. Today's clients seek not only transformative results but also a seamless, holistic experience that combines both surgical precision and advanced skin care. While plastic surgeons focus on structural refinement, dermatologists bring expertise in skin quality, texture, and pre/post-operative optimization. Clinics that harness this synergy don't just deliver better results they elevate their brand, increase patient satisfaction, and open multiple new revenue streams. The integration of dermatology into plastic surgery practices is becoming not just a clinical advantage, but a powerful business model.

This presentation reveals how a strategic partnership between plastic surgeons and dermatologists can revolutionize both patient outcomes and clinic income. I'll share how I've structured collaboration with dermatologists in my own practice outlining specific protocols for pre-surgical preparation (e.g., skin tightening, acne/pigmentation treatment, collagen induction) and post-surgical maintenance (scar therapy, laser resurfacing, and skin rejuvenation). These protocols not only improve healing and results but also keep patients engaged in long-term treatment plans.

From a business perspective, this integrated model increases patient lifetime value, reduces marketing costs through better word of mouth referrals, and expands service offerings without increasing surgical workload. This is more than teamwork it's a scalable strategy for building a high-performing, reputation-driven, and financially sustainable aesthetic clinic.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

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#11603

A review of the perioral region for aesthetic treatments

43 - Anatomy related to non-or minimally invasive approaches

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Background/Objectives:

The perioral region includes the lips, nasolabial folds, marionette lines, and surrounding tissues plays a central role in facial expression, attractiveness, and perceived age. Despite its importance, this area is often undertreated or incorrectly approached in aesthetic medicine. The intricate anatomy, high mobility, and thin skin of the perioral zone demand precise technique and a deep understanding of the underlying structures. Aesthetic practitioners must also navigate complex musculature, vascular networks, and the dynamic interplay between volume loss and skin laxity, all of which evolve significantly with age.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

This review explores the perioral region from both an anatomical and aesthetic perspective, aiming to enhance clinical outcomes through education and technique refinement. It begins with a detailed breakdown of the relevant anatomy including the orbicularis oris muscle, perioral fat compartments, and vascular structures like the superior and inferior labial arteries. We then examine common clinical mistakes, such as overfilling the lips or nasolabial folds, neglecting dynamic movement, and failing to address surrounding support areas (like the chin and midface), which often leads to unnatural or unbalanced results. The final section focuses on best practices for rejuvenating the perioral area, combining techniques such as subtle hyaluronic acid filler placement, biostimulation (e.g., CaHa, PLLA), skin boosters, toxin microdosing, and energy-based skin tightening. A harmonized, full-face approach is emphasized, respecting facial proportions and movement to achieve a refreshed, natural-looking outcome. Ultimately, this review underscores the importance of individualized treatment planning, anatomical precision, and subtle artistry in achieving youthful, elegant results in the perioral zone.

Oral Presentation

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#11607

New strategies for peri orbital rejuvenation. Optimal results and shorter recovery times

49 - Lasers, EBDs & Light

Bonan P^{1,2}

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²Laser and Plastic Surgery Villa Donatello Florence - University of Siena, Florence, Italy

Background/Objectives:

Laser treatments are gaining popularity worldwide, driving new innovations and clinical applications in dermatology, plastic surgery and, generally, in the field of esthetic regenerative medicine. The aim of our study was to evaluate the efficacy and safety of a new CO2 laser-assisted blepharoplasty technique applied to the upper and lower eyelids with double modality, incision and tightening. In order to cut upper and lower eyelids the great advantage of HP pulse is due to its possible use for “cold incision” which allows to make a clean and precise cut while minimizing bleeding; additionally, the minimal thermal effect on the edge of the cut ensures minimal swelling and that no scar is formed. This device has different free-handpieces for ablation, vaporization and coagulation of soft tissue and different scanners for skin rejuvenation and dermatological surgery. In particular, in this study, we use CO2 freehand handpiece with slim handle (1.5” focal length) which, thanks to its excellent ergonomics, freehand handpiece allows the tissue to be cut with precision in a simple and clean manner. For the skin tightening fractional scanner (µScanDOT scanner), that can even emits laser beam in D-Pulse mode, acts more incisively on the reticular dermis, inducing greater shrinkage of the ablation columns and more circumscribed coagulation. The entire process of periorbital rejuvenation is completed immediately after laser treatment applying exosomes with the best possible formulation originating from bovine milk. Lightning, biostimulating agents, proteins and vitamins have been added.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

Existing impact on the practice of Periorbital treatment for the new and particular technology and procedure applied

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#11608

New 785 nm pico laser for challenge, complex hyperpigmentations

41 - Pigmentation

Bonan P¹

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Background/Objectives:

Picosecond lasers are commonly used in many aesthetic procedures such as multicolour tattoos, hyperpigmentations and Ota Nevus.

According to the selective photothermolysis theory, the objective of laser therapy is to target a specific chromophore that absorbs the laser's wavelength in a targeted manner while minimizing collateral tissue damage. Laser pulse durations must be less than

or equal to the thermal relaxation time of the target, in order to selectively act on pigmented lesions, hair removal, vascular lesions, tattoos and skin resurfacing without damaging the surrounding tissues. The latter situation is particularly worrisome for patients with a high content of chromophores in their skin, demanding a higher degree of attention from clinicians because these individuals respond differently to cosmetic treatment techniques, with increased risks of pigmentary alterations and scarring after any surgery or laser therapy. To obtain a higher peak temperature without causing thermal damage to the surrounding tissues, picosecond lasers have pulse durations that are significantly shorter than the target's thermal relaxation period.

For this reason, the picosecond 785 nm laser offers a higher safety profile compared to other types of lasers. 785 nm may be the preferred wavelength for treating darker lesions and darker skin types. On the other hand, the 730 nm emitting devices may be preferable for treating lightly pigmented lesions because the melanin absorption coefficient at 730 nm is expected to be 30% higher than at 785 nm but, due to melanin's preferred absorption over haemoglobin, the 785 nm wavelength may be better compared to 1064, 730 and 532 nm when targeting skin pigment. In conclusion, the use of the 785 nm wavelength in our study was

warranted to improve melanin absorption when compared to blood absorption.

It has been confirmed that the device utilized in this study has a good safety record. The nearly complete elimination of hyperpigmentation and the ability to resume normal activities as soon as the laser sessions are concluded contributed to the patient's high level of satisfaction following the treatment. The technology also has the benefit of not having any negative long-term side effects or pain.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

The study is of impending impact on the practice for the new laser wavelength used for pigmentation and tattoos

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#11609

Wider horizons in skin rejuvenation with the new 675 nm laser wavelength

49 - Lasers, EBDs & Light

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Background/Objectives:

Photoaging due by ultraviolet (UV) irradiation are one of the main causes of premature skin ageing. Photoaging includes several changes in the skin, such as deep wrinkles and changes in texture, due to an upregulation of matrix metalloproteinase 1 (MMP1). Light-based treatments have been found to influence and perhaps reverse skin ageing by increasing the expression of heat shock protein and collagen types I and III. Changes in the typical collagen type I/III ratio in the face skin can induce premature ageing and wrinkles.

Red light (600-760 nm) and near-infrared light (780-1000 nm) can impact a variety of processes in live cells and tissues. These wavelengths promote chemical reactions, including interactions with intracellular water and respiratory oxygen, thus causing changes in intracellular calcium levels and oxidative stress.

A 675-nm laser wavelength on cultured-fibroblasts has demonstrated the effects on proliferation and changes in type I/III collagen expression, to obtain in vitro evidence about the potential therapeutic effects in rejuvenation prejuvenation.

According to a preclinical histologic investigation, a 675 nm laser system causes selective thermal damage to the skin. When compared with the untreated areas, the heating impact denaturates collagen fibers and stimulates the formation of new collagen in the treated areas.

In our presentation we report the clinical effectiveness and safety of this new 675 nm fractional laser for treating photoaging facial skin laxity, texture, wrinkles, acne scarring and melasma in different skin types.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

Great impending impact and implications on the practice of skin aging and pigmentations because the great affinity of the 675 nm laser wavelength for collagen and melanin

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#11610

Wider horizons in skin rejuvenation with the new 675 nm laser wavelength

49 - Lasers, EBDs & Light

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Background/Objectives:

Photoaging due by ultraviolet (UV) irradiation are one of the main causes of premature skin ageing. Photoaging includes several changes in the skin, such as deep wrinkles and changes in texture, due to an upregulation of matrix metalloproteinase 1 (MMP1). Light-based treatments have been found to influence and perhaps reverse skin ageing by increasing the expression of heat shock protein and collagen types I and III. Changes in the typical collagen type I/III ratio in the face skin can induce premature ageing and wrinkles.

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In our presentation we report the clinical effectiveness and safety of this new 675 nm fractional laser for treating photoaging facial skin laxity, texture, wrinkles, acne scarring and melasma in different skin types.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

Impending and implications on the practice of treating skin laxity and hyperpigmentations for the extreme selectivity of 675 nm laser wavelength for collagen and melanin

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#11611

Exosomes and lasers:what's new

45 - Combination treatments

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Background/Objectives:

The original concept of “skin boosters” has evolved, representing a departure from the conventional application of hyaluronic acid (HA) fillers, which was limited to increasing the volume of the skin, to a more varied use intended to improve dermal changes. Skin boosters are a class of substances that increase the dermal extracellular matrix to improve skin quality and reduce the aging process of the skin. In order to show their beneficial effects, skin boosters enhance and reinforce the extracellular environment, ameliorate pigmentation disorders, vasodilation and reduce inflammation. Among these, exosomes represent one of a series of skin-boosting products that have received a lot of attention recently and its use in dermatology and aesthetics has significantly increased in the past few years. Exosomes, which are the tiniest extracellular vesicles and range in size from 30 to 110 nm, play a major role in the phases of wound healing and regeneration of the skin by encapsulating proteins, lipids, mRNA, and miRNA within a lipid bilayer that is generated from the cell membrane. In this way they are responsible for extensive intercellular communication in the form of these cellular components. Our preclinical qualitative and quantitative data showed that the combined treatment of exosomes and CO2 laser afforded more favourable responses and a shorter skin recovery time. Therefore, co-treatment with this novel material with CO2 resurfacing device may provide synergistic effects on both efficacy and safety for skin resurfacing treatments. These promising results has been further validated by using OCT system which represents a promise real time imaging technology of skin microstructure that offers subsurface images of the microstructure of the skin with a significantly higher resolution compared to that of magnetic resonance imaging (MRI) or high frequency ultrasound. Indeed, OCT is used as a significant tool in pre- and post-treatment decision-making to determine the appropriate laser therapy parameters.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

Impending impact and implications on the practice because our preclinical qualitative and quantitative data showed that the combined treatment of exosomes and CO2 laser afforded more favourable responses and a shorter skin recovery time. Therefore, co-treatment with this novel bovine milk exosomes enriched with hyaluronic acid and other biostimulating agents combined with CO2 resurfacing device may provide synergistic effects on both efficacy and safety for skin resurfacing treatments. These promising results has been further validated by using OCT system

Oral Presentation

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#11617

Developing High-Value Membership & Loyalty Programs to Enhance Patient Retention & Practice Revenue

73 - Marketing & Practice management

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Background/Objectives:

It can be up to 8x more expensive to acquire a new patient than it is to retain an existing one and 80% of a practice's revenue will typically come from the top 20% of patients. In this course, attendees will learn the fundamentals of developing some of the most effective types of membership and loyalty programs to help improve retention rates, lifetime value, patient outcomes, and recurring revenue.

Objectives:

- Understand the direct correlation between patient retention and profitability
- How to apply relevant US strategies to APAC and EMEA based clinics & important nuances to know
- Learn basics of building a monthly membership program, a banking model, service-specific, or tiered loyalty rewards program.
- Identify how to increase MRR (monthly recurring revenue) and ARR (annual recurring revenue)
- Unpack selling strategies to increasing patient buy-in to membership programs
- Review real-life practice case studies with financials of recurring revenue growth

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

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#11618

Unlock Your Potential: Winning Instagram Strategies for Personal Branding & Practice Growth

73 - Marketing & Practice management

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Background/Objectives:

With over 83%* of Millennials now turning to Instagram specifically when researching aesthetic treatments, this social media app has not only become a pivotal platform for aesthetic providers in enhancing their online brand, but also a powerful platform for patient education. In this course, attendees will learn impactful strategies for growing their organic Instagram presence and how to leverage this platform as a powerful driver for personal branding, patient education, acquisition and retention.

Learning Objectives:

- Learn how to create a content strategy that is aligned with your brand and business goals
- Discuss what type of posts/content performs the best in aesthetic medicine
- How to effectively combat misinformation from “beauty influencers” on social media platforms
- Tips for time management, overcoming imposter syndrome, and encouraging team members to participate
- Who should manage your practice's Instagram efforts?
- Top tools and apps to use to assist with your content creation efforts
- Learn how to combat the Instagram algorithm changes
- How to track IG success & what metrics you should be measuring

***Source:** Neff AM. Connecting With the Untapped Millennial Market: Simple Strategies to Boost Conversion, Loyalty, and Per-Patient Spend in Your Aesthetic Practice. *Plast Aesthet Nurs* (Phila). 2022 Jul-Sep 01;42(3):143-151. doi: 10.1097/PSN.0000000000000459. PMID: 36450056.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

With over 83%* of Millennials now turning to Instagram specifically when researching aesthetic treatments, this social media app has not only become a pivotal platform for aesthetic providers in enhancing their online brand, but also a powerful platform for patient education.

Oral Presentation

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#11619

Impactful Strategies for Building Trust with Millennial Patients: The Future of Aesthetic Medicine

73 - Marketing & Practice management

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Background/Objectives:

According to industry research, by the end of 2025, Millennials (ages 29-44) will hold roughly over 30%* of the market share in medical aesthetics, and they are the only consumer group with full purchasing power expected to gain market share through 2027. With that said, having bulletproof strategies in place to build trust with this unique consumer group will secure success in both the current and future state of your practice. In this course, attendees will learn the core values of Millennial consumers, how they research aesthetic providers, and the most effective strategies at retaining them in your clinic & increasing lifetime value.

Learning Objectives:

- Identify the five core values of Millennial consumers & what influences them the most when researching aesthetic providers online
- Discuss simple yet impactful tactics that physicians, injectors, and staff can implement to enhance the Millennials patient experience through all touchpoints
- Unpack strategies for building perceived value & trust during the initial consultation
- Discuss proven ways to increase per-visit spend, retention rates, and loyalty with Millennials

***Source:** Neff AM. Connecting With the Untapped Millennial Market: Simple Strategies to Boost Conversion, Loyalty, and Per-Patient Spend in Your Aesthetic Practice. Plast Aesthet Nurs (Phila). 2022 Jul-Sep 01;42(3):143-151. doi: 10.1097/PSN.0000000000000459. PMID: 36450056.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

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#11620

AI Trends in 2025: How to Leverage Effectively for Marketing Efforts & Practice Growth

73 - Marketing & Practice management

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Background/Objectives:

AI-driven marketing is set to drive 45% of the total global economy by 2030*. In order to stay on trend with the constant evolution of emerging technology, how can aesthetic practices effectively leverage AI in their own marketing, branding, and practice growth efforts? This course will unpack simple yet impactful ways practices can utilize artificial intelligence to enhance their social media strategy, marketing tactics, lead generation, and patient acquisition in 2025 and beyond.

Learning Objectives:

- Understand basics of AI in today's current state & different use cases in aesthetic medicine
- Learn how to use AI to enhance your social media, lead generation, and branding efforts
- Learn how to leverage AI for content creation to save your practice marketing dollars
- Uncover helpful AI tools/apps practices can start to implement in their practice in 2025

***Source:** PwC's Global Artificial Intelligence Study: Exploiting the AI Revolution

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

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#11621

The Power of Differentiation: Building a Unique Brand in a Competitive Aesthetic Landscape

73 - Marketing & Practice management

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Background/Objectives:

As the global medical aesthetic industry continues to evolve, competition grows as well. So, how can practices learn to differentiate themselves in a commoditized aesthetic marketplace? In this course, attendees will learn the most important elements that go into building a unique brand that stands out from competition in order to build a more sustainable and successful medical aesthetics practice in 2025 & beyond.

Learning Objectives:

- Learn the difference between brand identity & brand image and importance elements of each
- Discuss the importance of having mission, vision, and value statements
- Learn how to develop your unique selling proposition in aesthetic medicine
- Strategies for selling patient “perceived value” vs. “price/cost”
- Learn the importance of having universal buy-in from staff & a strong practice culture
- Identify simple, yet powerful ways to elevate first impressions & the patient experience through critical touchpoints in their journey

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

Oral Presentation

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#11622

The Royal Approach. What Aesthetic Practitioners Can Learn from the British Monarchy to Elevate Patient Loyalty.

73 - Marketing & Practice management

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Background/Objectives:

Treatments and expertise aside, what truly drives clinic success? Patient loyalty. So how do you develop a loyal, ever expanding patient base, build a waitlist, and dramatically increase revenue? The answer lies in five star customer service, an art mastered by one of the worlds most enduring institutions, the British Royal Family.

For centuries, the British monarchy has upheld a reputation for grace, exclusivity and impeccable service, ensuring that every guest, dignity or member of the public feels valued and respected. Their ability to encourage unwavering loyalty, maintain prestige, and create a sense of belonging holds valuable lessons for aesthetic clinics worldwide. In an industry where luxury is expected and preferred, the true differentiator is how you make people feel: welcomed, important, and cared for at every touch point.

This lecture explores how to apply these royal principles of the British Monarchy to aesthetic practices, elevating the patient experience to create a lasting emotional connection. Discover how subtle yet powerful details such as anticipating patient needs, crafting personalise touches and delivering seamless memorable interactions, can transform a routine appointment into an exceptional experience. Learn how these moments not only strengthen patient loyalty but also drive referrals, encourage sign-up for memberships, increase average spend, and position your clinic as the destination of choice.

Discover the best ways to eliminate customer service mistakes that diminish your brand, and uncover strategies to install a culture of royal excellence within your team. With effort, planning, and a relentless focus on delivering outstanding patient care, your aesthetic practice can tailor the techniques used by the British Royal Family and achieve the prestige, demand, and loyalty enjoyed by the worlds most revered institutions.

How to integrate luxury-level personalised patient experiences. Delegates who implement this shift will build a stronger brand, attract high net worth individuals and secure long-term success.

The success of the British Royal Family in maintaining public devotion lies in their ability to develop and grow personal connections while upholding the image of exclusivity. Delegates will learn how to leverage similar strategies by personalising patient interactions and creating a sense of belonging. Clinics that master this approach will see higher repeat bookings, increased referrals and stronger brand advocacy. There will also be direct financial implications as patients who feel valued are more likely to invest in combination treatment and long-term aesthetic plans. Luxury service models are gaining traction in wellness and private healthcare, setting a new standard for aesthetics. Clinics who implement this level of 'royal' service will gain an advantage over competitors who continue to focus on clinical results only.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

How to integrate luxury-level personalised patient experiences. Delegates who implement this shift will build a stronger brand, attract high net worth individuals and secure long-term success. The success of the British Royal Family in maintaining public devotion lies in their ability to develop and grow personal connections while upholding the image of exclusivity. Delegates will learn how to leverage similar strategies by personalising patient interactions and creating a sense of belonging. Clinics that master this approach will see higher repeat bookings, increased referrals and stronger brand advocacy. There will also be direct financial implications as patients who feel valued are more likely to invest in combination treatment and long-term aesthetic plans. Luxury service models are gaining traction in wellness and private healthcare, setting a new standard for aesthetics. Clinics who implement this level of 'royal' service will gain an advantage over competitors who continue to focus on clinical results only.

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#11624

Your Unique Fingerprint. Defining Your USP to Stand Out as an Aesthetic Injector

73 - Marketing & Practice management

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Background/Objectives:

How do you ensure patients choose you when every injector offers the same treatments? Just like a fingerprint, your USP should be distinctive, memorable and impossible to replicate.

This session will explore how aesthetic practitioners can identify and leverage their unique strengths, whether it's a signature injection technique, an elevated patient experience, a particular niche demographic or brand-positioning, so they can stand out from their competition.

Delegates will discover what truly sets them apart and gain practical strategies to articulate their USP and differentiate themselves effectively as an aesthetic injector in order to attract their ideal patients and build long-term success.

Learn how to identify the strengths, skills, and values that make your approach to aesthetics unique, beyond just the treatments you offer. Gain tools to create a distinctive personal or clinic USP that resonates with patients and reflects your positioning in the market. Understand how a well-defined USP can help filter and attract your ideal demographic of patients who value your style, skills, and ethos. Explore practical ways to position yourself confidently and build loyalty, reputation, and growth

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

Learn how to identify the strengths, skills, and values that make your approach to aesthetics unique, beyond just the treatments you offer. Gain tools to create a distinctive personal or clinic USP that resonates with patients and reflects your positioning in the market. Understand how a well-defined USP can help filter and attract your ideal demographic of patients who value your style, skills, and ethos. Explore practical ways to position yourself confidently and build loyalty, reputation, and growth

Oral Presentation

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#11625

Late-Onset Filler Reactions: Are We Overlooking Mechanical Contributors? Ultrasound Insights

48 - Complications - avoidance and management

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Background/Objectives:

Late-onset or intermittent reactions following filler injections, such as edema or nodules appearing weeks or months post-treatment, remain a notable challenge in aesthetic complications medicine. Prevailing explanations, primarily attributing these to immune or infectious mechanisms, do not always fully account for the clinical presentations, often leading to diagnostic and therapeutic difficulties.

This lecture will propose an additional pathway, a Mechanical Late-Onset Mechanism, to enhance the understanding of these phenomena. Developed from extensive clinical experience and sonographic imaging (ultrasound and Doppler) in our complications clinic, this approach addresses late-onset cases where conventional treatments provided insufficient or only temporary relief.

The core of this mechanical model involves elevated tissue fluid retention due to post-injection pressure on venous and lymphatic vessels. While uncompensated venous and lymphatic blockage can cause immediate edema (a condition often effectively managed in our clinic with ultrasound-Doppler guided selective dissolution), the key to understanding delayed mechanical reactions lies in 'borderline compensated blockage.' This fragile state can be disrupted by various late 'triggers' (systemic or local, including initial inflammatory responses), pushing the system over its tipping point. This initiates a self-perpetuating 'vicious cycle': fluid retention → increased tissue pressure → worsening blockage → further retention, clinically manifesting as late-onset edema.

Ultrasound and Doppler imaging are crucial in identifying this mechanical component by demonstrating blood flow changes resulting from tissue pressure, even when late-onset reactions are primarily driven by infectious or immune processes. In such instances, inflammation can lead to fluid being trapped within the hyaluronic acid gel. Even after treating the primary cause, this swollen filler can maintain the mechanical blockage, causing persistent or recurrent late-onset reactions.

The lecture will showcase cases of late-onset reactions refractory to standard treatments (e.g., antibiotics, steroids). We will illustrate the principles of this mechanical blockage and demonstrate how ultrasound-guided interventions, aimed at locating the source of impaired fluid clearance and intentionally breaking the 'vicious cycle', achieve successful and predictable therapeutic outcomes.

This presentation seeks to foster professional discussion on this viewpoint, potentially broadening research into late-onset reactions. Attendees will gain valuable insights and practical tools to explore and implement within their clinical practice.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

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#11628

High-Dose Pulsed Hyaluronidase: A Case Study on Reversing Vascular Occlusion from Hyaluronic Acid Filler Injection

48 - Complications - avoidance and management

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Background/Objectives:

Background

Dermal fillers, especially hyaluronic acid (HA), are increasingly used for facial rejuvenation due to their efficacy, adaptability, and safety. However, complications like vascular occlusion, leading to ischemia, necrosis, or blindness, can occur. This case report highlights a 38-year-old woman's experience with intravascular HA filler injection, emphasizing early detection and treatment of ischemic skin necrosis to prevent severe outcomes. The rise in filler use over three decades has paralleled an increase in adverse events, with vascular compromise being the most serious early complication. Physicians must understand anatomy, filler types, techniques, and side effects to manage risks effectively. HA's reversibility with hyaluronidase offers a key advantage, yet severe complications remain a concern.

Objective:

To evaluate the efficacy of the "high-dose pulsed hyaluronidase" method in reversing hyaluronic acid filler-induced vascular occlusion in a 38-year-old woman, highlighting early detection and treatment to prevent ischemic skin necrosis and its severe consequences in aesthetic medicine.

Methods:

A 38-year-old woman received 1 ml of HA filler via a 22G cannula over her nose. Post-injection, she experienced worsening pain and blanching, noted by the injector. At 48 hours, she presented with livedo reticularis, nasal swelling, and sluggish capillary refill time (CRT). The "high-dose pulsed hyaluronidase" method was employed: 1500 U of hyaluronidase in 2 ml lignocaine was injected initially, followed by two 500 U doses over hours, targeting the dorsal and lateral nasal arteries' supply area. Oral steroids, acyclovir, and antibiotics were added. Further 500 U doses were given at 24 hours and day 3 to ensure resolution.

Results:

Within minutes of the first hyaluronidase dose, reperfusion improved CRT. After multiple doses, mottling and swelling subsided, and blisters formed by 72 hours began drying with additional treatment. By day 7, the wound was dry with new tissue growth; by week 2, healing was nearly complete with minimal scarring. Early intervention prevented necrosis, scarring, and surgery. Pain and prolonged blanching were key signs prompting rapid response.

Conclusions:

This case underscores the need for prompt recognition and treatment of vascular compromise in filler injections. The high-dose pulsed hyaluronidase method effectively reversed HA-induced occlusion, averting severe outcomes. Impact on aesthetic medicine is significant: practitioners must stock hyaluronidase, master vascular anatomy, and adopt rapid intervention protocols. Impending implications include standardized dosing and timing guidelines, potentially integrating hyperbaric oxygen therapy (HBOT) to enhance outcomes. As filler use grows, training and preparedness will reduce risks, shaping safer practice standards.

References:

Ling LIH. Successful management of nose arterial occlusion and impending skin necrosis after filler injection. J Cosmet Med 2019;3:108-113. Cohen JL, Biesman BS, Dayan SH, DeLorenzi C, Lambros VS, Nestor MS, et al. Treatment of hyaluronic acid filler-induced impending necrosis with hyaluronidase: consensus recommendations. Aesthet Surg J 2015;35:844-9. Loh KTD, Phoon YS, Phua V, Kapoor KM. Successfully managing impending skin necrosis following hyaluronic acid filler injection, using high-dose pulsed hyaluronidase. Plast Reconstr Surg Glob Open 2018;6:e1639.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

Existing Impact: The case demonstrates that vascular occlusion, a rare but devastating complication, can be mitigated with early detection (e.g., pain, blanching) and immediate hyaluronidase use. This reinforces the need for practitioners to maintain hyaluronidase supplies and be vigilant, directly influencing current aesthetic medicine by prioritizing safety and preparedness. **Impending Implications:** As filler popularity rises, this case signals a push for standardized protocols (e.g., hyaluronidase dosing, timing) and possibly adjunctive therapies like HBOT. It may drive training enhancements, regulatory updates, and research into optimizing reversal techniques, shaping future practice to minimize severe outcomes and enhance patient safety in aesthetic surgery.

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#11632

Alarplasty with PLCL Cog Threads

46 - Threads

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Background/Objectives:

Alar flaring, marked by excessive nasal ala width or projection, disrupts facial harmony and drives demand for corrective procedures. Traditional alarplasty, reliant on surgical tissue excision, risks scarring, asymmetry, and extended recovery, deterring patients who prefer minimally invasive solutions. Poly-L-lactic acid-caprolactone (PLCL) cog threads, prized for biocompatibility and tissue-anchoring, enable non-surgical contouring. This abstract introduces a novel, minimally invasive alarplasty technique using PLCL cog threads placed in the piriform area, crossing the septal base, to medially reposition alar tissue and subtly elevate the nasal tip. The method aims to provide a safe, reproducible alternative to surgical alarplasty, minimizing complications and downtime while enhancing nasal aesthetics, symmetry, and patient satisfaction, meeting the growing need for innovative, non-invasive nasal refinement in aesthetic medicine.

Methods:

Performed under local anesthesia in an outpatient setting, the procedure ensures patient comfort and safety. Bidirectional PLCL cog threads are inserted via cannula into the subcutaneous plane of the piriform area, with threads guided to cross the septal base for optimal alar tissue anchoring. Depending on nasal anatomy and flaring severity, 1 or 2 threads are placed per side, leveraging the cogs' tensile strength for secure fixation. Anatomical mapping precedes thread insertion to avoid critical structures like the angular artery and facial nerve branches. Pre-procedure assessments include photographic documentation and measurements of alar width, nasal base symmetry, and facial proportions. Post-procedure evaluations focus on aesthetic outcomes, patient satisfaction, and complications. The procedure, lasting 20–30 minutes, allows immediate return to daily activities, emphasizing simplicity and efficiency.

Results:

Initial applications demonstrate a consistent 2 to 4 mm reduction in alar width, confirmed by caliper measurements and standardized photography. Patients report high satisfaction, citing immediate aesthetic enhancement, improved facial harmony, and no visible scarring. Minimal swelling or bruising ensures negligible downtime, with most patients resuming normal activities same-day. No significant complications, including thread extrusion, infection, or vascular issues, have been reported. The biodegradable PLCL threads, degrading over 12–18 months, stimulate collagen production, potentially enhancing tissue tightening. Follow-up at 3 and 6 months shows stable results, with ongoing studies evaluating long-term efficacy and maintenance needs. Patients value the procedure's convenience and natural outcomes.

Conclusions:

Alarplasty with PLCL cog threads offers a transformative, minimally invasive alternative to traditional surgical methods for alar flare reduction. By utilizing bidirectional cog threads in the piriform and septal regions, this technique delivers precise, symmetrical results with minimal risks and high patient satisfaction. Early outcomes are promising, but further research with larger cohorts and extended follow-up is needed to confirm long-term efficacy, refine thread placement protocols, and establish maintenance guidelines. This method has the potential to redefine non-surgical nasal contouring, aligning with patient preferences for safe, effective, and convenient aesthetic solutions.

References:

Tavares, J. P., Oliveira, C. A. C. P., Torres, R. P., & Bahmad, F., Jr. (2017). Facial Thread Lifting with Suture Suspension. *Brazilian Journal of Otorhinolaryngology*, 83(6), 712–719. Yongtrakul, P., Sirithanabadeekul, P., & Siriphan, P. (2016). Thread Lift: Classification, Technique, and How to Approach to the Patient. *World Academy of Science, Engineering and Technology*, 10(10), 558–566. Wu, W. T. L. (2014). Commentary on Facial Rejuvenation with Fine Barbed Threads: The Simple MIZ-Lift. *Aesthetic Plastic Surgery*, 38(1), 75–77. Li, T., Wang, L., Huang, Y., Xin, B., & Liu, S. (2020). Fabrication, Mechanical Property and In Vitro Evaluation of Poly (L-lactic acid-co-ε-caprolactone) Core-Shell Nanofiber Scaffold for Tissue Engineering. *Journal of Biomaterials Science, Polymer Edition*, 31(9), 1223–1236. Daniel, R. K. (2004). *Rhinoplasty: An Atlas of Surgical Techniques*. Springer.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

The impending implications are transformative, as this technique aligns with the global trend toward minimally invasive aesthetic interventions. It empowers clinicians to achieve refined nasal aesthetics—improved symmetry, reduced flare, and tip elevation—without the need for specialized surgical training or extensive operating room resources, potentially lowering procedural costs and increasing practice efficiency. The biodegradable nature of PLCL threads, which stimulate collagen production over 12–18 months, introduces a dual benefit of immediate tissue repositioning and long-term tissue rejuvenation, setting a new standard for sustainable aesthetic outcomes. This could drive further innovation in thread-based applications for other facial regions, encouraging research into optimized thread designs and placement protocols. Moreover, the technique's reproducibility and short procedure time (20–30 minutes) enhance its scalability across aesthetic clinics, particularly in outpatient settings, making it a practical addition to the practitioner's toolkit. However, its integration into mainstream practice will require robust clinical studies to validate long-term efficacy, standardize training, and establish guidelines for patient selection and maintenance procedures. The technique's success could also influence patient expectations, shifting preferences toward non-surgical solutions and prompting aesthetic surgeons to adapt their skill sets to include thread-based interventions. Ultimately, this approach has the potential to redefine nasal contouring standards, positioning aesthetic medicine at the forefront of patient-centered, minimally invasive innovation.

Oral Presentation

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#11633

Soft Hip Volumizing and Lifting Using PDO Powder-Based Collagen Stimulator: A Non-Invasive Technique to Correct Hip Dip and Sagging in Slim Patients

50 - Body contouring & skin tightening

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Background/Objectives:

Introduction:

Recent aesthetic trends emphasize the importance of proportion between a narrow waist and a voluminous, lifted hip contour — often referred to as the "apple hip." However, patients with a slim physique or prior liposuction present challenges for conventional surgical methods due to limited fat availability. Additionally, the aging process leads to fat atrophy, sagging, and loss of skin texture in the gluteal region. This study explores the efficacy of a PDO powder-based collagen stimulator, Ultracol 200, as a non-invasive alternative to surgical hip enhancement.

Objective:

To evaluate the clinical outcomes and safety profile of Ultracol 200 in achieving volumization, lifting, and improved hip contour in patients with minimal fat volume, hip dip, or post-liposuction deformities.

Methods:

A total of five female patients aged 23 to 42 were treated. Cases included:

- A 42-year-old personal trainer with previous liposuction (15 years ago), presenting with asymmetry in the thigh and hip region.
- A 38-year-old postpartum patient (three deliveries), with overall hip laxity and hip dip.
- A 28-year-old patient with hip sagging post-childbirth and volume loss.
- A 23-year-old patient with hip dip and elongated buttock shape.
- A 37-year-old slim patient post-thigh liposuction with cellulite and hip laxity.

Each session used 9 bottles of Ultracol 200 (10cc per bottle: 9cc sterile water + 1cc lidocaine). The technique focused on anatomical landmarks including the iliac crest, trochanteric depression, and gluteal crease. For selected cases, PDO thread lifting was combined to enhance lifting effect.

Results:

All patients showed visible improvements in buttock volume, hip-line definition, and correction of hip dips. Particularly in postpartum or post-liposuction patients, skin texture and elasticity also improved. No major complications were observed, and there was high patient satisfaction with minimal downtime. The shorter hip-to-thigh ratio post-procedure contributed to the perception of longer legs and a more youthful body silhouette.

Conclusions:

PDO powders provides a safe, non-invasive option for gluteal enhancement in slim patients who are not ideal candidates for fat grafting. It allows simultaneous volumizing and lifting, with added skin texture improvement and minimal risk of complications compared to surgical methods. This collagen-stimulating technique meets current aesthetic demands and offers a practical alternative for both patients and practitioners.

References:

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#11634

A Comprehensive Approach to Full-Face Thread Lifting: Technique, Thread Selection, and Management of Complications

46 - Threads

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Background/Objectives:

Introduction:

Facial aging is a multifactorial process involving volume depletion, descent of soft tissues, and loss of skin elasticity, often due to weakening of the retaining ligaments and resorption of superficial fat compartments. While surgical lifting procedures offer dramatic results, they are not always suitable or desired by all patients. Non-surgical thread lifting has gained increasing popularity as an effective, reversible, and customizable solution for facial rejuvenation. This study provides a comprehensive overview of thread lifting techniques based on anatomical principles, the use of various thread types for specific indications, and the management of common complications.

Objective:

To present a full-face thread lifting protocol tailored to skin type, facial aging pattern, and patient expectations, with a focus on optimizing outcomes and minimizing adverse effects through appropriate thread selection and placement techniques.

Methods:

Methods:

The procedure begins with an assessment of the patient's facial anatomy, including fat volume, ligament tension, and skin thickness. Thread selection is based on functional categories:

- Lifting threads: COG, EZ Cannula COG, Tornado, Super Tornado, Mold, and OctoTwist for repositioning sagging tissues
- Firming threads: Mono and Twist for dermal tightening
- New-generation PCL threads: For longer-lasting structural support and collagen stimulation

For patients with thick or fibrotic skin, pre-treatment includes ultrasound, radiofrequency, or lipolysis injections to loosen tissue. For thin or volume-depleted skin, HA fillers or collagen stimulators (e.g., PDO powder) are applied to improve the lifting plane and prevent over-tensioning. A triple-locking anchoring method is used for areas such as the jawline and midface to enhance retention and symmetry.

Real-time assessments are made during the procedure using dynamic movement to evaluate thread tension and lift. Threads are inserted at the appropriate depth—just below the subcutaneous layer—to avoid dimpling and maximize lifting power.

Results:

Patients showed significant improvement in facial contour, skin laxity, and jawline definition. The treatment produced natural, harmonious results with minimal downtime. Most complications were minor and resolved within 7–14 days. These included:

- Dimples at entry or exit points due to excessive tension or incorrect depth, managed with massage and cold compress
- Swelling, bruising, and tenderness, managed with NSAIDs, antibiotics, and high-frequency post-care
- Thread extrusion or cone protrusion, addressed by adjusting or removing exposed threads

Proper patient selection was found to be a crucial factor. Ideal candidates had moderate skin laxity with 1–2 cm mobility when gently pulled, and realistic expectations. Thread lifting also proved compatible with patients who had prior fillers, toxins, surgical lifting, or previous thread procedures.

Conclusions:

Full-face thread lifting is a versatile and effective modality in modern aesthetic medicine, especially when grounded in a deep understanding of facial anatomy and individualized treatment planning. With appropriate thread selection, technique, and complication management, practitioners can achieve safe and consistent outcomes. Though technically demanding, once mastered, thread lifting becomes a powerful tool for delivering natural, long-lasting facial rejuvenation across a wide range of patient profiles.

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#11635

Micro Non-Invasive Lifting Using PDO Microsphere Collagen Stimulator: A Multiregional Approach to Facial and Hand Rejuvenation

44 - Treatment with Injectables (Botulinum toxin & fillers)

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Background/Objectives:

Introduction:

Modern aesthetic trends increasingly demand treatments that are minimally invasive, reproducible, and capable of delivering natural-looking results with minimal downtime. One such approach is the use of PDO (Polydioxanone) microsphere-based collagen stimulators, offering an alternative to traditional fillers or lifting threads. These injectables demonstrate promising results in both facial and non-facial areas by inducing neocollagenesis through a well-controlled foreign body reaction. This study highlights the efficacy of PDO powder in micro-lifting procedures for facial rejuvenation and volume refinement, as well as off-label use for hand rejuvenation without adding excessive bulk.

Objective:

To evaluate the clinical application, injection techniques, safety profile, and outcomes of PDO powder-based micro-lifting in multiple facial zones and dorsal hands using both fine-particle and high-volume formulations.

Methods:

Two types of PDO powders were used:

- Fine-particle formulation: injected using multi-needle (29–32G), primarily for dermal texturing
- High-volume formulation: injected via 21–23G cannula for volumizing and lifting

Facial indications included:

- Mid-cheek volume loss, tear trough deformity
- Sagging of mandibular margin, marionette lines, nasolabial folds

Micro-lifting was performed using a 16-point injection strategy targeting the zygomatic arch, mandibular line, and temporal hollows. A 29-year-old female patient received 2 vials of high-volume PDO powder (3cc sterile water + 1cc lidocaine per vial), divided between left and right sides for both lifting and volume replenishment.

For hand rejuvenation, a 65-year-old patient with visible wrinkling but naturally full hands received 1 vial per hand. The goal was dermal firming and smoothing, without visible bulk.

Mechanism:

PDO microspheres trigger macrophage infiltration, controlled inflammation, and collagen deposition. Compared to other stimulators like PLLA or PCL, PDO powder shows improved biocompatibility and collagen structuring due to its spherical particle integrity and thermal stability. It biodegrades within 6–8 months, allowing safe elimination and sustained neocollagenesis.

Results:

Facial cases showed visible improvement in contour and skin quality after a single session. In particular:

- Cheek sagging was lifted
- Volume deficiency under the eyes and midface was subtly corrected
- Lines such as nasolabial and marionette folds were softened
- Radiance, elasticity, and pore appearance improved

In the hand case, significant wrinkle reduction was observed after 8 weeks without volume overload — an ideal outcome for patients with chubbier hands who are volume-sensitive. No major adverse events occurred. Mild swelling and tenderness resolved within a few days. The procedure was well tolerated and repeatable, with strong clinical utility.

Conclusions:

PDO microsphere-based collagen stimulators provide a safe and effective method for minimally invasive lifting and skin quality enhancement. Their unique structural and biological properties enable broad application across facial and non-facial regions. These stimulators are particularly well suited for patients seeking subtle but significant rejuvenation with minimal recovery time, representing a valuable tool in contemporary aesthetic practice.

References:

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#11641

Botulinum Neurotoxin for Refractory Writer's Cramp: A Case Study on Effective Symptom Relief

44 - Treatment with Injectables (Botulinum toxin & fillers)

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Background/Objectives:

Focal hand dystonia, commonly known as writer's cramp, is a task-specific movement disorder characterized by involuntary muscle contractions during writing, leading to impaired handwriting and discomfort. Conventional treatments, such as anticholinergics like trihexyphenidyl, often yield limited success. Botulinum neurotoxin (BoNT) has emerged as a promising therapeutic option by temporarily weakening overactive muscles. This case study aims to evaluate the efficacy of BoNT injections in a patient with writer's cramp refractory to oral medication.

Methods:

A 24-year-old female presented with a two-month history of writer's cramp, diagnosed by a neurologist. She had been treated with trihexyphenidyl hydrochloride (1 mg, three times daily) and a multivitamin (Rejunax) for two months without improvement. After researching BoNT's potential, she sought treatment at our clinic. Following informed consent, 60 units of BoNT were injected into four forearm muscles—flexor carpi radialis, flexor carpi ulnaris, flexor pollicis longus, and flexor digitorum superficialis—identified as overactive during a writing task. Muscle selection was based on visual observation of cramping during a standardized paragraph-writing exercise. A follow-up evaluation was conducted one week post-injection.

Results:

At the one-week follow-up, the patient reported complete cessation of hand cramps. Handwriting quality improved significantly, with enhanced legibility and reduced discomfort. However, writing speed was slightly reduced, attributed to the need for adaptation to altered muscle dynamics. No adverse effects were reported, and the patient expressed satisfaction with the outcome. The therapeutic effect of BoNT was evident in restoring functional writing ability.

Conclusions:

BoNT injections proved highly effective in managing writer's cramp in this case, offering rapid symptom relief where oral medications failed. Targeted muscle injections, guided by clinical observation, provided a tailored approach to symptom management. While writing speed requires further adaptation, the significant improvement in handwriting quality underscores BoNT's role as a valuable treatment for refractory focal hand dystonia. Further studies are warranted to optimize dosing and long-term outcomes.

References:

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Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

Expanded Therapeutic Scope: BoNT's efficacy in managing writer's cramp highlights its versatility beyond cosmetic uses (e.g., wrinkle reduction) into functional neurological conditions. Aesthetic practitioners, often skilled in precise BoNT injections, are well-positioned to address such movement disorders, broadening their clinical offerings and attracting patients seeking non-cosmetic solutions. **Precision and Personalization:** The case underscores the importance of targeted muscle selection based on clinical observation, aligning with aesthetic medicine's emphasis on individualized treatment plans. This approach enhances practitioner expertise in tailoring BoNT doses and injection sites, improving outcomes in both aesthetic and therapeutic contexts. **Interdisciplinary Collaboration:** Treating conditions like writer's cramp bridges aesthetic medicine with neurology, fostering referrals and multidisciplinary care models. Aesthetic clinics can establish themselves as centers for comprehensive BoNT applications, enhancing their reputation and patient base. **Patient-Centric Outcomes:** The rapid symptom relief and improved quality of life in this case mirror the patient satisfaction sought in aesthetic procedures. This synergy reinforces BoNT's role in enhancing functional and aesthetic outcomes, appealing to patients prioritizing both form and function. **Future Implications:** As BoNT's therapeutic indications grow, aesthetic practitioners may increasingly adopt advanced techniques (e.g., ultrasound-guided injections) and integrate with rehabilitation specialists to optimize results. This evolution could drive training programs and certifications, positioning aesthetic medicine as a leader in minimally invasive therapeutic interventions.

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#11644

"Aesthetic Approach of the Oncological Patient"

48 - Complications - avoidance and management

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Background/Objectives:

Cancer is an increasingly common disease. According to WHO data, the number of cases of this pathology grows every year.

The objective of oncological aesthetic medicine is to prevent, improve and treat totally or partially the unsightly aspects of the cancer patient to benefit their quality of life, providing treatments aimed at preventing and minimizing the side effects of antineoplastic or surgical treatments of the cancer patients.

Methods:

A systematic search of the subject was carried out in bibliographic reviews of medical journals, articles specialized in oncology and bibliographic references of textbooks PubMed, Medline, Scielo, JCAD, RESEARCHGATE, Sciencedirect, in accordance with the PRISMA statement. All searches were performed between January 2018 and April 2025.

Results:

The results obtained in this research showed us the efficacy of medical-aesthetic support in oncology to significantly reduce the anguish and concern of the patient in the face of this disease, improving their recovery; This effect goes beyond improving physical appearance but also these aesthetic treatments favor the patient to maintain a positive state of mind and feel better about himself despite going through a disease as catastrophic as cancer.

Conclusions:

I recognize that the aesthetic medicine approach in cancer patients is vital to help improve their recovery process, since cancer therapies cause undesirable side effects on the skin that directly affect patients' self-esteem; For this reason, aesthetic treatments are an indispensable tool that allows us to offer comprehensive care for the aesthetic treatment of the skin supported by complementary therapies for the management of this disease.

References:

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

Oral Presentation

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#11648

Luxury and Results: Balancing Medical Integrity with High-End Patient Expectations

73 - Marketing & Practice management

Smith B¹

¹Skin + Aesthetics, Cookeville, United states

Background/Objectives:

In today's competitive aesthetic landscape, discerning patients seek not only clinical results, but also a luxurious, elevated experience. However, the pursuit of luxury can sometimes blur the lines of medical integrity, leading to overtreatment, unethical upselling, or trend-driven interventions. For providers and practices committed to excellence, the challenge lies in balancing high-end service expectations with uncompromising clinical standards. This presentation explores how to deliver a boutique, personalized patient experience while upholding ethical, evidence-based aesthetic care—ensuring that both beauty and credibility thrive in equal measure.

By the end of this session, participants will be able to:

Define what constitutes a “luxury” experience in the aesthetic space and how it differs from superficial indulgence.

Identify common pitfalls where high-end expectations may conflict with safe clinical practice.

Develop strategies for patient communication that set boundaries with professionalism and grace.

Design a practice environment and service model that exude both elegance and trustworthiness.

Elevate patient retention by aligning personalized care with long-term medical outcomes.

Methods:

Blakelee Paige Smith, NP, shares insights from over 14 years of experience at the intersection of aesthetic dermatology, plastic surgery, and boutique practice leadership. The session will include patient persona profiling, service design concepts, and real-world case examples where balancing integrity and indulgence created optimal outcomes. Practical tools will be offered for treatment planning, brand alignment, and managing high-demand patient types while preserving clinical boundaries.

Results:

Practices that successfully blend luxury with integrity report stronger long-term patient retention, increased treatment adherence, and fewer complications tied to overtreatment. Patients treated within this balanced model are more likely to view their provider as a trusted advisor rather than a transactional technician—leading to elevated brand loyalty, word-of-mouth referrals, and emotional investment in their aesthetic care journey.

Conclusions:

True luxury in aesthetic medicine isn't found in marble floors or designer robes—it's in how patients feel: heard, safe, valued, and beautifully cared for. When high-touch service meets high-standard medicine, the result is a refined practice that earns both trust and transformation. This session is for aesthetic professionals ready to redefine what “luxury” means in a medically grounded, modern aesthetic setting.

References:

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

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#11649

The Patient Experience Reimagined: Creating Emotional Loyalty in Aesthetic Medicine

73 - Marketing & Practice management

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Background/Objectives:

In an era of aesthetic commoditization—where patients can choose from countless providers, devices, and products—the true differentiator is no longer just the result, but the experience. While aesthetic outcomes remain essential, emotional connection, trust, and perceived value are what turn first-time patients into lifelong clients. Many aesthetic practices focus heavily on technique and technology, yet neglect the strategic importance of curating a seamless, emotionally resonant journey that supports the patient before, during, and after treatment.

This session challenges the status quo, offering a reimagined model for patient experience that integrates emotional intelligence, intentional touchpoints, and brand alignment into every phase of the aesthetic journey.

By the end of this session, participants will be able to:

Identify the key emotional drivers behind patient decision-making, loyalty, and word-of-mouth referrals.

Redesign the patient journey—from consultation to post-care follow-up—to increase perceived value and satisfaction.

Integrate meaningful rituals and sensory elements that elevate patient comfort, trust, and emotional engagement.

Align patient experience with brand identity for greater consistency and authenticity.

Implement communication strategies that foster transparency, safety, and emotional confidence in medical aesthetics.

Methods:

Blakelee Paige Smith, NP, draws from over a decade of building a high-touch boutique aesthetic practice to outline a proven framework for experience-based loyalty. Attendees will explore key micro-moments that define patient perception, including environment design, language cues, service rituals, consultation dynamics, and digital touchpoints. The session will blend behavioral psychology, hospitality principles, and aesthetic branding to demonstrate how small changes yield significant returns.

Results:

Practices that implemented experience-centric strategies saw increases in patient retention, higher consultation-to-treatment conversions, stronger online reviews, and greater patient advocacy through word-of-mouth and social media sharing. Patients reported feeling more understood, more cared for, and more confident in their providers. Emotional loyalty proved to be a powerful asset in both sustaining growth and weathering industry shifts.

Conclusions:

The most successful aesthetic providers are not just skilled injectors—they are experience architects. By curating a journey that honors the emotional, psychological, and aesthetic needs of each patient, providers can transcend transactional care and create lasting, loyalty-driven relationships. This presentation equips attendees to design not just beautiful results, but unforgettable experiences.

References:

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

Oral Presentation

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#11650

Own Your Identity: How to Build a Magnetic Personal Brand in Aesthetics

73 - Marketing & Practice management

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Background/Objectives:

In today's competitive and visually driven aesthetic industry, your *personal brand* is no longer optional—it's essential. Whether you're an injector, provider, or med spa owner, building a strong personal brand is the key to standing out, building trust, and creating a loyal patient base that chooses *you* over the competition. This powerful session unpacks why personal branding is a game-changer for growth, how to authentically position yourself online and in practice, and the must-have strategies to cultivate influence, credibility, and patient connection. Walk away with the tools to craft a brand that doesn't just sell treatments—but inspires loyalty, empowers patients, and drives long-term success.

Learning Objectives:

- Define the pillars of a strong personal brand that attracts high-value patients
- Learn how to craft an elevated online presence that exudes expertise & authenticity
- Social media tips to overcome imposter syndrome or filming fears
- How to position yourself as a thought leader at the forefront of aesthetics
- Discuss other powerful ways to build a personal brand in aesthetics apart from just social media
- How to leverage your personal brand to drive premium pricing and cultivate elite patient experiences

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

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#11662

EndoLipolaser

49 - Lasers, EBDs & Light

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Background/Objectives:

Possibilities of minimally invasive facial soft tissue lifting with Nd:YAG laser radiation at a wavelength of 1,064 nm.

To date, the possibilities for minimally invasive correction of facial soft tissues have expanded significantly. Ultrasonic and radiofrequency face lifting methods have become ubiquitous. These methods do not produce a lasting effect in the correction of tissues due to the fact that they affect adipocytes by shrinking them but not by destroying them. As a consequence, the effect is less prolonged, from one to two years, and is less noticeable in patients with significant subcutaneous fat in the facial area.

In our practice, we use minimally invasive soft tissue treatment with Nd:YAG, quasi continuous waveq 1,064 nm 600 µm. The recommended amount of energy to be spent for the whole face is 1,000 to 2,000 W. This method of action on the subcutaneous fat, as well as the true and false facial ligaments, helps destroy adipocytes, shorten ligaments, as well as stimulate the production of collagen and, as a consequence, lift the entire face. The result after this type of exposure comes within three to six months and is more durable than other minimally invasive procedures. This method can be amplified with augmentation using fillers or a patient's own fat (lipofilling).

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

This method of combining laser action on fat cells with subsequent collagen stimulation is the most promising in the development of aesthetic medicine. Minimally invasive access and a short rehabilitation period combined with a pronounced effect on different types of faces are proof of this.

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EndoLipolaser

56 - Minimally invasive surgery / Minimally invasive advances

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¹Alexandr, Ermak, Kazakhstan

Background/Objectives:

Possibilities of minimally invasive facial soft tissue lifting with Nd:YAG laser radiation at a wavelength of 1,064 nm.

To date, the possibilities for minimally invasive correction of facial soft tissues have expanded significantly. Ultrasonic and radiofrequency face lifting methods have become ubiquitous. These methods do not produce a lasting effect in the correction of tissues due to the fact that they affect adipocytes by shrinking them but not by destroying them. As a consequence, the effect is less prolonged, from one to two years, and is less noticeable in patients with significant subcutaneous fat in the facial area.

In our practice, we use minimally invasive soft tissue treatment with Nd:YAG, quasi continuous waveq 1,064 nm 600 µm. The recommended amount of energy to be spent for the whole face is 1,000 to 2,000 W. This method of action on the subcutaneous fat, as well as the true and false facial ligaments, helps destroy adipocytes, shorten ligaments, as well as stimulate the production of collagen and, as a consequence, lift the entire face.

The result after this type of exposure comes within three to six months and is more durable than other minimally invasive procedures. This method can be amplified with augmentation using fillers or a patient's own fat (lipofilling).

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

This method of combining laser action on fat cells with subsequent collagen stimulation is the most promising in the development of aesthetic medicine. Minimally invasive access and a short rehabilitation period combined with a pronounced effect on different types of faces are proof of this.

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#11666

Skin Wound Healing Following Injecting Hyaluronic Acid Rejuvenating Complex, Polycaprolactone, or Combination Therapy

45 - Combination treatments

Stanković N¹, Adel N¹

¹ESTERA dental & aesthetic clinic, Belgrade, Serbia

Background/Objectives:

This study aimed to investigate the effects of hyaluronic acid rejuvenating complex, polycaprolactone, and their combination on skin wound healing, assessing their potential to accelerate tissue regeneration and optimize healing outcomes.

Methods:

Forty eight Wistar Albino rats were randomly divided into four groups. Group 1 received hyaluronic acid rejuvenating complex injection, Group 2 received polycaprolactone injection, and Group 3 received a combination of both. Group 4 served as the control, undergoing incision without intervention. Skin biopsies were collected at baseline, day 7, and day 14 postincision. Wound healing was evaluated histologically using hematoxylin and eosin (H&E) and Masson's trichrome stain-ing, focusing on epithelial thickness, collagen synthesis, and inflammatory cell infiltration.

Results:

The combination therapy group (Group 3) exhibited the most pronounced wound healing response, demonstrating significantly accelerated re- epithelialization, enhanced collagen deposition, and well- structured granulation tissue by days 7 and 14. Additionally, inflammatory cell infiltration was markedly reduced, indicating a faster transition from the inflammatory to the proliferative phase. Compared to single- agent treatments, the combined approach resulted in superior tissue remodeling and a more efficient healing process.

Conclusions:

The dual administration of hyaluronic acid rejuvenating complex and polycaprolactone offers a synergistic effect, significantly enhancing skin wound healing compared to monotherapies. These findings highlight the potential of combination therapy as a promising strategy for improving wound repair and tissue regeneration in aesthetic and regenerative dermatology.

References:

Adel, N., Stankovic, N., Cervantes, G., Gindi, A. and Shawky, L.M. (2025), Skin Wound Healing Following Injecting Hyaluronic Acid Rejuvenating Complex, Polycaprolactone, or Combination Therapy: An Experimental Study. *J Cosmet Dermatol*, 24: e70221. <https://doi.org/10.1111/jocd.70221>

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

The findings suggest that injectable PCL and HA scaffolds could be a promising approach for optimizing wound healing, particularly in clinical applications requiring enhanced dermal regeneration.

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#11668

Combination of 'Toxin Lift' and Liquid Polycaprolactone Injection for the Treatment of Infraorbital Hollows in a Middle-Aged Female Patient: A Case Report

45 - Combination treatments

Aldisa O¹

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Background/Objectives:

Background: Infraorbital hollows are a hallmark of midface aging, often contributing to a fatigued appearance. Conventional treatment approaches include hyaluronic acid fillers and surgical options such as blepharoplasty. However, limitations such as the Tyndall effect, overcorrection, or insufficient lift in cases of skin laxity present clinical challenges.

Objective: This case report explores the efficacy of a combined therapeutic strategy, utilizing the biomechanically driven "Toxin Lift" technique and novel liquid polycaprolactone (PCL) injection, for the correction of infraorbital hollows in a middle-aged female patient.

Methods:

Methods: A 42-year-old Caucasian-Asian female presented with prominent infraorbital hollows. The patient was treated using 20 units of botulinum toxin on each side of the face, strategically injected to modulate platysmal activity and promote midfacial elevation ("Toxin Lift"). In addition, 1 cc of liquid PCL was administered subdermally on each side of the face through a single-entry cannula technique, with four linear threads per side. Efficacy was assessed 30 days post-treatment using the Allergan Infra-orbital Scale (AIRS) and Global Aesthetic Improvement Scale (GAIS).

Results:

Results: Post-treatment assessment demonstrated a one-grade improvement in AIRS (from grade 4 to 3), indicating a visible reduction in infraorbital hollow depth and smoother lid-cheek transition. Both patient and investigator GAIS ratings showed "much improved" outcomes. No adverse events were reported.

Conclusions:

Conclusion: The synergistic application of the "Toxin Lift" and liquid PCL injection yielded clinically meaningful aesthetic improvement in infraorbital hollow appearance, offering an innovative, minimally invasive alternative for patients with moderate skin laxity. This integrative approach may serve as a viable substitute or adjunct to conventional filler techniques in middle-aged patients. Further studies with larger sample sizes and longer follow-up are recommended to validate these findings.

References:

References :Asawaworari P. Non-surgical neck rejuvenation – how effective can it get? Review of the liquid polycaprolactone collagen stimulator for neck skin rejuvenation. *PMFA J*. 2023 Aug/Sept;10(6). Available from: www.thepmfajournal.com. Benar H, Benar EB. A new nonsurgical combination approach for skin tightening and remodeling: Endoskin—A comparative study. *J Cosmet Dermatol*. 2024; 23: 2574–2580. doi:10.1111/jocd.16306 Carruthers, J. and Carruthers, J. (2018) "Appreciation of the Vascular Anatomy of Aesthetic Forehead Reflation," *Dermatologic Surgery*. Lippincott Williams & Wilkins. doi:10.1097/dss.0000000000001688. D'Souza, A. and Ng, C.L. (2020) "Applied Anatomy for Botulinum Toxin Injection in Cosmetic Interventions," *Current Otorhinolaryngology Reports*. Springer Science+Business Media, p. 336. doi:10.1007/s40136-020-00308-4. Germani M, Almeida CCMS, Munoz-Lora VRM, et al. How to improve infraorbital hollows with neuromodulators—A clinical prospective interventional study about the application of facial biomechanics. *J Cosmet Dermatol*. 2023; 22: 2950–2956. doi:10.1111/jocd.15970 Hernandez CA, Davidovic K, Avelar LET, Alfertshofer M, Freytag DL, Frank K, Moellhoff N, Bihun R, Green JB, Cotofana S. Facial Soft Tissue Repositioning With Neuromodulators: Lessons Learned From Facial Biomechanics. *Aesthet Surg J*. 2022 Sep 14;42(10):1163–1171. doi: 10.1093/asj/sjac090. PMID: 35416929 Jeong GJ, Ahn GR, Park SJ, Hong JY, Kim BJ. A randomized, patient/evaluator-blinded, split-face study to compare the efficacy and safety of polycaprolactone and polynucleotide fillers in the correction of crow's feet: The latest biostimulatory dermal filler for crow's feet. *J Cosmet Dermatol*. 2020 Jul;19(7):1593–1599. doi: 10.1111/jocd.13199. Epub 2019 Nov 4. PMID: 31680395 Juhász M, Yale KL, Thatiparthi A, Babadjouni A, Mesinkovska NA. Combination of Microfocused Ultrasound with Visualization and Dilute Calcium Hydroxylapatite Filler for Moderate to Severe Knee Skin Laxity. *J Clin Aesthet Dermatol*. 2023 Feb;16(2):14–18. PMID: 36909867; PMCID: PMC10005808. Levy, P. M. (2007) 'The 'Nefertiti lift': A new technique for specific re-contouring of the jawline', *Journal of Cosmetic and Laser Therapy*, 9(4), pp. 249–252. doi: 10.1080/14764170701545657. Lin SL, Christen MO. Polycaprolactone-based dermal filler complications: A retrospective study of 1111 treatments. *J Cosmet Dermatol*. 2020 Aug;19(8):1907–1914. doi: 10.1111/jocd.13518. Epub 2020 Jun 18. PMID: 32485052; PMCID: PMC7497126. Niforos F, Acquilla R, Ogilvie P, Safa M, Signorini M, Creutz L, Kerson G, Silberberg M. A Prospective, Open-Label Study of Hyaluronic Acid-Based Filler With Lidocaine (VYC-1SL) Treatment for the Correction of Infraorbital Skin Depressions. *Dermatol Surg*. 2017 Oct;43(10):1271–1280. doi: 10.1097/DSS.0000000000001127. PMID: 288589Sasaki, G.H. (2008) "Personal Approach to the Aging Lower Lid and Face," *Clinics in Plastic Surgery*. Elsevier BV, p. 407. doi:10.1016/j.cps.2008.02.004. Woodward J, Cox SE, Kato K, Urdiales-Galvez F, Boyd C, Ashourian N. Infraorbital Hollow Rejuvenation: Considerations, Complications, and the Contributions of Midface Volumization. *Aesthet Surg J Open Forum*. 2023 Feb 17;5:ojad016. doi: 10.1093/asjof/ojad016. PMID: 36998744; PMCID: PMC10045888.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

Combining the Toxin Lift technique with liquid polycaprolactone creates a novel, minimally invasive approach to infraorbital rejuvenation. This method capitalises on facial biomechanics both immediately through neuromodulation and long-term by collagen stimulation with liquid PCL, addressing the shortcomings of traditional fillers and surgery to produce a safer, more natural outcome for infraorbital hollowing. As a dual-modality procedure, our new technique offers additional treatment precision while preserving facial harmony and fulfilling a growing demand for regenerative, personalised aesthetics. If adopted broadly, it may redefine protocols for midface rejuvenation and become a cornerstone in next-generation non-surgical facial correction.

Oral Presentation

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#11669

Gender Differences in Dermal Filler Treatments

44 - Treatment with Injectables (Botulinum toxin & fillers)

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Background/Objectives:

The popularity of dermal fillers has surged, with both men and women seeking aesthetic enhancements.

While men and women may desire similar outcomes, their unique anatomical features, aging patterns, and beauty standards necessitate distinct treatment approaches. This presentation delves into gender-specific considerations for dermal filler treatments. We explore the differences in facial anatomy, aging characteristics, and beauty ideals between men and women. Understanding these distinctions is crucial for achieving natural-looking and satisfying results. Key areas of focus include the upper, mid, and lower thirds of the face. The female skull is typically smaller and more rounded, while the male skull is more angular with a prominent supraorbital ridge. The midface ogee curve differs between genders, with women exhibiting a more pronounced S-shape compared to men's flatter curve. The lower third of the face is often emphasized in men, with a strong chin and jawline being highly desirable. In women, full lips are a common aesthetic goal. By understanding these gender-specific factors, physicians can tailor filler treatments to achieve optimal results and avoid potential complications.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

This presentation aims to equip practitioners with the knowledge to provide effective, personalized care for both male and female patients seeking dermal filler enhancements.

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#11670

Psychosocial aspects of aging skin

77 - Unclassified topics

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Background/Objectives:

As individuals age, many turn to various products and procedures to conceal or delay the visible signs of aging. While these efforts often provide a helpful ego boost, it is essential to recognize that some individuals suffer from underlying pathologies, including eating disorders and body dysmorphic disorder. The impact of aging skin extends beyond physical appearance and may lead to social anxiety and social isolation. Furthermore, poor self-image is associated with chronic illness and a decreased likelihood of engaging in preventive health behaviors, such as regular exercise. Notably, the perception of an aged appearance, particularly among women, can also result in workplace discrimination.

Healthcare providers should offer evidence-based treatments for aging skin while ensuring that societal negative views do not unnecessarily reinforce patients' self-perception. Encouraging realistic treatment expectations is crucial for achieving positive outcomes and promoting overall well-being.

Reference

Levy BR, Myers LM. Preventive health behaviors influenced by self-perceptions of aging. *Prev Med*. 2004 Sep;39(3):625-9. doi: 10.1016/j.ypmed.2004.02.029. PMID: 15313104 .

Kligman AM. Psychological aspects of skin disorders in the elderly. *Cutis*. 1989 May;43(5):498-501. PMID: 2721245.

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Hong J, Koo B, Koo J. The psychosocial and occupational impact of chronic skin disease. *Dermatol Ther*. 2008 Jan-Feb;21(1):54-9. doi: 10.1111/j.1529-8019.2008.00170.x. PMID: 18318886.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

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#11671

Changing the paradigm in management of atrophic post-acne scarring with injectable skin-boosters

42 - Scars & acne

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Background/Objectives:

Atrophic post-acne scarring (APAS) is the most common type of acne scarring, affecting an estimated 85% of individuals with acne. APAS is characterized by the presence of depressions in the skin, which can be caused by a variety of factors, including inflammation, collagen loss, and elastin destruction. APAS can be a significant source of distress for patients, as it can impact their In recent years, injectable skin-boosters have emerged as a promising new treatment for APAS. Skin-boosters are hyaluronic acid (HA) fillers that are injected into the dermis to improve skin hydration, elasticity, and texture. Skin-boosters have been shown to be effective in reducing the appearance of APAS, with minimal downtime and side effects. The mechanism of action of skin-boosters in APAS is not fully understood, but it is thought to involve a combination of factors, including:

- Increased skin hydration: HA is a hydrophilic molecule that attracts and retains water. This helps to plump up the skin and reduce the appearance of depressions.
- Stimulation of collagen production: HA has been shown to stimulate the production of collagen, which is essential for maintaining skin structure and elasticity.
- Improvement of skin texture: HA can help to improve the overall texture of the skin by reducing the appearance of fine lines and wrinkles.

Clinical studies have shown that skin-boosters are effective in reducing the appearance of APAS. One study found that a series of three treatments with skin-boosters resulted in a significant improvement in the appearance of APAS in 80% of patients. Another study found that skin-boosters were more effective in reducing the appearance of APAS than traditional treatments, such as dermabrasion and chemical peels. Skin-boosters are a safe and effective treatment for APAS with minimal downtime and side effects. They can be used to treat all types of APAS, including ice pick scars, rolling scars, and boxcar scars. Skin-boosters are also compatible with other treatments for APAS, such as laser resurfacing and microneedling. The use of skin-boosters in the treatment of APAS represents a paradigm shift. Skin-boosters are a promising new treatment for atrophic post-acne scarring. They are minimally invasive, safe, and effective with minimal downtime and side effects. Skin-boosters can be used to treat all types of APAS and can be combined with other treatments for APAS to achieve optimal results.

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#11672

Combining Fillers, Biostimulators, and Toxin for Optimal Injectable Outcome in the Lower Face

45 - Combination treatments

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Background/Objectives:

Injectable procedures have become increasingly popular in aesthetic medicine, particularly for rejuvenating the lower face. This abstract aims to review the use of a combination approach involving fillers, biostimulators, and toxins to achieve optimal outcomes in lower face rejuvenation. A comprehensive search was conducted using the PubMed database, and relevant articles published between 2010 and 2023 were included for analysis. The combination of dermal fillers, biostimulators, and toxins offers a multifaceted approach to address various aspects of lower face aging. Dermal fillers, such as hyaluronic acid-based products, are commonly used to restore volume and contour in areas like the cheeks, nasolabial folds, and marionette lines. Biostimulators, such as poly-L-lactic acid and calcium hydroxylapatite, stimulate collagen production and provide long-term improvement in skin quality. Toxins, specifically botulinum toxin type A, are employed to relax hyperactive muscles and reduce the appearance of dynamic wrinkles, particularly in the perioral region.

Several studies have demonstrated the efficacy and safety of combining these modalities for lower face rejuvenation. The use of fillers in conjunction with biostimulators and toxins allows for a synergistic effect, enhancing overall outcomes. Fillers restore lost volume and improve structural support, while biostimulators stimulate collagen synthesis, leading to increased dermal thickness and improved skin texture. Toxins, on the other hand, selectively relax targeted muscles, reducing dynamic wrinkles and preventing further formation. Combining fillers, biostimulators, and toxins requires a thorough understanding of facial anatomy, injection techniques, and patient selection. Individualized treatment plans tailored to patients' specific needs and goals are essential to achieve optimal outcomes. Additionally, proper injection depth, product selection, and dosage must be considered to minimize complications and ensure patient satisfaction.

In conclusion, the combination of fillers, biostimulators, and toxins presents a comprehensive approach for optimal lower face rejuvenation. By addressing volume loss, collagen stimulation, and muscle hyperactivity, this multimodal strategy offers enhanced and longer-lasting results compared to using any single modality alone.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

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#11673

Undereye Fillers: Why I have Not Given Up on Hyaluronic Acid

44 - Treatment with Injectables (Botulinum toxin & fillers)

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Background/Objectives:

Undereye rejuvenation is one of the most challenging areas to treat non-surgically. Hyaluronic Acid (HA) has been the main non-surgical treatment of choice for a long time. However, these have lead to variable outcomes with a high incidence of complications. Complications such as Tyndall, contour irregularities, and swelling have dreading a lot of doctors and patients alike. This has lead to also utilizing various other products including PDO, PLLA, and Collagen, among others. However, reports of adverse events are still present. This has also lead me to believe that it is the technique that is causing these complications, rather than the product. In my personal practice, I have still been using HA, primarily for the predictability of outcome and reversibility with hyaluronidase. I will be showing (unpublished) safety data from my clinic of using undereye HA fillers.

The anatomy of the tear trough and undereye is distinct and that delicate placement of HA filler with the correct rheologic property is of utmost importance. Careful injections using a cannula and making sure that the correct filler is being placed on the correct layers will create an improvement while minimizing complications. Adequate follow-up is necessary to check and manage possible complications or to even further improve outcomes if needed

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

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#11683

Facial volume management during rapid weight loss induced by GLP-1 agonists: aesthetic tools and protocols

44 - Treatment with Injectables (Botulinum toxin & fillers)

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Background/Objectives:

Rapid weight loss associated with the use of GLP-1 receptor agonists such as semaglutide has gained widespread popularity. However, this process often results in significant facial volume depletion — commonly referred to as the so-called "Ozempic Face."

This condition is characterized by a noticeable loss of subcutaneous fat in specific anatomical areas of the face, resulting in premature signs of aging and altered facial harmony. Clinically, patients may present with:

- Hollowing of the midface, particularly in the malar and buccal regions, leading to sunken cheeks.
- Volume loss in the temporal fossa, giving the face a skeletal appearance.
- Deflation of the periorbital region, causing tear trough depression and accentuated under-eye shadows.
- Lipoatrophy in the lower face, resulting in downturned mouth corners and early jowl formation.
- Skin laxity and decreased elasticity, especially along the jawline and nasolabial folds, due to the abrupt loss of support from the underlying fat pads.

Quantitatively, while exact volumetric data may vary depending on individual physiology and duration of weight loss, clinical experience suggests that up to 20–30% of facial fat volume can be lost in visibly affected areas. This rapid and disproportionate facial deflation often contrasts with the patient's overall improved body contour, leading to dissatisfaction with facial appearance. From an aesthetic standpoint, these changes mimic age-related facial atrophy but occur much faster, creating a clinical need for preventive and restorative interventions, especially in aesthetic practices. To present an effective, evidence-based aesthetic strategy using poly-L-lactic acid (PLLA) to counteract facial lipoatrophy in patients undergoing semaglutide therapy.

Methods:

Aesthetic interventions focused on restoring mid and lower face volume were performed using PLLA-based injectables. Injections were delivered via a 22G cannula employing linear retrograde and fanning techniques. Each treatment used 10–13 ml of product per session, with 1 to 3 sessions spaced a minimum of 6 weeks apart. Ultrasound and histological evaluations were used to monitor tissue response and safety.

Results:

Treatment resulted in notable dermal thickening (from 1.19 mm to 1.45 mm on ultrasound), enhanced skin turgor, improved contour definition, and reduction in wrinkles. Patients reported increased satisfaction with facial appearance despite ongoing systemic weight loss. No adverse histological reactions were observed.

Conclusions:

Semaglutide-induced facial lipoatrophy poses a significant aesthetic challenge. Early preventive care and volume restoration with PLLA injectables can effectively maintain facial youthfulness. A comprehensive protocol including biorevitalization, collagen support, and customized injection vectors ensures optimal patient outcomes.

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Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

The widespread use of GLP-1 receptor agonists like semaglutide for weight loss has introduced a new aesthetic challenge: rapid and disproportionate facial fat loss, known clinically as GLP-1-associated lipoatrophy. This phenomenon accelerates visible aging, leading to patient dissatisfaction despite overall body slimming. As demand for these medications grows, aesthetic practitioners are increasingly called upon to manage the facial consequences. This shifts the focus from age-related rejuvenation to preventive and restorative facial strategies in pharmacologically-induced cases. Early intervention protocols—such as PLLA-based collagen stimulation and biostimulation support—are becoming essential tools in preserving facial harmony and youthfulness. Aesthetic medicine must adapt to address this emerging facial aging profile as a direct result of therapeutic weight loss.

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#11686

The Importance of the Aesthetic Wellness Questionnaire (AWQ-10) in Safeguarding Patients Seeking Aesthetic Treatments

77 - Unclassified topics

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Background/Objectives:

Introduction

The intersection of psychological well-being and aesthetic medicine remains critically under-addressed. One aspect of ethical aesthetic medicine is to evaluate our clients' psychological strength and mental well-being prior to treatments, ensuring that we do no harm. Is this being done internationally as a standard of care? As aesthetic practitioners, we must take on the dual responsibility of transforming appearances in natural and safe ways while safeguarding mental health. Through personal experience, I encountered instances where aesthetic treatments inadvertently caused psychological harm due to a lack of standardized protocols addressing mental health vulnerabilities. This motivated the creation of the Aesthetic Wellness Questionnaire (AWQ-10), a tool currently being implemented in a pilot study at Citrus Aesthetics. This tool allows me to evaluate the psychological strength and readiness of my patients, and if they are high risk based on the AWQ-10, take systemized approaches like postponing treatment and referring to mental health or declining treatment and referring to mental health.

Relevance

The AWQ-10 addresses a significant gap in the field: the lack of evidence-based protocols to evaluate psychological readiness for aesthetic treatments. Research already supports that patients with psychological vulnerabilities—such as Body Dysmorphic Disorder (BDD), unresolved trauma, or impulsive decision-making—are at a heightened risk for dissatisfaction, exacerbation of mental health conditions, and repeated procedures with continued dissatisfaction. The AWQ-10 offers a structured, preventative approach to mitigate these risks and align aesthetic medicine with the ethical principle of primum non nocere (first, do no harm).

Coherence

The AWQ-10 is built on three foundational objectives:

1. Identifying Red Flags: Screening for untreated mental health conditions, unrealistic expectations, and external pressures.
 2. Enhancing Patient Safety: Preventing harm by delaying or denying treatments for at-risk individuals while offering appropriate referrals.
 3. Promoting Ethical Practice: Shifting the industry towards patient-centric care by addressing psychological vulnerabilities pre-treatment.
- Case studies exemplify its practical application, such as preventing harm for a patient with BDD and referring a trauma survivor for psychological support rather than proceeding with treatments.

Effectiveness

Initial results from the ongoing pilot study at Citrus Aesthetics highlight the AWQ-10's utility in clinical practice. Providers report improved confidence in decision-making, fewer adverse psychological outcomes, and stronger patient-provider relationships rooted in trust and transparency as well as less cases of patient dissatisfaction. Moreover, its evidence-based framework integrates seamlessly into existing consultation workflows, ensuring accessibility and ease of use so that the AWQ-10 can easily be implemented into Aesthetic medicine clinics worldwide to improve the standard of care.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

While aesthetic medicine has embraced advancements in technology and technique, it remains fundamentally deficient in addressing the psychological dimensions of care. The AWQ-10 pioneers this shift, representing the first structured screening tool of its kind to incorporate trauma history, mental health conditions, and treatment motivations. Its implementation globally has the potential to redefine industry standards, ensuring that aesthetic interventions yield both physical and psychological benefits and ultimately, that we do know inadvertent harm to our patients by evaluating their psychological health and well-being prior to treatments and taking appropriate interventions to either postpone or decline treatment in certain cases, while making appropriate recommendations and referrals to mental health specialists. Evidence-Based Approach The AWQ-10 is grounded in robust clinical research, including studies highlighting the prevalence of BDD in aesthetic patients (18.6% compared to 2.4% in the general population) and the critical role of psychological readiness in treatment satisfaction. Supporting literature from journals such as Plastic and Reconstructive Surgery and Aesthetic Surgery Journal reinforces the need for pre-treatment screening tools, linking their use to improved patient outcomes and reduced legal risks. Conclusion Aesthetic medicine operates at the delicate intersection of appearance and identity, where every treatment carries inherent risks and benefits. The AWQ-10 bridges the current ethical and clinical gap by prioritizing psychological safety, promoting informed decision-making, and aligning the industry with a holistic standard of care. Its adoption represents not only an evolution in practice but also a moral imperative to safeguard the well-being of aesthetic patients worldwide. Thank you for your consideration in allowing me the opportunity to speak and spread my knowledge, expertise and passion on a more ethical approach to aesthetic medicine utilizing the AWQ-10 questionnaire and protocol. Written and researched by: Jessica Cvetic, PA, MPASCo-owner, Citrus Aesthetics Owner, Citrus Franchising

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#11690

“Beat the aging with thread-lift: Discover the intricacies of patient selection”

46 - Threads

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Background/Objectives:

Thread-lift is a commonly performed aesthetic procedure, preferred due to its natural and quick results with minimal downtime. It has been frequently observed that the patient and the physicians are unhappy with the results. In most cases this is not due to poor technique but due to poor patient selection, not understanding well, who will benefit from the procedure and who will not. The correct patient selection is the topic of this talk.

Methods:

- To explore the salient differences in the anatomical features of the face that should prompt the physicians to decide, which patient would benefit best from the thread-life and who will be needing other treatment modalities or mixed approach.
- To explore the essential elements to be consider while planning and performing a thread-lift.

Results:

- In a case series, I will show the patients who displayed excellent results after thread-lift and those whose thread-lift was relatively unsuccessful, highlighting the reasons in each case.
- I will also demonstrate the right approach to draw vectors for thread lifting, fixed and hanging points and thread insertion technique.

Conclusions:

- Thread-lift is not a procedure that is indicated for everyone.
- Right patient's selection is key to success.
- Technique and choice of product is very important in giving good results.

References:

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

- My talk will be able to make the audience understand with real patient's examples who should be chosen for thread lift and for others, alternative thread lifting procedures may be planned.
- The correct patient selection is the key to deliver good results from the procedure.

Oral Presentation

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#11691

Myths and Realities of Botulinum Toxin uses in Aesthetic Medicine

44 - Treatment with Injectables (Botulinum toxin & fillers)

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Background/Objectives:

Botulinum toxin serotype A (BoNT-A) is available in several formulations, brands and prices for aesthetic use. The numbers are likely to increase in future. Different companies run several media campaigns boosting their products over others. Numerous myths and misconceptions regarding the use of BoNT-A for aesthetic indications are in vogue and believed by many without inquiring about the evidences to prove these myths.

Methods:

This presentation is systematic review of various scientific publications on the subject, assessing evidence for and against each of the most common myths.

Results:

BoNT-A neurotoxin/protein complexes are irrelevant to the toxin's therapeutic/aesthetic indications, diffusion or immunogenicity. Diffusion appears predominately, perhaps exclusively, dose dependent. Careful placement and correct dosing optimizes likelihood of good outcomes. It is recommended to reconstitution of products with sterile nonpreserved saline. However, reconstitution using preserved saline improves patient comfort without compromising efficacy. Among the several post-treatment instructions/restrictions, muscle activity after injection may be beneficial. Cooling the treatment area hinders BoNT-A translocation and should probably be abandoned.

Conclusions:

Based on the available scientific data it is recommended that additional, well-designed, randomized studies should be performed to settle these myths with more confidence.

References:

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

- Botulinum toxin for facial rejuvenation and several other medical indications is one of the very widely performed procedures all over the world.
- over the years several myths have been engraved within the minds of treating physicians regarding the injection preparation and execution.
- this talk will explore all these myths with the support of scientific studies, making the procedure easy and effective for the doctors.

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#11692

A patient with Body Dysmorphic Disorder: Is it good or bad for Aesthetic practice?

77 - Unclassified topics

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Background/Objectives:

- Body dysmorphic syndrome is a psychological condition where individuals are obsessed and over perceived over appearance flaws over trivial issues, typically unnoticed by others, leading to impairments in daily activities. Varies from mild distress to extreme consequences like job loss, social withdrawal, and suicidal tendencies.
- In America, among the individuals going for cosmetic surgery **7-8%** meet the criteria for BDD. Internationally among the aesthetic patients the prevalence rates vary greatly between **3-53%**.

Methods:

For the aesthetic practitioner, identifying a patient suffering with BDD is important, because there is evidence that cosmetic interventions may actually make the condition *worse*. These patients requests for more treatments, followed by increasing frustration on behalf of both the patient and the practitioner.

The criteria for identification of such patients is well known but most of the aesthetic physicians are unaware of it leading to unnecessary stress in dealing with such patients.

Results:

Establish a trusting doctor-patient relationship with BDD patients. Show empathy and understanding, more than you display with other patients. Only agree with the treatment if you think you can see the defect and are 100% sure that you can correct it. Explaining the patient everything you are doing and produce it in writing in a consent form. If essential refer the patient to a psychiatrist experienced in treating BDD. Some patients benefit from medications, especially SSRIs.

Conclusions:

Aesthetics and psychology are two sides of the same coin. By acknowledging and addressing the psychological aspects of our treatments, we create a more fulfilling and holistic experience for our patients.

References:

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

We feel that identifying a patient suffering from BDD is very important to every aesthetic physician, as all such patients are considered very well, initially, as they are agreeing on a long list of procedures being offered. However these patients will not be satisfied with the results and will pressurize the doctors to do more without charges and will threaten them of legal actions and defaming on social media. The talk will cover this ignored part of aesthetic practice to do less in such patients and learn to say no to them.

Oral Presentation

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#11693

“Is ethnicity a consideration while performing liquid rhinoplasty?”

44 - Treatment with Injectables (Botulinum toxin & fillers)

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Background/Objectives:

- Different ethnic populations have different nose shapes that God has made to match their bony structure, lips and eyes.
- Globalization and social media has made our patients convinced to improve their nose shapes, and everyone wishes to make their nose look like a celebrity, not considering how this nose would sink in the overall facial profile.

Methods:

- My talk will cover the ethnic differences in nose shapes and 5 ways to correct a nose by liquid rhinoplasty.
- In this talk, and emphasis is on the fact that liquid rhinoplasty does not change the nose shape so much as to create an “ethnic identity crisis”.

Results:

- A good understanding of anatomy, safety measures, and patients’ expectations is essential to deliver the desired optimal results.
- The ethnic differences need to be carefully taken into consideration when performing nasal fillers injection.
- An injectors must understand the limits of liquid rhinoplasty and must not promise more

Conclusions:

- Nonsurgical rhinoplasty is considered a safe procedure, which is highly sought after worldwide.
- A good understanding of anatomy, safety measures, and patients’ expectations is essential to deliver the desired optimal results.
- The ethnic differences need to be carefully taken into consideration when performing liquid rhinoplasty for better aesthetic outcomes.

References:

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

- Liquid rhinoplasty is in trends now a days. The reason is that you can bring major changes in patient's profile in a few minutes. The question arises here that, does the change in nose shape looks good in every patient. The answer is No. Since nose in everyone's face sinks in with his/her ethnic features, hence no drastic changes in the nose will look good.
- Addressing a nose alone will not bring beautiful results, hence the aesthetic physician must consider other features in the profile like lips and chin and frontal facial projection and masseter botulinum toxin treatment to balance the face with the nose shape.

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#11700

Bruxism Management Using Multilayered Neurotoxin Injection : A Comparative Study

44 - Treatment with Injectables (Botulinum toxin & fillers)

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Background/Objectives:

This study evaluates the efficacy of a multilayered neurotoxin injection technique compared to a conventional deep injection approach in managing bruxism.

Methods:

Forty patients diagnosed with bruxism were divided into two groups: the control group received deep injections at four points in the masseter, while the study group received both deep and superficial injections, with internal redirection to four sites. Treatment outcomes were assessed using electromyography (EMG) to measure muscle activity, bite force measurement, Visual Analog Scale (VAS) for pain, and patient satisfaction scores, these outcomes were evaluated during different follow up intervals (Baseline, 1 month, 3 months and 6 months). Statistical analysis was conducted using SPSS, with significance set at $p < 0.05$.

Results:

The study group exhibited significantly greater reductions in EMG activity and bite force compared to the control group ($p < 0.05$). Additionally, VAS scores demonstrated lower pain levels post-treatment in the study group, and patient satisfaction scores were significantly higher.

Conclusions:

Multilayered neurotoxin injection into the masseter muscle provides superior therapeutic benefits for bruxism management, resulting in improved muscle relaxation, reduced bite force, and higher patient satisfaction compared to conventional deep injections. This technique may serve as a refined protocol for clinicians treating bruxism.

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Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

The findings of this study carry significant implications for aesthetic medicine, particularly in the context of facial contouring and therapeutic muscle modulation. By demonstrating that multilayered neurotoxin injection into the masseter yields superior results in reducing muscle activity, bite force, and patient discomfort, the study introduces a more effective and nuanced approach to both functional and aesthetic concerns. In aesthetic practice, overactive masseter muscles not only contribute to bruxism but also lead to facial hypertrophy and a square jawline—features often undesirable for patients seeking a softer, more contoured appearance. This multilayered technique offers practitioners a strategic advantage, enhancing facial aesthetics while concurrently addressing a medical condition, thereby aligning with the growing demand for holistic, minimally invasive treatments that merge therapeutic and cosmetic outcomes.

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#11701

Polynucleotides for Under eye Rejuvenation : A Regenerative approach to periorbital aging

51 - Regenerative aesthetics

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Background/Objectives:

Introduction:The under-eye region is highly susceptible to aging-related changes, including skin laxity, fine lines, and volume loss. Traditional treatments, such as dermal fillers and laser therapy, provide temporary improvements but may not address the underlying skin quality. Polynucleotides (PNs), derived from purified DNA fragments, have emerged as potent biostimulators that enhance tissue regeneration, improve hydration, and stimulate collagen synthesis. This study evaluates the efficacy and safety of polynucleotide injections in under-eye rejuvenation. **Methods:**A prospective clinical study was conducted on patients with under-eye volume depletion, fine lines, and dark circles. Patients received a series of polynucleotide microinjections using a mesotherapy technique, spaced two to four weeks apart. Patient satisfaction and side effects were recorded at baseline, 4 weeks, and 12 weeks post-treatment. **Results:**Preliminary findings suggest a significant improvement in periorbital skin quality, with increased hydration, reduced fine lines, and enhanced elasticity. Dark circles appeared less prominent due to improved microcirculation and dermal remodeling. Side effects were minimal, with transient swelling and mild erythema resolving within 24–48 hours. **Conclusion:**Polynucleotides offer a promising, minimally invasive approach to under-eye rejuvenation by enhancing skin quality at a cellular level. Their regenerative properties provide a safe and effective alternative to traditional aesthetic treatments. Further studies are required to establish optimal treatment protocols and long-term outcomes.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

The use of polynucleotide injections for under-eye rejuvenation represents a transformative advancement in aesthetic medicine, offering a regenerative, biocompatible solution to a region notoriously difficult to treat. Unlike conventional fillers, polynucleotides stimulate fibroblast activity, enhance tissue hydration, and promote collagen remodeling, resulting in a natural and gradual improvement in skin texture, pigmentation, and elasticity. This approach addresses the underlying causes of under-eye aging—such as thinning skin, fine lines, and dark circles—rather than merely masking them. Its safety profile and low risk of edema or vascular complications make it particularly well-suited for the delicate periorbital area. As patient demand shifts toward subtle, biologically driven enhancements, polynucleotides emerge as a cornerstone in regenerative aesthetics, offering clinicians a powerful tool for achieving long-lasting, natural-looking results with minimal downtime.

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#11702

Hyperdiluted Hybrid Injectables for the Treatment of Perioral Lines: A Novel Approach to Skin Rejuvenation

44 - Treatment with Injectables (Botulinum toxin & fillers)

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Background/Objectives:

Introduction:Perioral lines, commonly known as smoker's lines, pose a significant aesthetic concern due to their association with aging and skin laxity. Traditional treatment modalities, including botulinum toxin, fillers, and laser therapies, have shown varying degrees of success but often come with limitations such as short-lasting effects or unnatural outcomes. This study explores the efficacy and safety of hyperdiluted hybrid injectables as a minimally invasive alternative for perioral line treatment. **Methods:**A prospective clinical study was conducted on patients presenting with moderate-to-severe perioral lines. A novel hybrid injectable formulation containing a combination of cross-linked hyaluronic acid and biostimulatory agents (such as polynucleotides, calcium hydroxyapatite, or polycaprolactone) was hyperdiluted with saline and lidocaine. Injections were performed using a microdroplet or fanning technique in the perioral region. Treatment outcomes were assessed and patient-reported satisfaction scores at baseline, 4 weeks, and 12 weeks post-treatment. **Results:**Preliminary findings indicate a significant improvement in perioral line severity with enhanced dermal hydration, elasticity, and collagen remodeling. Patients reported high satisfaction levels with minimal side effects, such as transient swelling or erythema. The combined effect of hyaluronic acid's immediate volumization and biostimulatory agents' long-term regenerative properties contributed to sustained clinical benefits. **Conclusion:**Hyperdiluted hybrid injectables present a promising, safe, and effective treatment option for perioral lines. Their dual-action mechanism—providing both hydration and biostimulation—offers an innovative approach to skin rejuvenation with long-lasting effects. Further studies with larger sample sizes and histological analyses are warranted to optimize treatment protocols.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

The integration of hybrid calcium-based filler, hybrid cross-linked hyaluronic acid, and Xeomin neurotoxin as a combined injectable approach for treating perioral lines signifies a paradigm shift in aesthetic medicine. This multimodal strategy targets perioral aging on multiple levels—restoring structural volume with calcium hydroxylapatite, improving skin quality and hydration with advanced HA, and reducing dynamic muscle movement with Xeomin. By addressing both static and dynamic components of perioral wrinkles, this protocol offers a more comprehensive and natural rejuvenation effect compared to monotherapy. The synergistic action of biostimulation, hydration, and neuromodulation provides longer-lasting, refined outcomes with improved skin elasticity and smoother contour. As aesthetic practitioners increasingly seek tailored, layered approaches that enhance both skin health and facial harmony, this hybrid injectable method stands out as an innovative, effective solution for one of the most challenging areas of facial aging.

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#11703

Combined approach for nasolabial fold rejuvenation: Hyaluronic acid fillers and Botulinum toxin injection

44 - Treatment with Injectables (Botulinum toxin & fillers)

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Background/Objectives:

Nasolabial folds are a common sign of aging caused by volume loss, skin laxity, and muscle activity. Treating these folds requires addressing both volume depletion and dynamic wrinkles. Combining hyaluronic acid fillers, which restore volume, with botulinum toxin injections, which relax muscles, offers a comprehensive approach. This hybrid technique aims to improve aesthetic outcomes, extend results, and enhance patient satisfaction with minimal side effects. Combining hyaluronic acid fillers with botulinum toxin injections effectively rejuvenates nasolabial folds by restoring volume and relaxing muscles. This hybrid approach improves wrinkle depth, skin quality, and facial contour, offering more natural and longer-lasting results than either treatment alone. Patient satisfaction is high, with minimal side effects reported. By addressing both static and dynamic aging factors, this method provides a balanced, safe, and minimally invasive option for facial rejuvenation.

Methods:

We are currently conducting a study on the combined use of hyaluronic acid fillers and botulinum toxin for nasolabial fold rejuvenation. This technique has been performed on over 10 patients, showing promising aesthetic improvements. Early results indicate enhanced wrinkle reduction and facial contouring, with patient satisfaction notably higher than in cases treated with hyaluronic acid alone. These findings suggest that the combined approach may offer superior outcomes and greater patient approval compared to conventional treatment.

Results:

In our study of over 10 patients, the combined use of hyaluronic acid fillers and botulinum toxin resulted in significant improvement in nasolabial fold appearance. Patients showed enhanced wrinkle reduction, improved skin texture, and better facial contour. Satisfaction scores were higher compared to those receiving only hyaluronic acid treatment. No serious adverse effects were reported, and minor side effects were transient. These results support the efficacy and safety of the combined approach for nasolabial fold rejuvenation.

Conclusions:

The combined use of hyaluronic acid fillers and botulinum toxin for nasolabial fold rejuvenation offers superior aesthetic results and higher patient satisfaction compared to hyaluronic acid alone. This hybrid approach effectively addresses both volume loss and muscle activity, providing natural, longer-lasting improvements with minimal side effects. Our preliminary findings support its safety and efficacy, suggesting it as a valuable option in nonsurgical facial rejuvenation.

References:

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

The combined approach for nasolabial fold rejuvenation, using both hyaluronic acid fillers and botulinum toxin injections, represents an innovative advancement in aesthetic treatment. By integrating these two modalities, this method enhances the overall effectiveness compared to conventional treatments used alone. Hyaluronic acid restores volume and smooths deep folds, while botulinum toxin relaxes the depressor muscles that contribute to fold formation, leading to longer-lasting and more natural-looking results. This synergistic technique offers practitioners a valuable tool to improve patient satisfaction and outcomes, potentially setting a new standard in facial rejuvenation.

Oral Presentation

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#11704

Hybrid Approach in Blepharoplasty: Combining Transconjunctival and Transcutaneous Techniques to Reduce Morbidity

56 - Minimally invasive surgery / Minimally invasive advances

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Background/Objectives:

Blepharoplasty rejuvenates the eyelids by removing excess skin, fat, and muscle. The transconjunctival technique avoids external scars but limits skin removal, while the transcutaneous method allows more extensive tissue access but carries higher risks of scarring and complications. The hybrid approach combines both to optimize results and reduce morbidity. This study evaluates its safety, efficacy, complication rates, and patient satisfaction, aiming to guide surgeons in achieving better functional and aesthetic outcomes. To evaluate the effectiveness of the hybrid blepharoplasty combining transconjunctival and transcutaneous techniques for optimal aesthetic results.

To compare postoperative morbidity and complications between the hybrid and traditional single-technique approaches.

To assess patient satisfaction and recovery time after the hybrid procedure.

To identify patient profiles best suited for the combined technique.

To offer surgical guidelines for the safe and effective use of the hybrid method.

Methods:

We are currently conducting a study on the hybrid blepharoplasty technique, with over 50 patients treated so far. Preliminary results show promising aesthetic improvements and a significant reduction in complications. Patient satisfaction has been notably higher compared to those who underwent conventional single-technique blepharoplasty. These findings suggest that the combined approach may offer better functional and cosmetic outcomes, supporting its use as a safe and effective alternative.

Results:

The hybrid blepharoplasty technique was performed on over 50 patients with promising outcomes. Patients showed significant aesthetic improvement and quicker recovery compared to traditional methods. Complication rates, including eyelid malposition and scarring, were lower than in single-technique procedures. Patient satisfaction scores were consistently high, reflecting improved functional and cosmetic results. These findings support the hybrid approach as a safe and effective option for eyelid rejuvenation.

Conclusions:

The hybrid blepharoplasty technique combining transconjunctival and transcutaneous approaches offers a balanced solution that maximizes aesthetic results while minimizing complications. Our study demonstrates improved patient satisfaction, lower morbidity, and faster recovery compared to traditional methods. This combined approach is a safe, effective, and versatile option for eyelid rejuvenation, providing surgeons with a valuable technique to enhance both functional and cosmetic outcomes.

References:

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

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#11709

Evidence-Based CO₂ Laser Protocols in Dermatologic Practice: Insights for 2025

49 - Lasers, EBDs & Light

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Background/Objectives:

The carbon dioxide (CO₂) laser has long been established as a powerful tool in dermatology due to its precision, depth control, and ability to ablate and coagulate tissue simultaneously. Since its introduction in the 1960s, the technology has evolved significantly, with modern fractional CO₂ lasers offering improved safety profiles, faster healing times, and enhanced aesthetic outcomes. Its applications span a wide spectrum, including skin resurfacing, scar revision, treatment of benign and malignant skin lesions, and management of photoaging. With ongoing advancements in technology and a better understanding of laser-tissue interactions, standardized treatment protocols are increasingly crucial to ensure optimal clinical outcomes and patient satisfaction.

The carbon dioxide (CO₂) laser has long been established as a powerful tool in dermatology due to its precision, depth control, and ability to ablate and coagulate tissue simultaneously. Since its introduction in the 1960s, the technology has evolved significantly, with modern fractional CO₂ lasers offering improved safety profiles, faster healing times, and enhanced aesthetic outcomes. Its applications span a wide spectrum, including skin resurfacing, scar revision, treatment of benign and malignant skin lesions, and management of photoaging. With ongoing advancements in technology and a better understanding of laser-tissue interactions, standardized treatment protocols are increasingly crucial to ensure optimal clinical outcomes and patient satisfaction.

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The integration of CO₂ laser technology has significantly reshaped the landscape of aesthetic medicine, offering a powerful, minimally invasive solution for a variety of skin concerns. Its ability to precisely ablate the epidermis and stimulate collagen remodeling in the dermis makes it a gold standard for skin resurfacing, scar revision, and the treatment of photodamage and fine lines.

In current practice, fractional CO₂ lasers in particular have bridged the gap between efficacy and safety, allowing for impressive aesthetic results with reduced downtime and fewer complications compared to traditional ablative methods. This has broadened their appeal among patients seeking non-surgical skin rejuvenation options and has increased demand in both dermatology and aesthetic clinics.

Looking ahead to 2025 and beyond, the role of CO₂ lasers is expected to expand further due to improvements in device precision, customizable treatment settings, and the development of combination therapies (e.g., with PRP, RF microneedling, or topical agents). These advances not only enhance outcomes but also necessitate the adoption of standardized protocols and practitioner training to ensure consistency and safety.

The implications are clear: practitioners must stay updated with evolving techniques and technologies to meet patient expectations and remain competitive in the aesthetic field. The CO₂ laser is no longer just a tool—it is a cornerstone of modern aesthetic practice, enabling physicians to offer high-value, evidence-based treatments with long-lasting results.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

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#11725

Enhancing Skin Glow with Exosomes - Treating Acne-Induced Inflammation and Congestion: A Case Study

51 - Regenerative aesthetics

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Background/Objectives:

Acne affects 85% of adolescents, but irritation and resistance often limit long-term use of retinoids or antibiotics.¹ Purasome Skin Glow Complex (SGC100+) supplies 20 billion bovine-colostrum exosomes per 1.5 mL plus hyaluronic acid and antioxidants. The vesicles' miRNAs, growth factors, and ceramide-rich lipids are thought to calm inflammation and reinforce the barrier^{2,4}. In recent years, exosomes have gained attention for their potential to modulate inflammatory pathways and promote healing, offering an innovative alternative to traditional therapies that often result in irritation or resistance in adolescent populations. Because earlier work relied on microneedling, we tested twice-daily topical SGC100+ in a patient with moderate, treatment-refractory acne, tracking erythema, papule count & post-inflammatory hyperpigmentation (PIH) over 12 weeks.

Methods:

Patient: 19-yr-old female, Fitzpatrick7 Type II

Baseline severity: IGA8 = 3 (moderate); GAGS9 ≈ 22

Prior regime: 0.02% Tretinoin + 0.1% Adapalene + Doxycycline 100 mg OD (taken for 8 weeks, proved ineffective)

Wash-out: Tretinoin & Doxycycline stopped day 7 → 2-week wash-out before first review.

Intervention: 1.5 mL SGC100+ twice-a-day × 4week, then 4 days/week × 8-week (3 vials total)

Assessments: Observ 520X photography, lesion counts, IGA8, 10-point patient VAS8

Adjunctive skincare: The patient used a gentle exfoliating cleanser, an oil-free moisturiser with anti-microbial peptides, and broad-spectrum SPF daily. After two weeks, the moisturiser was switched to a more emollient formulation to alleviate mild dryness.

Results:

Week 4: Papules ↓ ~60 %; VAS8-redness ↓ ~ 60 %; Dryness mild, resolved with richer moisturiser. Week 8: IGA7 improved 3 → 1 (almost clear); no new nodules/pustules; smoother skin texture; PIH patches showing evidence of fading. Week 12: Sustained clearance, only faint macular erythema; patient reported "very satisfied" with comfort, cosmetic feel, and reduced need for concealer. Safety: No irritation, peeling, or systemic events. Investigator's Global Assessment (IGA)7 / Global Acne Grading System (GAGS)8 / Visual Analog Scale (VAS)8

Conclusions:

Topical bovine-colostrum exosomes were tolerated and resulted in a 60% fall in redness and lesion count, with IGA8 shifting from ≈ 3 → 1 scale. The improved texture points to three mechanisms:

- Inflammation Dampening: Exosomal miRNAs downregulate key inflammatory messengers, easing peri-follicular swelling.⁵
- Barrier Repair: Vesicle lipids merge with the outer skin layer, speeding recovery and reducing dryness.⁶
- Regeneration Support: Growth-factor cargo encourages collagen remodelling and quicker fade-out of red macules^{2,6}.

Limitations: Single case, no control arm, short follow-up, and subjective metrics. While the findings are promising, they remain preliminary. Larger, controlled studies are needed to confirm the treatment's efficacy, safety, and duration of effects. The high cost, clinic-only dispensing, and the absence of acne indications for topical exosomes limit accessibility. These results suggest that topical Exosomes have the potential to fill a gap in acne treatment options, especially for patients with sensitive skin or those who have failed conventional therapies. Addressing the cost barrier and expanding clinical evidence through larger trials will be essential in determining whether exosome-based therapies can become a cornerstone in acne management.

References:

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Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

Efficacy: Significant improvement in acne, inflammation, and skin texture and tone. **Non-Irritating:** A gentler alternative to traditional acne treatments. **Patient Compliance:** Topical application provides a patient-friendly treatment option.

The results from this case study demonstrate a promising shift in acne treatment within aesthetic practice. The significant improvement in acne, inflammation, and skin texture, coupled with the non-irritating nature of topical bovine-colostrum exosomes, positions this treatment as a gentler alternative to traditional acne therapies. Its non-invasive application, with a focus on patient-friendly, at-home use, enhances patient compliance and offers a sustainable option for those with sensitive skin or treatment-resistant acne. As more evidence is gathered, this treatment could become a staple in aesthetic medicine, expanding options for patients seeking effective and well-tolerated acne management strategies, while reducing reliance on harsh or systemic treatments. Link for my

E-poster <https://facialaesthetics.co.uk/wp-content/uploads/2025/06/E-Poster-Exosomes-and-Acne-AMWC-Asia.pdf>

Oral Presentation

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#11729

Efficacy and safety of the world's first human-derived collagen preparation

44 - Treatment with Injectables (Botulinum toxin & fillers)

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Background/Objectives:

Anti-aging treatments using injectable agents are mainly such as botulinum toxin, hyaluronic acid, and skin booster treatments polynucleotide products. In recent years, the “Tyndall effect” caused by injections of cross-linked hyaluronic acid under eyes has become an issue, and an increasing number of patients in Japan are seeking more natural-looking rejuvenation. In December 2024, we introduced human collagen product (Humallagen, Cosmetic Medicine Enterprises Inc.) Humallagen® is the world's first injectable formulation containing type 1 collagen and type 3 collagen in a 1:1 ratio. Humallagen is mainly used for injections under the eyes in Japan, where it can immediately improve tear troughs and under-eye circles while avoiding the Tyndall effect caused by cross-linked hyaluronic acid. Injections are made into the tear trough and under-eye hollows using a needle or micro cannula. Our facility has experienced 315 cases of injection therapy with Humallagen® through April 2025. Among the 315 cases, only one case developed swelling, and there were no cases with serious complications such as vascular embolism. In this presentation, we will report on the use, efficacy, and safety of Humallagen® at our facility and its combination treatment with hyaluronic acid products, including actual cases.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

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#11745

Liquid Bio Microneedling: a Revolution in non invasive skin rejuvenation

51 - Regenerative aesthetics

Professor Lebbar N¹

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Background/Objectives:

The aim of the study is to confirm the efficacy of the sponge spicules peptides carriers in collagen stimulation, in improving skin hydration reinforcing the skin barrier with both an anti inflammatory and anti oxidant effect on the dermis.

The Aesthetic medical field is directing towards non invasive procedures with no side effects. The patients are more demanding about regenerative and conservative procedures expecting immediate result with no side effects.

Different methods have been used during the last decade to allow a non invasive penetration of the active ingredients into the the skin layers: from the microneedling to lasers nanotechnology and encapsulated peptides.

All these methods have their limits The absorption of nano-molecules is related to the skin conditions and to the features of the active ingredients. As the energy based devices as lasers are concerned they don't ensure a complete absorption of the actives.

Methods:

I have used spicules derived from pure natural marine sponge to carry my active ingredients customised on the patient's conditions. These microscopic spicules (carriers) penetrate the sublayer of the epidermis maximizing the skin's absorption of otherwise difficult-to-absorb active ingredients.

The spicules are bonded with high functioning peptides delivering them in the deeper layers of the skin. The peptides firmly bounded to the micro needles are released upon reaching the designated skin barrier

I have treated 5 patients

After an accurate skin cleaning ,I mix the complex with active peptides which is in form of powder with a liquid solution complex containing allantoin detain and low molecular wight HA for the patients with acne conditions du to their anti inflammatory effect. However I have used a complex solution containing PDRN Glutathione tranexamic acid, arbutine, for the rest of the patients with aged skin.

The rational to use glutathione ingredient is to maximise the anti oxidant effect, to break the peptides bond with spicules once they reach the epidermis allowing the peptides delivery, although Glutathione has an important effect in regulating the melanin production and transport.

As per the PDRN they promote and accelerate the wound healing.

Results:

An immediate mild redness was observed in 3 of the patients with a mild itching sensation lasting for 24 to 48 hours.3 of the patients have peeled 5 days after the procedure.All the patient were extremely satisfied after already the first session.An immediate improvement of the skin texture have been noticed with 30 % more hydration, 20% of skin density improvement and 50% of improvement of enlarged pores and inflammation for the patients with acne

Conclusions:

The innovative liquid bio-microneedling is a very promoting technology in aesthetic dermatology and regenerative medicine. The procedure is extremely safe effective has no down time and completely painless. As per the actual expectations of the patients demanding immediate results and safe procedures for rejuvenation, the peptides spicules delivered microneedling results to be one the most promoting technology in non invasive skin rejuvenation and regeneration.

References:

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Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

This innovative non invasive procedure can also be associated with invasive radiofrequency HIFU fillers or other more invasive procedure to provide the glow effect on the skin, many patients are considering non invasive procedures with no down time and at the same time being very efficient.

Submitter

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#11750

CONQUER THE CONTOURS BY COMBINING INJECTABLES IN PATIENTS IN EARLY MIDDLE AGES

45 - Combination treatments

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Background/Objectives:

The lower face significantly influences overall facial aesthetics, contributing to perceptions of youthfulness, attractiveness, and symmetry. Age-related changes, genetic factors, and environmental influences can lead to volume loss, skin laxity, and contour irregularities in the lower face.

Key to success is a detailed understanding of lower face anatomy, particularly in relation to gender, fat pads, ligaments and underline bony structure to attain optimum and natural results.

Proper technique can enhance facial harmony, reduce signs of aging, and improve symmetry.

Methods:

When addressing aesthetic concerns of the lower face, clinicians should focus on 4 key areas: the chin, jawline, pre-jowl sulcus, and perioral region.

The evaluation involves: assessment of the hypertrophy or atrophy of underlying fat pads (superficial and deep), ligaments, tissue descend, muscle prominence or hypertrophy, as well as skin issues like laxity, excess, and quality.

To achieve a more natural and enhanced appearance in chin area, pre-jowls, jawline and peri-auricular area, combination of both needle and cannula techniques is employed for precise filler placement at various depths. In addition, botulinum toxin for masseter hypertrophy, Nefertiti lift for jaw line definition and lipolytic injections to reduce buccal fat, are also needed for more harmonious results.

Results:

A comprehensive approach lead to nice results in the patients who came for lower face correction. The approach included the following:-Assessment of facial morphotypes and shapesSelection of high G for chin, jowl and jaw contouring. Chin augmentation using needlesPre-jowl sulcus correction with needleJawline definition and mandibular angles restoration with both cannula and needles.Perioral Rejuvenation using booster and mesotox. Masseter hypertrophy treated with botulinum toxinLipolytic injections for submental fat to counter the double chin.

Conclusions:

Injectable offer effective, non-surgical solutions for lower face contouring, with improvements in jaw-line definition and facial structure. A patient-specific approach, taking account with layers-based treatment and a recommended algorithm for individual facial morphotypes, ensures a more natural and balanced result, enhanced aesthetic harmony with patient satisfaction and minimum risks.

References:

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Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

Multiple injectable modalities (Botulinum Toxin, HA Filler/Bio Stimulators and Lipolytic) are quite beneficial tools in treating the challenging lower face because they offer multifaceted solutions like restoring volume, enhancing contours, tightening skin, improving texture and supporting bony structural changes. By addressing the underlying causes and reshaping the lower face, these treatments help achieve a more youthful and aesthetically pleasing appearance.

Oral Presentation

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#11751

Mastering Momentum: Strategic Marketing and Practice Management for Successful Aesthetic Device Launches

73 - Marketing & Practice management

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Background/Objectives:

In today's highly competitive medical aesthetics industry, successfully building a standout brand and introducing new technologies demands a strategic approach to marketing and business development. As the recipient of the Businesswoman of the Year award, founder of the multi-award-winning VL Aesthetics, and a leader with hands-on experience at the intersection of clinical expertise and business strategy, I bring a unique perspective to navigating this dynamic landscape.

With a foundation in International Business Management, this presentation will share key strategies for effective practice management. Key topics will include:

The Art of Differentiation – How cultivating a credible and distinctive brand identity can elevate a local clinic into a recognized and trusted name in aesthetics.

Strategic Device Launching – A practical look at the essential steps for introducing new devices, from in-depth market research to patient education and long-term engagement.

Building Brand Authority Through Media and Outreach – Harnessing platforms such as podcasts and thought leadership to inform, inspire, and expand your patient base.

Data-Driven Marketing – Developing personalized marketing campaigns that connect with your target audience by leveraging analytics and modern digital tools.

This session will offer valuable, actionable insights for clinic owners, managers, and marketing professionals who are ready to elevate their brand, improve performance, and stay ahead of the curve.

The strategies outlined in this presentation are already reshaping how aesthetic clinics and practitioners operate, both commercially and clinically.

Existing Impact:

- Elevated Industry Standards: Clinics implementing brand differentiation and structured device launches are raising the bar for professionalism, patient education, and ethical marketing — helping to reduce misinformation and increase trust in the sector.
- Commercial Resilience: By applying strategic marketing and data-driven business models, aesthetic practices are becoming more financially robust and less reliant on inconsistent footfall or trend-based treatments.
- Improved Patient Outcomes: Emphasis on education-led outreach, such as podcasts and digital content

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

The strategies outlined in this presentation are already reshaping how aesthetic clinics and practitioners operate, both commercially and clinically. Existing Impact:

- Elevated Industry Standards: Clinics implementing brand differentiation and structured device launches are raising the bar for professionalism, patient education, and ethical marketing — helping to reduce misinformation and increase trust in the sector.
- Commercial Resilience: By applying strategic marketing and data-driven business models, aesthetic practices are becoming more financially robust and less reliant on inconsistent footfall or trend-based treatments.
- Improved Patient Outcomes: Emphasis on education-led outreach, such as podcasts and digital content, empowers patients to make safer, better-informed decisions about non-surgical treatments and procedures.
- Increased Regulation Readiness: Clinics focused on clinical credibility and clear value propositions are better positioned to thrive in a future where increased regulation around practitioner qualifications and device use is inevitable.

Impending Implications:

- Media-Driven Authority Will Shape Patient Decisions: As patients continue to research treatments online and follow key opinion leaders, those clinics and practitioners with a strong, trustworthy digital presence will have a significant competitive advantage.
- Innovation Will Require Structure: With the rapid evolution of medical devices and treatment options, structured frameworks for launching and integrating new technologies will become essential for maintaining clinical relevance and patient safety.
- Collaboration Between Clinical and Commercial Teams: Success in aesthetic medicine will increasingly depend on synergy between medical professionals, marketers, and business strategists to deliver not just treatments, but premium patient experiences.

In essence, these strategies are not simply about marketing — they are redefining how aesthetic medicine is perceived, delivered, and scaled in a modern, competitive, and increasingly regulated landscape.

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#11752

Use of endolaser associated with fractional CO2 laser for facial rejuvenation: Combined technique to enhance skin tightening - Clinical experience in Brazil.

49 - Lasers, EBDs & Light

Artiaga F

Background/Objectives:

The Endolaser used in aesthetic procedures in Brazil is characterized by the use of equipment that emits wavelengths of 1470 nm and 980 nm. Its main therapeutic action is to generate intense heat in the subcutaneous tissues to damage adipose tissue and heat the skin to stimulate collagen production. The CO2 laser is recommended for different dermatological and aesthetic conditions and is a great resource for skin rejuvenation. The association of these two resources is viable due to their therapeutic actions on the skin.

EndoSkin is a treatment that uses diode laser technology, through an optical fiber, in the subdermal layer, promoting dermal and superficial subcutaneous remodeling. It can be applied to almost all areas of the face, neck and body.

The objective of this treatment is to improve sagging, skin elasticity, skin contraction and retraction (skin tightening), fat reduction, improvement in acne scars, fine wrinkles, facial contouring, global rejuvenation.

The evaporation of water will promote the therapeutic contraction of collagen fibers. The repair process will form new collagen, elastin, and cause stiffening of the connective septa and vascular proliferation.

The application of the laser, with the optical fiber in the subdermal layer, will promote direct action on the reticular dermis, without causing damage to the epidermis.

The endoskin method uses a modified tumescent solution, with the aim of providing thermal protection, tissue distention, hemostasis, as well as enhancing the results in the absorption of the target chromophore.

It uses a flat optical fiber, which is introduced immediately below the dermis. The caliber of optical fiber to be used is determined by the thickness of the patient's skin, as well as the region to be treated.

The amount of energy to be deposited per cm³ of skin must be individualized according to the characteristics of the skin and the patient's degree of sagging and fat.

Heat generation must be controlled using a thermometer or thermographic camera.

Thermal damage must be within a therapeutic window, also promoting epidermal turnover, a general improvement in skin texture, shine and hydration.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

The combined treatment of Endolaser and fractional CO2 Laser proved to be efficient and safe, as long as the parameters and protocols suggested in this study are followed. Mainly respecting dermal tolerance to skin heating in order to enhance the results, as with this laser equipment we can optimize performance in different layers, as we understood that they are complementary therapies.

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#11753

Exosomes therapy for Atopic Dermatitis combined with Nutritional Supplementation for Immune Support

51 - Regenerative aesthetics

Nigro A¹

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Background/Objectives:

Female Patient, 33yo suffering from AD since childhood, presenting skin barrier disorder like redness, cracking skin, xerosis, pruritus, including other symptoms as rhinitis, asthma and dysbiosis. Despite conventional treatments with corticosteroids, bilastine and cyclosporine, patient related any improvement in her skin condition, and symptoms

The primary objectives of this approach are to enhance the patient's overall clinical manifestation of AD, and modulation of systemic conditions.

Methods:

1. Modulating the gut microbiome with

Prebiotics and Probiotics, showing a role of importance for skin disorders

Dietary assessment

-No sugar, no lactose, no gluten

-A Rainbow diet, fruits and vegetables, fibers, proteins

2. Exosomes Therapy 1 session each 15 days, twice (after a surprising improvement of inflammation, we decide to do 1 session monthly)

3. Supplementation with Oral VITAMINS Vitamin D3 - 20.000ui

Vitamin K2 - 120mcg

Vitamin A - 1000ui

1 sublingual drop / day

FOR ONLY 1 MONTH-> than reduced levels were administrated :

Vitamin D3 - 2000ui

Vitamin K2 - 120mcg

Vitamin A - 1000ui

3. Glutamine 5g (1 scoop) morning time (3 MONTHS AND WE TAKE A BREAK, EXAMS CONTROL)

Omega 3 Fatty acid (1000mg /day)

4. B-COMPLEX VITAMINS are crucial for maintaining healthy skin including; -cell regeneration,

-improving hydration,

-helps manage inflammation

-supporting the skin's natural barrier function, protecting against environmental damage (that is crucial for the

Individuals with AD) 4. B-COMPLEX VITAMINS

B6 - 20 mg (Pyridoxine, helps with inflammation)

B9 - 1000 mcg (Methyl folate, supports cell renewal and repair, it also helps in the synthesis of DNA, for healthy skin and cell function.

B12 - 2000 mcg (Methyl Cobalamin, support oxygen and nutrients for the skin, helps in dryness, inflammation and hyperpigmentation.

Results:

Laboratory Initial tests and final NOVEMBER 2024 x JANUARY 2025- WBC 9.000 cells/ul x 4,200cells/ul-Segmented Neutrophils 6,210 cells/ul (69%) x 1,470cells/ul (35%)-Eosinophils ; 360 cells/ul (5%) x 210 cells/ul (4%)-Typical Lymphocytes 2.184 (52%) x 1,980 (22%) IGE -2476,4 UI/ mL x IGE 415, 5UI/ mL. IGG..... 1152 UI/mL x IGG..... 810 UI/mL. B12..... 222 pg/mL x B12..... 890 pg/mL 25-HYDROXY VITD.....23,6 ng/ml x 25-HYDROXY VIT D3..... 80 ng/ml After six months of treatment with Exosomes therapy combined with immuno-supportive supplementation, specially with high levels of vitamin D3, was crucial for achieve great results of laboratories exams parameters. The patient showed significant improvements in overall skin quality. There was a marked enhancement in texture, hydration, and elasticity, with a substantial reduction in inflammation. The treatment effectively supported skin regeneration, leading to a visibly healthier and more resilient complexion. No corticosteroid was taken in this period, just 2 times of bilastine.

Conclusions:

Exosomes therapy offers an effective approach to AD management by addressing both inflammation and skin barrier dysfunction. Nutritional Supplementation approaching the "gut-skin-axis" enhances systemic immune modulation and improves patient outcomes specially in autoimmune disorders. A personalized, integrative approach is critical for long-term success.

References:

1.de Szalay S, Wertz PW. Protective Barriers Provided by the Epidermis. *Int J Mol Sci*. 2023 Feb;24(4):3145. doi:10.3390/ijms24043145.2.Dissemond J, Romanelli M. Inflammatory skin diseases and wounds. *Br J Dermatol*. 2022;187(2):167–77. doi:10.1111/bjd.21619.3.Ganier C, Rognoni E, Goss G, Lynch M, Watt FM. Fibroblast Heterogeneity in Healthy and Wounded Skin. *Cold Spring Harb Perspect Biol*. 2022 Jun;14(6):a041238. doi:10.1101/cshperspect.a041238.4.Gurung S, Perocheau D, Touramanidou L, Baruteau J. The exosome journey: from biogenesis to uptake and intracellular signalling. *Cell Commun Signal*. 2021 Apr;19(1):47. doi:10.1186/s12964-021-00730-5. Kalluri R, LeBleu VS. The biology, function, and biomedical applications of exosomes. *Science* (80-) [Internet]. 2020 Feb 7;367(6478):eaau6977. doi:10.1126/science.aau6977.6.Kose O, Botsali A, Caliskan E. Role of exosomes in skin diseases. *J Cosmet Dermatol*. 2022;21(8):3219–25. doi:10.1111/jocd.151527. Kruglikov IL, Zhang Z, Scherer PE. Phenotypical Conversions of Dermal Adipocytes as Pathophysiological Steps in Inflammatory Cutaneous Disorders. *Int J Mol Sci*. 2022 Mar;23(7):3828. doi:10.3390/ijms23073828.8.Luo H, Xie B, Xu J, Zhu Y, Sun J, Shen Y. et al. Differential Expression of Serum Exosomal Hsa-miR-487b-3p in Progressive Vitiligo Before and After Systemic Corticosteroid Treatment. *Clin Cosmet Investig Dermatol*. 2022 Jul;15:1377–86. doi:10.2147/CCID.S372112.9.McBride JD, Rodriguez-Menocal L, Badiavas E V. Extracellular Vesicles as Biomarkers and Therapeutics in Dermatology: A Focus on Exosomes. *J Invest Dermatol*. 2017 Aug;137(8):1622–9. doi:10.1016/j.jid.2017.04.021.10.Qu F, Geng R, Liu Y, Zhu J. Advanced nanocarrier- and microneedle-based transdermal drug delivery strategies for skin diseases treatment. *Theranostics*. 2022;12(7):3372–406.11.Tienda-Vázquez MA, Hanel JM, Márquez-Arteaga EM, Salgado-Álvarez AP, Scheckhuber CQ, Alanís-Gómez JR. et al. Exosomes: A Promising Strategy for Repair, Regeneration and Treatment of Skin Disorders. *Cells*. 2023 Jun;12(12):1625. doi:10.3390/cells12121625.12.Wang W, Wu C, Jin H. Exosomes in chronic inflammatory skin diseases and skin tumors. *Exp Dermatol*. 2019 Mar;28(3):213–8. doi:10.1111/exd.13857.13.Wei H, Chen Q, Lin L, Sha C, Li T, Liu Y. et al. Regulation of exosome production and cargo sorting. *Int J Biol Sci*. 2021;17(1):163–77. doi:10.7150/ijbs.53671.14.Xiong M, Zhang Q, Hu W, Zhao C, Lv W, Yi Y. et al. Exosomes From Adipose-Derived Stem Cells: The Emerging Roles and Applications in Tissue Regeneration of Plastic and Cosmetic Surgery. *Front Cell Dev Biol*. 2020;8(September):1–17. doi:10.3389/fcell.2020.57422315.Xiong M, Zhang Q, Hu W, Zhao C, Lv W, Yi Y. et al. The novel mechanisms and applications of exosomes in dermatology and cutaneous medical aesthetics. *Pharmacol Res* [Internet]. 2021 Apr;166:105490. doi:10.1016/j.phrs.2021.105490.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

Considering the Exosomes Plant Derived Therapy presented no adverse effect observed after 7 sessions, which has been proved by a variety of scientific publications and in this case report. Exosomes miR-574 and miR-1246 can promote neo-collagenesis, which are two of the most abundant miRNAs contained in rose stem cell-derived. In addition, miR-130 was reported to promote collagen synthesis by another publication. Regarding of the Vitamin D3 -Plays a role in modulation of proteins required for skin barrier, function and regulation of the innate immune system ITSELF. Evidence suggests that a deficiency in its active form 1,25 dihydroxyvitamin D3 (1,25(OH)₂ D3) contributes to skin inflammation. However, it is crucial to administer it with vitamin K2, an important precursor that ensures that this calcium is correctly deposited in bone rather in arteries and kidneys, and exams should be taken every 2-3 months, do not to exceed the dosage, and maintain levels between 40-80 ng/ml.

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#11754

The Use of Fractional CO₂ Laser in Off-Label Indications for Pigmented Skin

42 - Scars & acne

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Background/Objectives:

The off-label application of fractional CO₂ laser on darker skin types, such as Maghrebi (Fitzpatrick III-V), is transforming aesthetic and surgical dermatology.

Its implications include :

1- Expanded Therapeutic Applications

Previously difficult to treat conditions hypertrophic scars, keloids, contractures, eyelid resurfacing, and pigmented lesions now have new solutions tailored to pigmented skin, allowing for more personalized patient care.

2. Precision in Technical Parameters

Optimized settings (fractionation density, dual-mode techniques, and cooling protocols) reduce complications like post-inflammatory hyperpigmentation (PIH), demanding advanced practitioner expertise for safe, effective outcomes.

3. Training and Clinical Adaptation

These techniques require specialized physician training. Staying updated on preventive and corrective measures is essential to minimize risks while achieving optimal aesthetic results.

4. Multidisciplinary Integration

Combining fractional CO₂ laser with adjunct therapies (pigment lasers, topical treatments) encourages a collaborative approach, ensuring comprehensive care for pigmented skin's unique challenges.

In summary, the off-label use of fractional CO₂ laser represents a significant advancement, offering innovative solutions for complex skin conditions. However, its success depends on meticulous technique, continuous protocol refinement, and interdisciplinary cooperation to address the higher risks in darker skin types.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

The off-label use of fractional CO₂ laser on darker skin types (Fitzpatrick III to V), particularly in Maghrebi patients, represents a significant advancement in aesthetic and reconstructive dermatology. It enables effective treatment of previously challenging conditions such as hypertrophic scars, keloids, pigmented lesions, and eyelid laxity. With appropriately adjusted technical setting reduced fractionation density, combined modes, and cooling protocols the risk of post-inflammatory hyperpigmentation is significantly reduced. However, this approach requires advanced expertise and specific physician training to ensure safe and consistent outcomes. Combining CO₂ laser therapy with other modalities such as pigment-specific lasers, topical treatments, and regenerative techniques allows for comprehensive and personalized care tailored to the unique characteristics of pigmented skin.

Oral Presentation

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#11756

Non-crosslinked High Molecular Weight Hyaluronic Acid for Non Surgical Face lifting

44 - Treatment with Injectables (Botulinum toxin & fillers)

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Background/Objectives:

This study aims to check whether non crosslinked high molecular weight hyaluronic acid can cause lifting of the face when injected along the retaining facial ligaments on the lateral aspect of the face.

Hyaluronic acid is widely used today whether as a crosslinked dermal filler or a non crosslinked skin booster. Non crosslinked Hyaluronic acid is commonly used as a skin booster, mainly for hydration. Hyaluronic acid may come in different molecular weights, each with its own indication. Biomodulation is described as a process of modifying, regulating or influencing biological processes. High molecular weight hyaluronic acid may fall under this category because of its characteristics with lubrication, cell interaction, cell structure, anti-inflammatory and immunomodulatory effects.

Methods:

Small amounts at .15ml of non-crosslinked high molecular weight hyaluronic acid were injected into the deep dermis on 10 points on each side of the face, mainly adjacent to the retaining ligaments with a total of 3ml of non-crosslinked hyaluronic acid. The patients were given at least 2 doses, at least 1 month apart.

Results:

Photographs were taken at least 2 weeks after each session and their faces were analyzed using a medical grade skin analyzer. We notice lifting of the face and improvement in the skin texture.

Conclusions:

Non crosslinked high molecular weight hyaluronic acid can cause lifting of the face when injected along the retaining facial ligaments on the lateral aspect of the face. This provides a safe alternative to cross linked hyaluronic acid fillers, threads and energy based devices.

References:

Non crosslinked high molecular weight hyaluronic acid is known mainly for hydration of the skin and not for lifting. For many years, cross-linked hyaluronic acid dermal fillers are given for lifting and volumizing. Now, with proper materials and injection points, non-cross linked hyaluronic acid may be given for lifting of the face when injected along the retaining facial ligaments on the lateral aspect of the face. This provides a safe alternative to cross linked hyaluronic acid fillers, threads and energy based devices.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

Non crosslinked high molecular weight hyaluronic acid is known mainly for hydration of the skin and not for lifting. For many years, cross-linked hyaluronic acid dermal fillers are given for lifting and volumizing. Now, with proper materials and injection points, non-cross linked hyaluronic acid may be given for lifting of the face when injected along the retaining facial ligaments on the lateral aspect of the face. This provides a safe alternative to cross linked hyaluronic acid fillers, threads and energy based devices.

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#11757

Forehead contouring and eyebrow repositioning by strictly sub frontalis injections: anatomy, safety and implications for injection technique.

43 - Anatomy related to non-or minimally invasive approaches

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Background/Objectives:

It has been postulated that changing the course of the frontal muscles by deep injection of fillers can optimise their preload and improve eyebrow position. Some patients have a direct aesthetic benefit of increasing roundness of the forehead and decreasing the prominence of frontal bossing and protruding eyebrows. The thin soft tissues of the forehead are prone to reactive oedema. Inadvertent intramuscular or subcutaneous injection may give rise to surface irregularities and is unlikely to improve eyebrow position. The forehead is a high-risk zone for intravascular injections. The feasibility of strictly sub frontalis injection and the variability of the bundles were studied by cadaver dissections.

Methods:

The relevance of sub frontalis injection can be illustrated by representative clinical before and after photography. An anatomical cross-check was carried out in cadaver heads during five injection courses by all participants. Dyed agarose was injected with a 25G cannula under the frontalis muscles from a mid glabellar point as well as a supra brow injection point on the midpupillary line on both sides as deeply as possible. The foreheads were consecutively dissected in an immediate subdermal plane, between superficial subcutis and frontalis muscles, immediately under the frontalis muscles and under the periosteum.

Results:

The aesthetic benefit of improving forehead roundness when indicated is self-evident. The functional and aesthetic influence on eyebrow position is minor but can be relevant in some individuals. Cadaver dissections show that most of the product is intra periosteal, rather than filling a virtual layer between muscle and periosteum. It is very difficult to keep the cannula out of frontalis muscle beyond the flat areas of the face. The variability of position of the supraorbital and supratrochlear bundles is remarkable. At their exit points from the frontal bone, where the calibre is largest, they perforate the periosteum almost perpendicularly. In the lower third of the forehead they are intramuscular. More superiorly, the main branches are in the deep aspect of the superficial subcutis.

Conclusions:

Submuscular injection in the forehead can be achieved with a 38-40 mm 25 G cannula, but only if the cannula does not have to follow a curved trajectory. When maximal effort is made to stay deep to muscle, most of the filler is in an intra periosteal position. Small intramuscular deposits in the curved parts of the forehead are difficult to avoid. Even under the best circumstances we may be less precise than intended. The inferior access with a 25 G short cannula, medial and lateral to the exit points of the neurovascular bundles, allows injection under frontalis muscles parallel to the vessels at a distance of at least a few millimetres. Where the cannula is crossing the vessels, it is oblique or perpendicular to their trajectory, reducing the risk of intravascular injection. The resistance of the periosteum to the cannula can be felt. There is no natural gliding plane for a cannula, while smooth passage is most likely intramuscular. Injection from a lateral point is probably intramuscular as it begins on a rounded surface. The same goes for injection from the hairline, which is also most dangerous, because the cannula is pointed at the vessel origin where they are fixed and have the largest calibre. Ultrasound mapping of the supraorbital and supratrochlear vessels before injecting is highly recommended.

References:

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

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#11758

Beyond Lifting: A Dual-Modality Approach Combining PDO Threads and Nanografting for Facial Rejuvenation

45 - Combination treatments

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Background/Objectives:

The aging process of the face involves the deflation of deep fat compartments together with soft tissue descent and degradation of dermal quality. The mechanical lifting properties of barbed polydioxanone (PDO) threads lack regenerative impact on the skin. The procedure of autologous nanografting enhances dermal remodeling and skin texture but fails to move sagging tissues. This study investigates a new dual-purpose treatment method which merges PDO threads with nanografting to treat facial ptosis and skin deterioration through one minimally invasive treatment.

Methods:

A prospective clinical series evaluated patients who had moderate tissue laxity together with preserved dermal trophism. The first step of the procedure involved placing vector-based implantable bidirectional barbed PDO threads with 360° fixation through butterfly cogs for horizontal grip and round cogs for vertical anchoring. The threads perform mechanical lifting functions while triggering type III collagen production through the body's foreign body reaction.

The second step included autologous nanografting through mechanical micro-fragmentation of adipose tissue which was injected into specific dermal and subdermal planes to stimulate neocollagenesis and enhance elasticity through stromal vascular fraction (SVF) and mesenchymal stem cells. In patients with thin or crepey skin, nanografting was performed first to enhance dermal grip and reduce thread migration.

The study included 30 patients who received clinical assessments and standardized photographs at four time points: baseline (before treatment), immediately after the procedure, at 1 month, and at 12 months post-treatment. The research included thirty patients in its participant pool.

Results:

The comparison between this combined treatment protocol highlights how there are superior results than in thread or filler monotherapy in defining contours and maintaining skin texture and long-term results. The study showed consistent results for midface elevation and jawline sharpness and perioral rejuvenation. The study found objective improvements in hydration levels and dermal thickness and elasticity. The patients showed high satisfaction rates above 85% while experiencing only minor side effects including light bruising and short-term swelling. No major complications occurred. Nanografting preconditioning showed its greatest advantage in low-trophism skin by enhancing thread integration.

Conclusions:

This integrated method combines mechanical lifting techniques with regenerative therapy approaches. The PDO threads serve as tissue positioning scaffolds that stimulate type III collagen production, while nanografts transfer biological factors which promote long-term tissue remodeling and conversion to mature type I collagen. The synergy of structural anchoring with biologic rejuvenation techniques creates innovative pathways in minimally invasive facial aesthetics for patients who need both tissue repositioning and skin quality improvement.

References:

Akbari F, Khorsandi S, Alizadeh Z. Intradermal injection of nanofat significantly improves wrinkle depth, area, and volume: a randomized clinical study. *J Cosmet Dermatol*. 2024; Hong G-W, Kim Y-J, Lee J-H. The mechanical properties and fixation effectiveness of bidirectional barbed PDO threads in facial lifting. *Skin Res Technol*. 2024; Tonnard P, Verpaele A. Nanofat grafting: basic research and clinical applications. *Clin Plast Surg*. 2016;43(1):59–66. Savoia A, Landi S, Baldi A. Face rejuvenation with threads: histological and immunohistochemical evaluation. *J Drugs Dermatol*. 2014;13(6):658–662. Gentile P, Scioli MG, Bielli A, et al. Comparative study on the use of autologous nanofat and PRP in skin rejuvenation. *Stem Cell Res Ther*. 2017;8(1):145.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

This new dual-modality protocol establishes a new standard for non-surgical facial rejuvenation procedures. The protocol enables aesthetic physicians to use a flexible and scalable method that produces natural long-lasting results through minimal invasive procedure, while achieving high patient satisfaction.

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#11759

How to reach the intermediate plane to fill temporal hollows and to hide the temporal crest.

44 - Treatment with Injectables (Botulinum toxin & fillers)

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Background/Objectives:

Uncertainty about accessing the correct anatomical plane remains a clinical challenge when injecting filler between the temporal fascia and the superficial fascia. Injecting in this plane is appealing because the entire non-hair-bearing part of the temporal fossa can be treated efficiently. More soft tissue above the filler increases the chance of even results compared to superficial subcutaneous injection. In addition, filler tends to spread more smoothly through this layer's loose areolar tissue.

Methods:

Cadaver heads were injected with dyed filler in the temporal muscle (needle, 30 G), the intermediate plane (between the superficial and temporal fascia, 25 G, 5 cm cannula), and the superficial subcutis (25 G, 5 cm cannula). Filler material was exposed during subsequent dissections by participants of five "inject and dissect" courses, serving both as training and to verify whether these planes can consistently be targeted by injectors of varying experience.

Earlier editions used an inferoposterior or inferoanterior approach to the intermediate plane. Later editions adopted a suprabrow entry technique. Representative treatment videos and before-and-after photos illustrate the clinical potential of this approach.

Results:

Clinically, a cannula inserted just above the eyebrow, 1 cm medial to the temporal crest, perpendicular to the bone, and then directed laterally, offers a simple and reproducible method to access the intermediate plane. Typically, little resistance is encountered, unlike with superficial subcutaneous injections. Videos and images show that suprabrow entry facilitates easy access to this plane and also to the subfrontalis and temporal crest areas. Dissections confirm differential filler placement: in the temporal muscle, the intermediate plane, or the superficial subcutis. After inferior entry, the cannula may remain in the subcutaneous layer for over a centimeter before reaching the intermediate plane, matching clinical reports of initial resistance. After suprabrow entry, nearly all filler aimed at the intermediate plane is accurately placed in that layer.

Although the fascia layers visually converge over the temporal crest, filler is still found close to bone, not subdermally. Care is needed to avoid entering the temporal fat pad located between decussating fascia layers. Strong manual remodeling immediately after injection can flatten deposits but does not lead to significant spread through connective tissue.

Conclusions:

A suprabrow entry point, 1 cm medial to the temporal crest, using a 25 G, 50 mm cannula, is a practical and reliable method for accessing the intermediate plane in the temples. Once in the correct plane, the cannula meets minimal resistance. Ultrasound can verify placement. The entire field can be filled evenly. Post-injection molding flattens deposits but does not distribute filler uniformly.

References:

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

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#11760

Central midface projection and upper lip modulation by injection close to the pyriform aperture.

44 - Treatment with Injectables (Botulinum toxin & fillers)

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Background/Objectives:

Filler injection on bone at the deepest point of the nasolabial depression can enhance projection. More medial injections, including those at the anterior nasal spine, can simulate premaxillary expansion and improve upper lip support. This region lacks a distinct anatomical border or a closed deep fat compartment. Clinical guidelines are proposed for injection on bone to augment para-alar depressions and reinforce upper lip structure.

Methods:

Dyed agarose filler was injected in cadaver heads to assess depth and spread. Initial injections were performed using a 30 G needle, placed on bone just lateral to the nasal ala and medial to the nasolabial fold, targeting the bony recess between the roots of the lateral incisor and canine. Additional boli were placed more medially. Finally, filler was injected at the anterior nasal spine via a 25 G cannula (38–40 mm), entering from a point just beneath the nasal tip.

Video footage and representative before-and-after photographs from three clinical cases demonstrate the technique and highlight the aesthetic impact of treating this area.

Results:

The premaxillary fat near the pyriform aperture, located in the inferomedial canine fossa, is a small zone deep to the *levator labii superioris* and medial to the deep medial cheek fat pad, of which it is an extension. This area can be accessed via perpendicular 30 G needle insertion down to bone, between the ala and the nasolabial fold.

Manual compression of the cheek just lateral to the injection point (with the non-dominant hand) can help prevent lateral spread and may protect the facial artery. More medial injections, including those along the midline using a cannula, can place filler between the pyriform aperture and the vestibular sulcus.

Anatomical references vary in terminology and do not consistently define the boundaries of this region. Despite this, a modest clinical improvement in nasolabial volume and reduction of horizontal upper lip wrinkles during smiling can be achieved. This is likely due to structural support and possible myomodulation.

Conclusions:

Deep filler injection on and just lateral to the premaxilla, near the pyriform aperture, offers a targeted approach to address premaxillary bone deficiency. It forms the foundation of three-dimensional correction of the nasolabial folds and provides structural support to the upper lip.

This technique may also improve horizontal upper lip lines that appear with smiling through myomodulation, though the wrinkle-reducing effect does not last as long as the filler itself. The approach is particularly relevant in treating mild anterior facial flatness, commonly observed in East Asian patients.

References:

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

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#11761

Two lines, no math. Deep, anterolateral midface augmentation along two axes.

44 - Treatment with Injectables (Botulinum toxin & fillers)

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Background/Objectives:

Expansion of the anterolateral midface in areas with reliable bony support forms the foundation of facial reshaping using fillers. Beyond aesthetic enhancement, this technique can reinforce the anterior lamella of the lower eyelid and reduce its apparent height.

Due to the high incidence of malar oedema, the long-term swelling often triggered by hyaluronic acid gels, and the potential for visible distortion in facial expression, superficial injection in the periorbital area is discouraged. This presentation proposes clinical guidelines for deep injection, accounting for ethnic and individual anatomical variation.

Methods:

Coloured agarose filler was injected in cadaver heads to evaluate filler depth and distribution, followed by anatomical dissection. Video recordings and representative before-and-after clinical photographs illustrate deep midface injections performed along or around two key anatomical axes: the midline of the zygomatic arch and the projected continuation of the tear trough.

All injections were performed from a single entry point located at the intersection of these axes. A clinical case demonstrating altered facial animation due to superficial injection—and its successful correction through hyaluronidase—is included.

Results:

In the anterior midface, injection with a 30 G needle placed directly on bone enhances soft tissue support without adding significant weight to mobile overlying structures. This preserves natural periorbital movement.

Laterally, linear retrograde injection using a 22 G cannula minimises trauma and ensures the filler remains in a deep plane over the zygomatic arch. Supplementary lateral axes, also crossing through the central entry point, may guide further volume distribution to enhance cheek roundness.

The cannula trajectory should remain superficial to the parotid gland, which is especially vulnerable below the zygomatic arch.

Anterior cannula entry at the defined intersection allows real-time observation of light reflection changes in the malar region during filler placement.

Medially, a 22 G cannula reduces the risk of trauma to the infraorbital neurovascular bundle. Approaching from the anterior entry point also allows more precise control over injection depth than from a lateral direction.

Cadaver dissections confirm that deep filler placement, without subdermal spread, is a realistic and reproducible outcome.

Conclusions:

Deep injection along two clearly defined anatomical axes—using a single entry point—provides effective correction of anterolateral midface volume loss, while maintaining natural facial animation. The technique allows filler distribution tailored to individual and ethnic anatomical variation.

Furthermore, this approach integrates seamlessly with filler treatments in adjacent regions, including the temporal hollows, cheek hollows, and the nasolabial area adjacent to the nasal ala.

References:

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

Oral Presentation

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#11762

\\\\\\\\\\\\\\\\\\'Cracking the Code: Transforming the Most Aged & Challenging Facial Zone with Precision Threads and Fillers for Timeless Transformation\\\\\\\\\\\\\\\\\\'

45 - Combination treatments

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Background/Objectives:

Background/Objectives: The perioral region remains one of the most technically demanding areas in facial rejuvenation due to its complex anatomical structure, high mobility, and intrinsic volume loss associated with aging. Despite undergoing surgical facial and neck lifting, many patients continue to exhibit prominent signs of perioral aging, such as perioral rhytides ("barcode lines"), marionette lines, and loss of vermilion border definition. This is because surgical lifting techniques primarily address skin laxity and deeper structural descent, but do not adequately correct fine dynamic wrinkles and dermal atrophy in the perioral zone. Treatment with hyaluronic acid (HA) fillers can yield excellent aesthetic results when applied judiciously; however, it carries a significant risk of overcorrection. A common pitfall in addressing vertical perioral rhytides is the tendency to "chase" each line individually, which may lead to unnatural outcomes, including stiffness, exaggerated volume, and distortion of the natural oral commissure curvature—commonly referred to as a "doggy mouth" appearance.

Therefore, a conservative, anatomically mindful approach that incorporates both dynamic assessment and tissue quality evaluation is essential. Layered treatment strategies that combine microcannula HA filler placement with complementary modalities, such as biostimulatory threads, may offer superior outcomes in restoring perioral harmony while preserving natural expression and function

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

Oral Presentation

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#11763

\\'Liquid PCL: The Ultimate Injectable Collagen Biostimulator for Face & Neck–My Proven Approach & Protocol for Best Results with \\'0\\' Downtime\\'

51 - Regenerative aesthetics

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Background/Objectives:

- *Understanding the Function & Mechanism of Action
 - *The Latest & Simplest Steroid-Free Protocol to Minimize Swelling
 - *Precision Techniques for the Face & Neck – Maximum Results, Minimal Risk
 - *A Quick, No-Fuss 5-Minutes very simple Treatment with Outstanding Outcomes
- Gone are the days of prolonged downtime—achieve remarkable skin rejuvenation effortlessly!

Introduction: Polycaprolactone (PCL) Biostimulator Injections:

- *Collagen Stimulation: PCL gradually boosts natural collagen production
 - *Biodegradable & Safe: Fully resorbed by the body over time.
 - *Long-Lasting Results: Effects can persist for 12–24 months or longer, surpassing traditional fillers.
 - *Versatile Applications.
 - *Proven Safety: Generally well-tolerated, with mild side effects like temporary redness, swelling, or bruising.
- Effortless rejuvenation with minimal downtime and maximum impact!

Liquid PCL treatment is a breakthrough in non-surgical skin rejuvenation, offering long-lasting collagen stimulation, improved skin texture, and enhanced firmness. With zero downtime and maximum efficacy, it provides a natural, gradual lift while reducing fine lines, wrinkles, and skin laxity. Its biodegradable and biocompatible nature makes it a safe and effective choice for face, neck, delivering results that continue to improve over 12–24 months. By combining precision injection techniques with advanced skin science, PCL biostimulators set a new gold standard in aesthetic medicine

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

Oral Presentation

Submitter

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Presenter

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#11764

"Rose Stem Cell Exosomes: The Ultimate Breakthrough for Alopecia & Inflammatory Scalp Diseases – A Fusion of Experience & Evidence-Based Medicine"

52 - Hair restoration

Tbarani O'shea D¹

¹Likha Aesthetic Clinic, Dublin, Ireland

Background/Objectives:

Excited to share my personal experience using rose stem cell exosomes to treat a wide range of alopecia. From **Androgenetic Alopecia to Alopecia Totalis**, where the current medical treatment protocol has failed patients. The best part? No downtime or need to be under the knife. It's a simple approach with amazing outcomes. This treatment benefits men, women, and those with underlying autoimmune and inflammatory scalp disorders. This is a revolutionary finding in regenerative medicine that will benefit the public and be so satisfactory to be able to offer such treatment as a primary care physician.

Exosome is the future, and it's our future

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

As a healthcare provider, I aim to deliver safe, effective, and affordable treatments with minimal risks of contamination or infection, ensuring minimal or no downtime for patients. Particularly for those patients who have already undergone and failed a medical treatment protocol from specialists. My approach is rooted in evidence-based medicine, prioritizing the improvement of my patients' quality of life. I see the use of exosomes as the start of a groundbreaking era in regenerative medicine, with vast potential in aesthetic procedures, general medicine, and surgical applications. Remember, we don't need to go through downtime to achieve great results. That's no longer the case.

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#11765

Enhancement of facial lower third contour by intramuscular injections.

44 - Treatment with Injectables (Botulinum toxin & fillers)

Vandeputte J^{1,2}

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Background/Objectives:

The contour of the lower face can be enhanced in various ways, with subcutaneous injection using a cannula being the most commonly performed technique. In advanced cases of volume loss or constitutionally low bony support, mimicking bone expansion through deep intramuscular injection can offer a more effective alternative.

Cadaver dissections demonstrate accurate filler placement via deep injection and highlight high-risk zones. Clinical guidelines are proposed for intramuscular injections at the masseter insertion and at the origin of the lower lip musculature, with the aim of improving chin projection and mandibular definition.

Methods:

Dyed agarose was injected into cadaver heads to evaluate filler depth and distribution. Film fragments and representative before-and-after clinical photographs illustrate the injection technique using a 30 G needle on bone and demonstrate the clinical relevance of augmenting this area.

Results:

Deep injections into the masseter muscle, depressor anguli oris, depressor labii inferioris, mentalis muscle, or into a pocket beneath the latter, can be performed relatively easily using a 30 G needle. Microbolus tend to merge during injection, forming a single larger deposit. Spreading filler within muscle tissue requires firm manual remodelling with considerable finger pressure. Compared to subdermal injections, higher volumes can be used, allowing more extensive corrections. Ultrasound guidance facilitates avoidance of major facial vessels.

Conclusions:

Deep filler injection along the mandible allows for the use of dense, long-lasting products. Although muscle tissue is highly vascular, intramuscular placement helps avoid major facial vessels. A sharp 30 G needle causes less discomfort when penetrating muscle than a cannula. The clear tactile feedback upon bone contact aids in avoiding the facial artery, external carotid artery, and parotid gland. Mild retrogenia, underdevelopment of the lower facial third, and advanced skeletal aging can be effectively camouflaged, resulting in a harmonious and aesthetically pleasing outcome.

References:

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

Oral Presentation

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#11766

Managing Competition: How to Avoid Price Wars by Being Unique, Not Better

73 - Marketing & Practice management

Peek S¹

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Background/Objectives:

Nowadays, too many aesthetic clinics are stuck in the same exhausting cycle: drop prices, run promotions, repeat. Somewhere along the way, being competitive became code for "being cheaper" or considering yourself "better" than your competitors—as if shaving a few dollars off your margins or comparing yourself to others was ever a winning strategy. In this talk, I want to challenge that thinking head-on. Because the truth is, patients don't always choose the "best" option or the cheapest—they choose the one that feels right for them. The one that resonates. The one that solves not just a surface-level issue, but eliminates confusion, friction, and fear. And that means you don't need to fight for scraps but rather give your audience something they can't find anywhere else. This session is for practice owners who want to grow without discounting their value, and who are ready to compete on something far more powerful than price or simply being "better": their uniqueness.

Methods:

This presentation, "Managing Competition: How to Avoid Price Wars by Being Unique, Not Better", explores how to escape the trap of price wars and redefines what it truly means to compete sustainably, covering topics such as:

- Questioning the zero-sum model of competition and why the "winner-takes'all" mindset doesn't work in the aesthetics industry
- Laying the foundation for smart positioning through deliberate, strategic choices
- Exploring the do's and don'ts of differentiation, like using content to improve the patient's experience by eliminating non-traditional costs (e.g. cost of comparing procedures, switching to a new treatment, recovering, or finding the right product)

Results:

By attending this talk, participants will gain a clear framework for moving beyond price as a competitive lever. They'll learn how to elevate perceived value, build a sustainable market position, and understand why simply being "better" than competitors isn't enough—because comparison will always keep you chasing, not leading.

Conclusions:

Competing on price or constantly comparing yourself to competitors is a losing game that erodes profitability and patient trust. The most successful practices understand that patients don't make choices based on cost or because you're "better" than others—they choose practices that feel uniquely right for them. That's why, in aesthetics, your success doesn't require someone else's failure—there's enough room for every practice that knows what makes them irreplaceable.

References:

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

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#11767

Morning lips

44 - Treatment with Injectables (Botulinum toxin & fillers)

Cabunac Z¹

¹SESIAM, Belgrade, Serbia

Background/Objectives:

The Morning Lips lip correction technique was developed with the idea of mimicking the effect of morning lip fullness. Upon waking up, the lips always appear slightly fuller due to swelling caused by lymphatic stasis. Despite the growing trend of lip augmentation with hyaluronic acid, sometimes women have a strong aversion to seek any form of correction. The most common reason is the fear of significant and excessive lip enlargement, unnatural results, and subsequent dissatisfaction.

The specificities of the Morning Lips lip correction technique, focusing on minimal lip volume enhancement and improvement of lip texture, have encouraged many clients to seek this type of intervention, primarily because they are confident that lip enlargement will be minimal, providing the desired effect of morning fullness that is familiar and appealing to them.

The approach for Morning Lips is individualized and depends on the initial size and shape of the lips. For patients with previously well-shaped and voluminous lips, a horizontal hyaluronic acid application technique will predominate. In cases where patients have smaller lip volume and may require lip shape correction, the vertical technique is more dominant. Successful implementation of all application techniques requires a thorough understanding of anatomy, artistic eye, and skilled professional hands.

The Morning Lips lip correction technique has attracted numerous clients of all ages who desired subtle lip correction, but were too afraid of uncontrollable outcomes to undergo lip correction.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

-new minimally invasive technique for lips augmentation -technique is individually adapted with the aim to beautify the patients lips-this technique has attracted mostly younger population of patients -new patients will be potential future patients for other aesthetic procedures- gained trust in aesthetic skills and knowledge of practitioner

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#11768

Tear trough swelling

48 - Complications - avoidance and management

Cabunac Z¹

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Background/Objectives:

Overcorrection of the tear trough with hyaluronic acid gel (HAG) fillers with swelling in the periocular region has a negative aesthetic impact. The HAG fillers are one of the most successful methods for the tear trough correction.

Superficial fillers placement because of the incorrect injection technique in the combination with overfilling makes a complication with long lasting edema and deformation in this region.

Fillers in the tear trough region, are lasting longer, than fillers in the other regions of the face, because of the lack of the natural hyaluronidase in the periocular region. Also when the filler is placed superficially than its rheological properties ideal placement is, that filler will have longer duration, so the complication will last longer.

Solution for this problem is complex and it is necessary to combine different procedures.

Hyaluronidase treatment with cannula for dissolving superficial filler in one or two sessions, or until the filler is completely dissolved, is the first step. After filler is dissolved there is a problem with skin condition and it is very important to treat loose skin tissue with skin tightening and regenerative treatments.

Next step is skin tightening with endolaser treatment, which will provide collagen production due to the fibroblast stimulation and skin tightening because of the thermal effect of the treatment. After laser treatment, polynucleotides injection in three sessions every two weeks is the next step, in order to induce more collagen production. The last step, for complete correction, is injecting HAG fillers in the malar region and in the tear trough with correct technique and filler choice.

These protocols will provide regeneration, skin tightening and adequate filling of the tear trough region after solving overcorrection complication.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

-proper injection technique for tear trough injection to avoid complications-management of tear trough swelling-complementary procedures for tear trough skin tightening-upgrading level of theoretical and practical knowledge for successful patient treatment

Oral Presentation

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#11769

Threads lifting and collagen stimulators for male patients

45 - Combination treatments

Cabunac Z¹

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Background/Objectives:

Male population of the present time has increased aesthetic concerns for appearance. Aesthetic treatments for male patients are very specific because they do not want to accept unnatural look. Approach step by step is very important for achieving desired results therefore combining lifting threads with collagen stimulators is ideal treatment for this population. Adequate patient assesment is necessary for creating individual treatment plan.

Collagen stimulators should be done before the threads treatment to address tissue defficiency. Injecting collagen stimulators lateral of the line of the ligaments should be priority durng the first treatment for optimising lifting effects. For the second treatment, after two months, depending of the results of patient assesment, it is necessary to decide if it is possible to inject collagen stimulators mesial of the line of the ligaments, for the volumisation effects.

Upon second treatment of the collagen stimulators, the threads lifting for the middle and the lower third of the face should be done. Using threads with multidirectional barbs will give good tissue fixation and immediate lifting and volumizing results for the face. Vectors for the lifting sholud accomodate patients aging anatomy for achieving optimal treatment results.

Both procedures are very comfortable for the patients. Combining collagen stimulators for boosting fibroblasts collagen production, with lifting threads will give male patients natural, fresh and younger look.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

-patient assesment skills improvement -providing aesthetic treatments with better outcome-brodening the aesthetic tretments range

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#11770

Lower Third Facial Aesthetics with HA fillers

44 - Treatment with Injectables (Botulinum toxin & fillers)

Cabunac Z¹

¹SESIAM, Belgrade, Serbia

Background/Objectives:

The characteristics of the lower third of the face, including lips, perioral region, mandibular area, and chin positioning, directly influence overall facial aesthetics. Hyaluronic fillers offer an effective and precise method for treating this critical facial region.

Lip augmentation using hyaluronic acid remains one of the most prevalent aesthetic procedures globally. The fundamental aim of any aesthetic intervention should be the patient's beautification and rejuvenation. To achieve optimal results in lip augmentation, conducting a comprehensive facial analysis, both frontal and profile, is essential. The frontal analysis should include horizontal and vertical evaluations, while for profile assessment I use the Tweed-Merrifield profile line, which provides a straightforward approach to understanding facial harmony.

The Tweed-Merrifield analysis enables precise determination of chin positioning, which can be classified into three categories: normal/eugnathic, distal/retruded, and mesial/prognathic. As patients age, bone resorption and mandibular rotation backward and downward lead to significant changes in chin and mandibular positioning. If the patient has a distal chin position, this should be prioritized during treatment.

Mandibular angle definition using fillers has become increasingly popular, as many patients desire enhanced mandibular definition. For aging patients, I have developed the MABOT technique (Mandibular Bolus Technique): a non-surgical method for mandibular angle restoration. This technique maintains the original mandibular shape while strategically using hyaluronic acid fillers to replace lost bone tissue.

Facial attractiveness is directly linked to facial proportions and harmony, which can be effectively achieved through carefully administered hyaluronic filler procedures. The aesthetics of the lower third has a significant impact at overall facial appearance and balance.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

-improving patient assesment skills-achieving natural and more balanced look for the patients-providing comprehend patients tretment

Oral Presentation

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#11771

Inferior orbital margin: submuscular augmentation is not necessarily \\\\'on the bone\\\\\'.

44 - Treatment with Injectables (Botulinum toxin & fillers)

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Background/Objectives:

Treatment of the tear trough deformity and, by extension, hollowing along the entire inferior orbital margin is technically challenging and not without risk. Injection as close to bone as possible has been suggested to improve smoothness, but fibrous septa may guide the filler inferiorly and hinder its intended positioning. Superficial filler migration along a needle track may also result in unnatural facial animation. A sub-orbicularis oculi gliding plane for a cannula has been described, except at the muscle's bony origin. We propose the use of a 25G cannula to inject just beneath the orbicularis oculi muscle, rather than directly onto bone.

Methods:

Relevant anatomical literature was reviewed and compared to clinical before-and-after photography. Representative video fragments were selected to illustrate the proposed injection technique. Dyed filler was injected using a 25G cannula in cadaver heads, followed by dissection to assess filler depth and distribution.

Results:

Along the full contour of the inferior orbital margin, a 38–40 mm 25G cannula can glide smoothly beneath the orbicularis oculi muscle, allowing filler to be deposited in a linear retrograde fashion. Optimal correction may require injections both superior and inferior to the orbicularis oculi insertion on the maxilla medially. During five cadaver dissection courses, participants were consistently able to reproduce this technique and verify the submuscular positioning of the dyed filler.

Conclusions:

Linear retrograde injection of filler just beneath the orbicularis oculi muscle using a 25G cannula is a reliable and reproducible method to treat volume loss along the inferior orbital margin. This technique offers a smooth, natural result while minimizing risks associated with bone-level or superficial placement.

References:

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

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#11772

Volumizing and biostimulation are familiar. But can we directly and reliably reshape? A comparison of hyaluronic acid and agarose.

44 - Treatment with Injectables (Botulinum toxin & fillers)

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Background/Objectives:

The tissue response to hyaluronic acid (HA) gels and agarose gels differs significantly. A comparison of histological findings and clinical observations—particularly the absence of mid- or long-term oedema following agarose injection—can help define optimal indications for each filler type.

Methods:

Published histological data on HA gels, including previous work by the author, were compared with findings from fat tissue injected with agarose gel. Representative clinical photographs from reshaping procedures using both fillers were selected to illustrate practical outcomes.

Results:

In the absence of complications, HA gels are well tolerated. Haematoxylin-eosin staining of injected subcutis shows no inflammation, though CD68 staining reveals a small number of macrophages. Natural HA is broken down into macromolecules, enters the lymphatic circulation, and is subsequently metabolised—approximately half in regional lymph nodes and the remainder primarily in the liver and kidneys. Agarose gel, by contrast, is surrounded by a mild histiocytic infiltrate within hours of injection and is primarily resorbed in situ. This local cellular response contributes to the structural stability of reshaping with agarose, but also explains the potential palpability of superficial deposits. HA's water-retention capacity can lead to soft tissue oedema in the absence of cellular infiltration.

Conclusions:

HA gels remain the gold standard for reshaping with fillers. However, their tendency to attract water may cause swelling, and their consistency can result in gradual flattening of the correction over time. A history or clinical signs of oedema should be considered relative contraindications to HA use. In such cases, agarose offers a valuable alternative. When maximal long-term shape stability is desired, agarose may be preferable.

References:

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

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#11773

Eyebrow lifting with sutures: surgical or percutaneous, vertical or superolateral?

46 - Threads

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Background/Objectives:

Eyebrow lifting can be performed surgically using polyester sutures inserted through a temporal incision, guided with a cannula to the brow and back, then anchored to the temporal fascia. This technique leaves fewer visible traces than direct skin excision above the brow or temporal forehead lifts, and is considerably less invasive than open or endoscopic forehead lifting.

Alternatively, percutaneous insertion of barbed, resorbable threads offers a minimally invasive method to elevate the eyebrows in various directions. This approach complements other techniques such as neuromodulation, energy-based skin tightening, and subfrontalis myomodulation. Different patient profiles benefit more from either the non-surgical or surgical approach, depending on several anatomical and aesthetic factors.

Methods:

Clinical photographs and patient records were analysed to define the parameters influencing treatment choice. Non-surgical and surgical techniques were compared based on indications, patient outcomes, and longevity of results. Film fragments were selected to illustrate the insertion techniques.

Results:

Frontalis tone often decreases after procedures that improve eyelid opening or visual field (e.g., blepharoplasty or brow lift), complicating objective photographic evaluation of brow lift efficacy. Factors influencing the choice of technique include gender-specific aesthetic standards, passive brow mobility, patient expectations, the vector of brow descent (inferior vs. inferomedial), and whether upper eyelid surgery is performed concurrently.

Conclusions:

Surgical eyebrow lifting with polyester sutures via a temporal incision and stab incisions at the lower brow border provides a reliable, durable superolateral lift of several millimetres. It is most commonly performed in combination with upper blepharoplasty. Percutaneous insertion of barbed, resorbable threads can achieve a mild superior or superolateral lift, with results lasting 6 to 24 months, depending on the thread material and resorption rate. Treatment choice should be guided by patient anatomy, expectations, and the degree of correction required.

References:

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

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#11774

Penile girth enlargement by subcutaneous injection of hyaluronic acid gel: undervalued and underpublished.

44 - Treatment with Injectables (Botulinum toxin & fillers)

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Background/Objectives:

The desire for penile enlargement is common and often driven by psychological and emotional factors. Given the sensitive nature of the treatment and potential complications, it is important to offer a minimally invasive, reversible approach while managing patient expectations realistically. Based on clinical experience, this presentation outlines a technique for penile girth enhancement using hyaluronic acid (HA) gel, including its indications, limitations, and potential side effects.

Methods:

Subcutaneous injection of HA gel into the penile shaft is performed following ring block anaesthesia at the base using 10 ml of lidocaine. A 22G cannula is introduced from two mid-lateral entry points, proximally or distally. For intradermal injections into the glans, a topical anaesthetic (lidocaine 23%, tetracaine-HCl 3.5%, tetracaine-base 3.5%) is applied under occlusion.

Results:

A common but poor indication is the misconception that increased girth enhances a partner's sexual pleasure. Fewer than half of those consulting are suitable candidates, as effective enhancement is mostly evident in the flaccid state. Injection of 6–10 ml HA gel, with a short-term top-up of 2–4 ml, yields pleasing aesthetic outcomes in appropriate patients. Flaccid penile length often appears increased, likely due to relaxation of the dartos muscle. The glans corona can be augmented with 1–2 ml. Temporary, soft irregularities are frequent but typically resolve. Circumcised patients are more prone to unsightly swelling of residual skin tags. Particulate HA gels carry a risk of capsule or nodule formation.

Conclusions:

Subcutaneous HA injection can offer psychological benefits to patients seeking penile girth enhancement, especially in the flaccid state. Apparent lengthening is commonly observed and may boost self-esteem, particularly in patients with significant retraction under stress. However, tactile enhancement during intercourse is unlikely. Despite its potential, this treatment remains underreported and poorly understood outside aesthetic medicine. Greater transparency and peer-reviewed publication are encouraged to validate, refine, and improve this technique.

References:

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

Oral Presentation

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#11775

Orbital Rejuvenation with Botulinum Toxin – A Focused Approach

44 - Treatment with Injectables (Botulinum toxin & fillers)

Dr Reisener N¹

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Background/Objectives:

In this 15-minute presentation, I'll be giving a concise yet comprehensive overview of orbital rejuvenation - specifically focusing on the use of botulinum toxin (Botox) to enhance the eye area.

Rather than treating isolated wrinkles, the goal is to take a holistic view of the orbital region—ensuring natural, harmonious results that work with the entire facial structure.

1. Brief Anatomy Refresher:

I'll start with a quick look at the anatomy around the eyes. Understanding the orbital bones, key muscle groups like the orbicularis oculi and surrounding soft tissue is essential for safe and effective treatment.

This anatomical insight lays the groundwork for targeted Botox applications and helps avoid complications by respecting functional and aesthetic zones.

2. Botox in the Orbital Region:

Next, I'll go into the practical application of botulinum toxin in this area.

I'll cover:

- Treating **crow's feet** for a softer outer eye appearance
- **Brow lift techniques** using Botox for subtle elevation and freshness
- Managing **eyelid asymmetry** or heaviness
- Dosage considerations and common injection points

The emphasis is on subtle, controlled treatments that rejuvenate without freezing expression.

3. Safety and Best Practices:

Patient safety is a key part of any aesthetic treatment. I'll highlight common pitfalls and how to avoid them - such as ptosis, asymmetry, or diffusion into unintended muscles.

I'll briefly touch on:

- Dilution and injection technique
- Contraindications
- Managing and preventing adverse effects

4. Evidence-Based Results:

To support the techniques discussed, I'll reference recent clinical findings that show the efficacy and satisfaction rates of Botox for periorbital rejuvenation.

These studies reinforce that when used precisely, botulinum toxin can offer natural, fresh results that patients love - especially when paired with good anatomical understanding.

By the end of this short session, you'll walk away with a clear, focused strategy for enhancing the orbital area using Botox alone—combining anatomy, precision, and patient-centered care to deliver results that are both subtle and impactful.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

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#11776

Looking Beyond Gender Biases in Treating Transgender Patients with Injectable Treatments

45 - Combination treatments

Agan C¹

¹NA, Manila, Philippines

Background/Objectives:

The transgender community is a marginalized group often falling victims to illegal practice of aesthetic medicine resulting to overfilling, unnatural looks and sometimes disfigurement. For Transgender female patients, our goal has always been to hyperfeminize by projecting female features and creating rounder and smoother forms. This cookie-cutter mold has also lead to overfilling and unnatural looks.

Going beyond the usual feminizing treatments, one must recognize their transition history, their medical background, their work/career and their goals. All of these will influence your strategy and priority for treatments. Treatments have to be personalized. The artistic side of aesthetics will be used to design the face of your transgender patient--taking note of their needs. A combination of injectable treatments (toxin, fillers, threads, lipolysis) will be shown. I will demonstrate how I create my treatment strategies through my three transgender patients. The goal is to create a face closer to their gender expression while maintaining facial harmony and natural looks.

This presentation will not only feature my techniques but will also take us through their stories and how the treatment has impacted their lives. In the end, we look at the patient, beyond their gender, and address their needs as human beings.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

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#11777

Dimpling in Threadlifting: Preventing and Managing this Complication

46 - Threads

Agan C¹

¹Injector's Academy, Manila, Philippines

Background/Objectives:

Dimpling is one of the most common complications of threadlifting . While this is often temporary, it can lead to complaints and dissatisfaction from patients. Understanding how dimpling occurs is essential in preventing the complication. There are different kinds of dimpling or skin irregularities and can be caused by different mechanisms. In this presentation, I will feature the maneuvers I do, to prevent dimpling. I will also be showing videos of the different ways I manage and resolve this.

It is important to be aware that dimpling can be prevented. And if it happens, should be easily resolved by the physician. This will help alleviate the fears of the patients and the doctors against threadlifting.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

It is important to be aware that dimpling can be prevented. And if it happens, should be easily resolved by the physician. This will help alleviate the fears of the patients and the doctors against threadlifting.

ALTERNATE (more dramatic) TITLE:
Dimpling in Threadlifting: Preventing and Managing this Simple but Bothersome Complication

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#11778

Noval Combination Biocellular Therapies for Erectile Dysfunction

45 - Combination treatments

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²San Diego Academy Of Regenerative Therapies, San diego, United states

Background/Objectives:

Erectile dysfunction (ED) is a common condition which reduces quality of life of both patients and their partners, and is a significant health care expense every year. Although phosphodiesterase type-5 inhibitors are the current first-line treatment for men with ED, they are limited by their on-demand dosing, intolerance, and variable efficacy in complex patient populations such as men with multiple medical comorbidities or ED after pelvic surgery. Regenerative medicine has been introduced and investigated in andrology as an encouraging strategy to restore diseased erectile tissue structure and function. Novel regenerative therapies for ED are controversial but are perceived to offer a durable and safe tissue restorative approach to act as a long-term solution to this cumbersome disease process. Here, we review platelet-rich plasma, amniotic fluid membranes, low-intensity extracorporeal shockwave therapy, and stem cell therapy as regenerative strategies to treat ED. Most of these approaches have preclinical and occasionally clinical data to support their ongoing investigation; however, none of these treatments are currently supported for use in ED patients outside of clinical trials. Erectile dysfunction (ED) is a prevalent condition affecting men worldwide, with a projected increase to 322 million cases by 2025. While phosphodiesterase type 5 inhibitors (PDE5i) are the first-line therapy, regenerative therapies like platelet-rich plasma (PRP), amniotic fluid matrices, low-intensity extracorporeal shockwave therapy (LiESWT), and stem cell therapy (SCT) are being explored. Despite promising preliminary research, more high-quality human data is needed to establish their efficacy and safety as standard therapies.

A new technique using Biocellular therapy of Adipose-Derived Stromal Vascular Fraction (AD-SVF) mixed with High-density Platelet Rich Plasma (HD-PRP) enhances fat graft survival rate, improves symmetry, and increases volume predictability. The technique, which involves lipoaspiration, centrifugation, and mixing with HD-PRP, has shown promising results with minimal complications and significant patient satisfaction. This method has wide applications in facial rejuvenation, breast and buttocks enhancement, and treating chronic wounds and joint diseases.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

A new technique using Biocellular therapy of Adipose-Derived Stromal Vascular Fraction (AD-SVF) mixed with High-density Platelet Rich Plasma (HD-PRP) enhances fat graft survival rate, improves symmetry, and increases volume predictability. The technique, which involves lipoaspiration, centrifugation, and mixing with HD-PRP, has shown promising results with minimal complications and significant patient satisfaction. This method has wide applications in facial rejuvenation, breast and buttocks enhancement, and treating chronic wounds and joint diseases.

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#11779

Application of Machine Learning in Melanoma Diagnosis: A Single-Center Prospective Study

41 - Pigmentation

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Background/Objectives:

The application of machine learning (ML) in evaluating lesions suspicious for melanoma holds promise for improving diagnostic accuracy. However, few clinical studies have been conducted to assess the real-world performance of these models. We conducted a prospective, observational, single-center study to evaluate the diagnostic accuracy of an open-source, non-commercial ML algorithm in melanoma detection, as well as its impact on dermatologists' clinical decision-making.

Methods:

The study focused on assessing the diagnostic performance of the ML model using dermoscopic images of skin lesions. The primary objective was to determine the sensitivity and specificity of this ML algorithm, using skin biopsy as the ground truth for melanoma diagnosis. A secondary objective was to evaluate the discrimination ability, AUC, of dermatologists in identifying melanoma and making management decisions, both before and after using the ML model.

Results:

A total of 45 participants were enrolled, contributing 87 skin lesions. The mean age was 49 years, and 64% were female. This ML model achieved a sensitivity of 96.8% (95% CI: 91.1–98.9%) and a specificity of 37.4% (95% CI: 33.3–41.7%). The ability of Dermatologists to assess melanoma risk improved significantly after using the ML model, with the AUC increasing from 0.67 to 0.85 ($p = 0.032$). Furthermore, the post-ML clinical decisions provided an equivalent or greater net benefit compared to not using ML model.

Conclusions:

The ML model demonstrated high sensitivity and specificity for melanoma diagnosis and improved dermatologists' decision-making accuracy. Further large-scale, randomized, multicenter studies are needed to comprehensively evaluate the effectiveness and clinical integration of this ML algorithm high sensitivity for melanoma diagnosis and improved dermatologists' decision-making accuracy. Further large-scale, randomized, multicenter studies are needed to comprehensively evaluate the effectiveness and clinical integration of this ML algorithm.

References:

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

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#11782

Take No Prisoners: How to Expand Your Practice's Empire

73 - Marketing & Practice management

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Background/Objectives:

Are you a king or a peasant? Where does your content show up on Google? Towards the top or at the bottom? If you're struggling with your content never appearing at the top of the search engine results page (SERP), we've got some news for you: your SEO is severely lacking, resulting in lost patients and dollars. You are no more than a peasant in your patients' eyes. But you can become the king you know you are. Be ruthless in your pursuits to dominate the plastic surgery niche. Expand your SEO Empire. Take no prisoners.

Methods:

In this presentation, *Take No Prisoners: How to Expand Your Practice's Empire*, we will explore the SEO strategies you should implement to optimize your content and claim your stake in the SERP. SEO strategies covered include:

- Keyword usage
- Improved page content
- Meta tags
- Links and backlinks

Results:

By attending this talk, participants will learn to apply proven SEO strategies to compete effectively for high-value keywords in their market. They'll discover how to expand their digital presence, increase their practice's visibility, and establish authority within their niche—positioning themselves as the go-to expert patients trust and seek out.

Conclusions:

If your content isn't delivering the conversions you need, it's time to master SEO as your competitive advantage. When you consistently dominate search results for the procedures your ideal patients are researching, you build trust and authority that extend far beyond your physical practice. Stop leaving your success to chance—build your SEO empire and become the ruthless practice owner you know that you are.

References:

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

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#11783

Rhinomodelation With Polycarpolactone - A Safer and Effective Solution for the Future

44 - Treatment with Injectables (Botulinum toxin & fillers)

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¹Antiage Lifestyle Clinic, Lahore, Pakistan

²Centro Medico Galeno, Milano, Italy

Background/Objectives:

Nonsurgical rhinoplasty, or rhinomodelation, is a sought-after procedure in aesthetic practice. The current Product of choice remains hyaluronic acid (HA) because of its ease of use and reversibility. However, it does carry some risks. Polycaprolactone (PCL) fillers hold a lot of promise in aesthetic practice. It has an established safety profile and a longer duration of action. Because of its unique properties, it may hold the key to the future of nonsurgical rhinomodelation.

Methods:

Twelve patients were enrolled in the study. Ten out of these were not willing to ask for surgery and had no breathing problems. Two were post-surgical rhinoplasty complications who did not want another surgery. 0.2 mL of PCL filler was injected at each site according to the need (radix, spine, and/or tip). The Global Aesthetic Improvement Scale (GAIS; 3=very much improved, 2=considerably improved, 1=improved, 0=no change, and -1=worse) was used along with a patient satisfaction scale (highly satisfied, satisfied, dissatisfied). The sum of the GAIS ratings was quantified as total improvement (TMI). The patients were followed up for 12 months before and 12 months after procedures were taken and documented.

Results:

The GAIS score was 98% for the study, and all patients were highly satisfied with their treatment right after the procedure and 12months later.

Conclusions:

PCL fillers may be the way forward for long-term sustained results in nonsurgical rhinomodelation. Expert injection techniques and knowing the side effects and handling them are mandatory. Collagen stimulation fillers hold a lot of potential for the future. We still lack data in the area of nonsurgical nose reshaping using PCL fillers, and this is the first-ever study to explore this indication. This may lead to various benefits by reducing the unwanted side effects of HA fillers like migration etc.

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Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

Collagen stimulation fillers hold a lot of potential for the future. We still lack data in the area of nonsurgical nose reshaping using PCL fillers, and this is the first-ever study to explore this indication. This may lead to various benefits by reducing the unwanted side effects of HA fillers like migration etc.

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#11784

Asian short incision blepharoplasty

56 - Minimally invasive surgery / Minimally invasive advances

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Background/Objectives:

Objectives: Asian eyelid anatomy is different from Occidental eyelid anatomy. Asian eyelids have a single crease. Insertion of levator aponeurotic fiber in subcutaneous is rare and the oriental eyelid will have more orbital fat tissue. Indications for blepharoplasty in Asian eyes include a double eyelid crease creation. We use short incision blepharoplasty in Asian eyes. It's simple, fast, and incised more than excise. The final will result in shorter operation time, less downtime, and a rapid return to normal activity.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

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Lateral eye reshaping using temporal lift

56 - Minimally invasive surgery / Minimally invasive advances

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Background/Objectives:

In some patients have lateral eye drooping even non aging. Make the patients looked sad and more aging. The way to change lateral eye shape can done by lateral canthoplasty. We used another alternative method to change lateral eye shape in young patients and also improved mild mid face sagging in middle-aged patient by temporal lifting.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

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Fat graft for post filler skin necrosis and Scar Treatment

48 - Complications - avoidance and management

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Background/Objectives:

We have used several techniques of fat grafting for facial rejuvenation and scar management. The fat harvestment from donor site was done by low pressure manual syringe technique. However, the process of fat graft preparation and injection technique was different depended on patient's problem. Mainly, the injection techniques can be divided into 3 techniques.

1. Diffused Microfat graft was used for volume replacement and facial contouring.

2. Microfat graft combined with subcision technique which the fibrous attachment under the scar was cut and fat graft was inserted instead. This technique was used for patient with depressed scar. Basically, the microfat that we injected will partially lysis then it will release matrix metalloproteinases (MMPs) which inhibit collagen type I synthesis causing lysis and softening of the scar. Occasionally, the volume loss happens and we need to use filler replacement such as hyaluronic acid or Fat.

3. Nanofat graft or squeezed fat which adipocytes were eliminated. In this technique, lipolysis also occurs and causes rejuvenation and lysis of the scar. Hence, this is proper for using in superficial soft tissue i.e. Intradermal layer.

On the summary, all of these fat graft results are inhibiting of wound contraction, softening scar tissue, rejuvenation of the scar and change quality of healed tissue which lead not only to aesthetic but also good functional results to the patient.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

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#11787

A Case Series on the Use of Pure Collagen Injectable for Undereye Rejuvenation in Southeast Asian Skin

44 - Treatment with Injectables (Botulinum toxin & fillers)

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Background/Objectives:

The periorbital region is a key aesthetic focus and among the earliest areas to show signs of aging, particularly in Southeast Asian patients where pigmentation, thin skin, and early volume loss converge. This presentation explores the targeted use of a pure collagen injectable for periorbital rejuvenation. Case series of patients with mild to moderate tear trough hollows and darkening will be discussed, showcasing improvements in periorbital texture, elasticity, and volume restoration, with no adverse events such as Tyndall effect or post-inflammatory hyperpigmentation. Emphasis will be placed on patient selection, technique, and outcome assessment in pigmented, reactive-prone skin types.

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The periorbital region remains one of the most technically challenging areas in aesthetic medicine due to its thin dermis, dynamic movement, and proximity to vascular structures. Traditional hyaluronic acid fillers in this area carry risks such as lumpiness, tyndall effect, migration, and even prolonged edema—particularly in patients with thinner or pigment-prone skin. A pure collagen injectable offers a regenerative alternative by stimulating neocollagenesis without adding excessive volume or hydrophilic swelling. Its use in the tear trough region provides natural, progressive improvement in texture and brightness, with a lower risk profile and high tolerability in Southeast Asian skin types.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

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#11788

Non-Hormonal Strategies for Hair Restoration in Asian Men and Women: A Combined Scalp and Systemic Therapy

52 - Hair restoration

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Background/Objectives:

Hair thinning, hair fall and hair loss are common concerns among both men and women in Asian populations, often driven by multifactorial causes such as stress, hormonal fluctuations, nutritional deficiencies, sometimes illnesses and environmental triggers. This presentation introduces a multimodal, non-hormonal approach to early-stage hair loss, combining scalp bio-revitalization therapy with oral supplementation of marine-derived proteoglycans. The scalp treatment integrates mechanical stimulation, electrostimulation, iontophoresis, and LED light therapy to improve microcirculation, reduce inflammation, and activate dormant follicles. Meanwhile, the oral supplement supports proteoglycan replacement to help restore follicular function and promote a healthier hair growth cycle. Together, these interventions aim to address both local scalp health and systemic follicular resilience, offering a comprehensive and well-tolerated strategy for hair restoration in Asian patients.

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Hair loss remains one of the most psychologically distressing yet under-treated concerns in aesthetic dermatology—for both men and women. This non-hormonal, multimodal protocol—combining scalp bio-revitalization with oral marine-derived proteoglycan supplementation—offers aesthetic practitioners a safe, minimally invasive, and evidence-backed option for early-stage hair thinning and telogen effluvium. It directly addresses the follicular microenvironment and restores balance to the hair growth cycle, without the risks or resistance often associated with traditional pharmacologic treatments. This gender-inclusive, scalp-to-systemic strategy approach fills a critical gap in aesthetic medicine—empowering clinicians to intervene earlier, deliver visible results, and improve patient confidence. It also reflects a broader trend toward regenerative and integrative aesthetic therapies, with high patient satisfaction and minimal downtime, making it ideal for modern clinical practice.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

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#11789

Scaling Aesthetic Practice Through Physician-Led Digital Engagement

73 - Marketing & Practice management

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Background/Objectives:

Social media changed the way I practice dermatology. What started as a way to educate and connect with patients became a powerful tool for growing my clinic, building my brand, and making dermatology more accessible—especially to those who may have never considered stepping into a specialist's office. In this talk, I share my experience integrating platforms like Instagram, YouTube, and TikTok into my everyday practice—not as a marketing strategy, but as an extension of who I am as a dermatologist and communicator.

Over the past three years, I've tracked how content creation and patient education online translated into real engagement—through consultations, procedures, and community growth. I'll discuss what worked (authenticity, consistency, and staying grounded in science), what didn't (content burnout is real), and the boundaries I've had to navigate as a medical professional in a very public space. This isn't about chasing views—it's about showing how a physician-led, values-driven presence online can build trust, educate at scale, and support meaningful, ethical practice growth.

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Social media is no longer just about visibility—it's shaping how patients discover, understand, and choose aesthetic treatments. For us as practitioners, that means showing up online isn't optional anymore. It's our chance to guide the conversation with credibility, compassion, and clarity—before misinformation fills the gap. A thoughtful, ethical digital presence helps bridge the gap between what we know as experts and what patients think they know from the internet. When we lead with education and integrity, we're not just growing our practice—we're helping elevate the standards of aesthetic medicine itself.

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#11790

Are we in an Ethical Dilemma in Aesthetic Medicine?

73 - Marketing & Practice management

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Background/Objectives:

The business, medical community, and patients are under tremendous strain due to advancements in aesthetic medicine and the rising demand for cosmetic therapies. It is impossible to overlook the financial benefits. Social media may have both beneficial and detrimental effects in marketing of aesthetic services. Several ethical considerations need to be carefully considered, such as beneficence and maleficence as well as the rights of the patient. Is monetary gain the main goal? There must be an answer to this query. Medicine requires a high standard of professionalism and ethics and same rule applies for aesthetic medicine and surgery.

Methods:

This is a questionnaire-based study targeting the practicing doctors and the general population. A sample size of 100 per segment was selected. The participants of the study were from various ethnicities from around the globe.

Results:

The results of the study clearly indicate that most of the participants agree that aesthetic medicine is facing an ethical dilemma. Serious measures need to be taken to regularize the field of aesthetics in the form of training for the doctors, strict measures by the regulators, and harmonization of the marketing through social media.

Conclusions:

Aesthetic medicine and surgery have become a commodity rather than a recognized medical specialization due to their high evolution index and commercial incentives. This study argues that operating based on market categories can lead to a loss of focus on patients' true needs. If aesthetic medicine doesn't recognize itself as part of ethical medicine, it may become a part of the beauty business, prioritizing profit over public needs. The results of this study will have a long-term impact on the regulatory aspects of aesthetic medicine. Regularization and setting standards is the need of the day, and if immediate measures are not taken, it could be harmful to the safety of the patients.

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Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

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#11791

Physiology and Rheology of Botulinum Toxin with Advanced Indications

44 - Treatment with Injectables (Botulinum toxin & fillers)

Rana T¹

¹Skin Laser Institute, Noida, India

Background/Objectives:

To understand the different types of Botulinum Toxin and their clinical significance.

To learn correct dose equivalence, reconstitution, and storage protocols for BoNT formulations.

To explain the mechanism of action of BoNT-A at the neuromuscular level.

To identify factors influencing the diffusion, immunogenicity, longevity, and safety of BoNT.

To explore advanced clinical indications for Botulinum Toxin beyond aesthetic applications.

Methods:

- A didactic presentation format combining theoretical insights with clinical evidence and practical guidelines.
- Review of scientific literature, comparative studies on BoNT formulations, and standard clinical protocols.
- Use of diagrams, reconstitution charts, and videos to illustrate complex physiological mechanisms.
- Inclusion of case-based indications and anatomical sites for advanced therapeutic applications.

Results:

- Clear differentiation between BoNT-A and BoNT-B, with BoNT-A recognized for higher potency and longer duration.
- Demonstrated that proper dilution, storage (2–8°C), and gentle handling preserve efficacy and minimize adverse effects.
- Mechanistic explanation validated that BoNT-A blocks acetylcholine release, causing reversible muscle paralysis.
- Identified multiple factors influencing treatment longevity (dose, muscle mass, site, repetition, brand).
- Advanced indications shown to extend beyond cosmetic use into functional treatments like hyperhidrosis, hypertrophic scars, and neuromuscular conditions.

Conclusions:

Botulinum Toxin, particularly BoNT-A, is a versatile and effective biopharmaceutical with a well-established role in both aesthetic and therapeutic dermatology. Understanding its precise mechanism, optimal handling, and broader clinical potential enhances safety, efficacy, and patient satisfaction. Continued research and responsible use are essential to minimise immunogenic risks and maximise treatment longevity.

References:

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

Oral Presentation

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#11792

Revolutionising Body Contouring

50 - Body contouring & skin tightening

Verner I¹

¹Verner Clinic TLV, Tel aviv, Israel

Background/Objectives:

There is a huge need for effective and safe non invasive body contouring treatments. An overview of the existing technologies will be given and the impact of novel upcoming technologies will be discussed

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Combining Biostimulatory Fillers with Energy Based Devices

44 - Treatment with Injectables (Botulinum toxin & fillers)

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¹Verner Clinic TLV, Tel aviv, Israel

Background/Objectives:

Our patients desire natural results after the treatment and are afraid of the Facial Overfilled Syndrome.

By combining biostimulatory injectables like PLLA together with Energy based Devices we can offer our patients tissue regeneration with amazing natural results

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Skin tightening, biostimulation and Body Contouring in the Era of GLP1 Analogues

45 - Combination treatments

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¹Verner Clinic, Tel aviv, Israel

Background/Objectives:

GLP1 Analogues have become very popular and it seems there may be less need for body contouring or other aesthetic treatments

But, Many patients on GLP1 analogues show signs of accelerated aging with facial hollowing, facial wrinkles and skin sagging of the face and all over the body.

Thus, most patients on GLP1 analogues need a precise protocol including Energy Based Devices and Biostimulatory fillers for both body and face to prevent this accelerated aging process.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

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Tips in avoiding Rhinoplasty complication

48 - Complications - avoidance and management

Bafaqeeh P¹

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Background/Objectives:

Title:

Tips in avoiding **Rhinoplasty Complications**

Author, Prof. Sameer Ali Bafaqeeh

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Over-resection of the cephalic lateral crus, caudal septum, or anterior nasal spine is typically the cause of nasal tip deformity. Most of the functional and aesthetic problems encountered in revision cases are caused by the loss of mechanical support for the tip. This is primarily because the loss of tip support renders the tip weak and unstable, allowing it to be easily displaced backwards. Due to the weight of the relatively thick lobular skin and the constant downward pull of gravity, tip projection and rotation are lost, resulting in a depressed, drooping nasal tip with Polly beak deformity and an acute nasolabial angle.

Additionally, the weak, unsupported tip cartilage can be easily displaced by the contracture forces of healing, resulting in irregular tip contour, alar notching or collapse, retracted columella, and a shortened nose with an over-rotated tip.

The most prominent feature of the face is the nasal tip. It has both aesthetic and practical importance.

Therefore, the surgeon's primary objective should be to achieve a perfect tip. To correct tip deformities, we used an extended or replacement caudal septal cartilage graft, a single or multiple tip graft, and a plumb premaxillary augmentation cartilaginous graft surrounded by late fascia.

Understanding the patient's expectations and ensuring that they are reasonable are crucial to achieving a favorable outcome in revision rhinoplasty.

Typically, experienced surgeons take a variety of approaches to a given problem. Some will advocate an open approach, others will advocate an endonasal approach, some will always use grafts, and others will try to avoid grafting whenever possible. In rhinoplasty surgery, I believe that "every action has a reaction," and it is essential to comprehend the aesthetic and functional effects of the techniques employed.

Rhinoplasty, revision surgical technique, tip deformity, caudal septum are key terms.

Biography:

university professor in otolaryngology and the chairman of the facial plastics division.

Past program director of the KSU Facial Plastic Fellowship, PAAFPS Vice President He received

higher surgical training from the University Hospital of George August (Gottingen, West

Germany). He is a clinical fellow in facial plastic surgery at Oregon Health Sciences University

(Portland, Oregon, USA). He has published many scientific papers as well as authored chapters

related to facial plastic surgery.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

Management of crooked nose *Prof. Sameer Ali Bafaqeeh* Abstract: The twisted nose is a challenging cosmetic and functional problem, representing deviations of the nasal dorsum and pyramid from the midline. In addition to the deformity, the deviations can cause nasal airway compromise. Successful management of the twisted nose necessitates a systematic approach with considerations for each "third" of the nose, which must understand the patients' aesthetic desires, expectations, and functional symptoms. Dividing the nose into thirds and preparing a plan to correct each third individually can precisely help the preoperative decisions. While there are many surgical techniques, each surgeon can find specific techniques that are most suitable for his patients. For any surgeon, there are two strategies of surgical management: reconstructive and camouflage. The combination of both techniques will yield the best results. As in most crooked cases, the forces of scar contracture with long-standing cartilage deformities may make the crooked nose resistant to the surgical correction. The middle third of the nose may display deformities due to atrophy and deviations. The focus of correction should be on balancing esthetics and function, with the most successful outcomes addressing each of the deviated components in the nose. Postoperative care is essential to achieve better outcomes. I will discuss some surgical techniques that can help in decision-making. *Prof. Sameer Ali Bafaqeeh* Otolaryngology/ Facial Plastic Division KING SAUD UNIVERSITY Riyadh, Kingdom of SAUDI ARABIA Prof.bafaqeeh@gmail.com +966505256637

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#11796

Proper Managing of Crooked nose

51 - Regenerative aesthetics

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Background/Objectives:

Management of crooked nose

Prof. Sameer Ali Bafaqeeh

Abstract:

The twisted nose is a challenging cosmetic and functional problem, representing deviations of the nasal dorsum and pyramid from the midline. In addition to the deformity, the deviations can cause nasal airway compromise.

Successful management of the twisted nose necessitates a systematic approach with considerations for each "third" of the nose, which must understand the patients' aesthetic desires, expectations, and functional symptoms.

Dividing the nose into thirds and preparing a plan to correct each third individually can precisely help the preoperative decisions. While there are many surgical techniques, each surgeon can find specific techniques that are most suitable for his patients.

For any surgeon There are two strategies of surgical management: reconstructive and camouflaging. The combination of both techniques will yield the best results. As in most crooked cases, the forces of scar contracture with long-standing cartilage deformities may make the crooked nose resistant to the surgical correction. The middle third of the nose may display deformities due to atrophy and deviations.

The focus of correction should be on balancing esthetics and function, with the most successful outcomes addressing each of the deviated components in the nose. Postoperative care is essential to achieve better outcomes.

I will discuss some surgical techniques that can help in decision-making.

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Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

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3D-PERIORBITAL LIQUID FIX: A MULTIMODAL INJECTABLE STRATEGY FOR TOTAL PERIORBITAL REJUVENATION

44 - Treatment with Injectables (Botulinum toxin & fillers)

Khan S¹

¹Dermalase, Islamabad, Pakistan

Background/Objectives:

Introduction:

Peri-orbital aging is one of the major cause of concern in both male and female patients. Mostly signs of aging start to show from around the eyes.

Signs of aging around the area include:-

Trough tough (loss of elasticity + hollowing) Dyschromias (Dark Circles) Fine lines / wrinkles Eye bags Increase translucency of the under eye skin Malar Bags or Malar festoons Drooping of lateral eye brow Reduction in the bony prominences

Material & Methods:

All of the above signs of aging can be beautifully managed without taking help of any expansive gadget or surgery. This innovative treatment modality is called **3D Peri-orbital Liquid Fix**. This modality includes following 3 sequential therapies:-

Fillers Botulinum toxin Skin Booster (Bio revitalizer) Tear tough, supraorbital bony prominence and eye brow can all be beautifully corrected with fillers. Peri-orbital wrinkles and lines and brow lift is managed with the help of Botulinum toxin. Skin boosters improve the thickness and the quality of the skin, hydration, tone and complexion of peri-orbital skin.

Conclusion:

The peri orbital area plays an important role in facial aesthetic. This liquid fix is gaining attention as our understanding of aging improves. Liquid fix includes filler/boosters/toxins that can be based on the concept of non-surgical rejuvenation and tissue inflation (improving the texture with the bio revitalizer, treating expression lines, decreasing the tension in the muscles, relaxing the expression. All can be done without under-going surgery and with practically no down times.

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Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

Since the periorbital area is the first to show the sign of aging, the treatment strategies would always be combining all above-mentioned modalities to address all imperfections starting from wrinkles, hollowness dyschromia to the bony resorptions in this area.

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#11798

Eradicating Negative AURA in elderly patients by multimodal injectables

44 - Treatment with Injectables (Botulinum toxin & fillers)

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¹Dermalase, Islamabad, Pakistan

Background/Objectives:

Thus, enhancing Psychosocial Well-being Through Expression Modification in facial aesthetics

Introduction

Medical aesthetics has evolved beyond conventional anti-aging treatments to focus on aligning a person's outward expression with their internal emotions. Patients often seek treatments not merely to look younger but to ensure their facial expressions accurately reflect their emotions, preventing unintended negative social perceptions. The importance of facial aesthetics extends beyond vanity—it influences social interaction, collaboration, and emotional well-being. This study explores how modifying key expression points through non-surgical aesthetic treatments enhances patients' ability to communicate positively and confidently.

Methodology

A qualitative analysis was conducted based on expert consultations and case studies involving patients seeking facial aesthetic improvements. Highlighting ten key expression points that contribute to negative perceptions due to aging, including **frown lines, lateral eyebrow descent, tear trough depletion, hypertonic inferomedial orbicularis oculi, nasolabial snarls, pursed lips, downturned mouth, chin creases, and jowls**. The analysis emphasizes the importance of comprehensive consultation, patient-physician collaboration, and treatment planning based on anatomical and psychosocial factors. Non-surgical interventions, including botulinum toxin and dermal fillers, were assessed for their effectiveness in softening negative expressions and restoring facial harmony.

Results

- Patients who underwent targeted aesthetic enhancements reported significant improvements in social interactions and self-perception. Addressing multiple areas rather than isolated treatments yielded superior results, as it ensured facial harmony and natural expression.
- Expression modification helped reduce misinterpretations of mood, such as appearing angry, tired, or unapproachable. Cases demonstrated that restoring lost volume, refining facial contours, and softening hypertonic muscle activity resulted in a more approachable and positive appearance, ultimately improving psychosocial health.

Conclusion

- Facial aesthetics play a crucial role in non-verbal communication and social collaboration. Enhancing specific expression points does more than rejuvenate—it allows patients to better align their external appearance with their internal emotions, improving social interactions and emotional well-being.
- Aesthetic medicine, therefore, extends beyond cosmetic enhancement; it serves as a tool for psychological and social empowerment. Future research should further explore the long-term impact of aesthetic interventions on self-confidence and interpersonal relationships.

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Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

Aging face comes with the downside of having tiredness/fatigue and altered unwanted negative expressions making the overall persona socially detached. With the help of aesthetic tweaks now we can manage fresher, welcoming and pleasing looks for longer times during aging ahead.

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#11799

Holistic approach in lip augmentation in old-aged females (My Signature way)

44 - Treatment with Injectables (Botulinum toxin & fillers)

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¹Dermalase, Islamabad, Pakistan

Background/Objectives:

Background:

As we age, we aged all over our face and body, but particular in reference to lips and peri-oral region, there is decrease in collagen, volume loss of the subcutaneous and deep fat with lax, wrinkly and hypertrophic skin. In addition, condition of dentine and loss or increase volume on mid face and lower face affects the position of lips and the surrounding skin.

Introduction:

Lips anatomy and shape change dramatically over age and the treatment becomes more and more challenging. Hence lip augmentation in a patient of 65-years of age is much more challenging and demanding than the same procedure in a 25-years old girl.

Material and Methods:

The first part of the management is to understand what changes the patient wants in her lips. Then assess meticulously the anatomical situation of the lips, the angle, vermillion border, cupid bow and the surrounding skin, nasolabial folds, marionette lines, mid-face and jowls. The skin and fat around the lips is usually atrophic with deep furrows, photo aging and telangiectasia. Upper lip is mostly inverted and lower lip dominant. There is loss of cupid bow and there are downturned angles of lip giving a sad appearance. There is deep labio-mental crease.

Statistically, most of the old patients just want lip restoration and are afraid of adding volume or making them pout. These patients come to us with the request not to change the lips too much, no one should notice and are fearful to receive criticism from their grown up children.

Results:

The holistic approach comprises of restoring curvature, projections and relative proportions with volume. If there is significant loss of dentition, the patient must be referred to dentist. I tackle aged lips with medium G, HA filler with 25 G and 50mm cannula. I take care of the lip corners and labiomental crease as well. I correct first the lip borders, then the body of the lips. After that I take care of perioral skin. I use skin booster mix with botulinum toxin as 4U in 1 ml of booster and I infiltrate it in perioral skin again with the cannula. If the skin of the perioral area is more wrinkled and photo aged, I usually call my patient after 4 weeks for micro needling radiofrequency.

Conclusion:

Lip augmentation in patients of old age is not a simple affair. It needs careful assessment and management that not only includes the lips but also the skin, orbicularis oris and underlying fat. Only then we can deliver beautiful results.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

Loss of lip volume and definition can be a big aesthetic & psychological dilemma for the aging females. Having attaining back the natural volume and youthful perioral area not looking over done remaining in natural limits can be a major concern in elderly females. Reflating lips with cannula with consideration of other perioral imperfections as describe in above technique will surely be a game changer for patients.

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BEYOND THE LIPS: HARMONIZING LIPS WITH PERIORAL ENHANCEMENT ACROSS DIFFERENT FACIAL MORPHOLOGY

44 - Treatment with Injectables (Botulinum toxin & fillers)

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¹Dermalase, Islamabad, Pakistan

Background/Objectives:

Introduction

Lip volume and the perioral area play a fundamental role in overall facial aesthetics, contributing to symmetry, harmony, and youthfulness. The relationship between lip volume and facial balance varies based on **facial shapes** (oval, round, square, heart, diamond, oblong, and pear-shaped) and **lip shapes** (full, thin, bow-shaped, rounded, downturned, and asymmetric). A personalized approach to lip augmentation and perioral rejuvenation is essential to achieving optimal facial proportions while maintaining a natural and aesthetically pleasing appearance. This study explores how lip volume and the surrounding perioral region influence facial harmony across different facial and lip shapes.

Methodology

A qualitative study was conducted through clinical case studies evaluating the impact of lip volume on facial aesthetics. Patients were categorized based on **age, gender, seven facial shapes** and **five lip shapes**, and their perioral region was assessed for proportion, symmetry, and harmony. Everyone was accessed based on their condition and requirements. Non-surgical treatments, including **hyaluronic acid-based fillers & skin boosters** for lip augmentation and perioral rejuvenation, were performed. Pre- and post-treatment photographs were analyzed to determine the impact of volume restoration on overall facial balance.

Results

- Personalized approaches considering **gender differences, ethnic variations, and natural anatomy** yielded superior outcomes compared to standardized enhancement techniques.

The study found that optimal lip volume **varies based on facial shape**:

- **Oval and heart-shaped faces** benefited from balanced, well-defined lips that enhanced femininity.
- **Round and square faces** required strategic volume placement to elongate the face and avoid excessive fullness.
- **Diamond and pear-shaped faces** achieved better balance with proportional upper and lower lip enhancement.
- **Oblong faces** needed subtle volumization to avoid further elongation.

Lip shape also played a critical role in aesthetic outcomes:

- **Full and bow-shaped lips** required minimal intervention for refinement.
- **Thin lips** benefited from augmentation to enhance facial symmetry.
- **Downturned and asymmetric lips** needed correction for a more neutral, harmonious appearance.

Results demonstrated that perioral rejuvenation, including treatment of **marionette lines, nasolabial folds, and philtrum structure**, significantly enhanced facial harmony beyond just lip augmentation.

Conclusion

Lip volume and perioral aesthetics are **key determinants of facial harmony**, and their enhancement should be tailored based on individual **facial and lip shapes**. A strategic approach to augmentation ensures a natural, **proportional, and balanced** appearance, reinforcing the importance of a customized treatment plan rather than a one-size-fits-all approach. Future studies should explore **long-term aesthetic outcomes** and cultural influences on lip and perioral aesthetics.

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Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

Lips are not just a detail but it is defining future. While treating the faces for harmonization lip volume and lip ratio plays a vital role. As a strong impactful feature, the treatments for lip enhancement should be performed keeping in mind the different facial shapes and morphologies. Different Facial dimensions need different volumetric ratios and proportions to enhance or alter for better harmonization of overall aesthetic outcome of optimal face.

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Mastering Melasma: Breakthrough Combination Treatments for Stubborn Melasma in Asian Skin Types

45 - Combination treatments

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Background/Objectives:

Background:

- Melasma, a chronic and recurrent hyperpigmentation disorder, is particularly prevalent in Asian skin types due to their higher melanin content and increased susceptibility to pigmentation disorders.
- This research investigates the efficacy and safety of breakthrough combination treatments for stubborn melasma in Asian skin types, integrating topical agents, oral medications, and advanced procedural techniques.

Objective:

- Presentation evaluates synergistic effects of combining topical agents like 2 % hq, retinoids, azelaic/kojic/ascorbic acid etc. Newer agents such as TXA acid & cysteamine with oral therapies like TXA acid & Pycnogenol. Also, research assesses use of procedural treatments, including low-fluence Q-switch Nd:Yag/pico laser with mesotherapy of lightening cocktails or tranexamic acid & buffered peels all in combination, managing refractory melasma. Integration of these treatments target various pathways in melasma pathogenesis, including melanogenesis, vascularization, & dermal inflammation.

Methods:

- Clinical trials and cohort studies included in this presentation reveal that combination treatments significantly reduce melanin index and improve the Modified Melasma Area and Severity Index (mMASI) scores in Asian patients, with fewer adverse effects compared to monotherapies.
- Furthermore, new modalities such as picosecond lasers combined with topical depigmenting agents have demonstrated promising results in reducing pigmentation and preventing relapse, highlighting the importance of a multimodal approach.

Conclusion:

The findings emphasize the need for individualized treatment plans based on skin type, melasma severity, and response to prior treatments to optimize efficacy and minimize side effects.

This presentation (Having results on visual analog scale and patient satisfaction) contributes to the growing body of evidence supporting the use of combination therapies in treating melasma, particularly in Asian skin types, and underscores the necessity for further research to establish standardized protocols for such approaches.

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Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

Melasma is a condition devastating both for patients as well as physicians. In our experiences no single modality can ever give the desired long-term clearance of melasma. Combining different modalities from topicals, oral, peels, meso-therapies and lasers can address the issue more strongly and made me witness positive and satisfactory results with minimum maintenance.

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#11802

Rising trend for Chin Enhancement: Shaping beauty through lower face projection

44 - Treatment with Injectables (Botulinum toxin & fillers)

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Background/Objectives:

AGE, FACIAL MORPHOLOGY, AND GENDER CONSIDERATIONS

Introduction

The chin plays a pivotal role in defining facial aesthetics, contributing to overall harmony and balance.

Recent trends in aesthetic medicine have seen an increased focus on chin enhancement procedures.

Factors such as varying facial morphologies, and gender-based preferences have contributed to the rising demand for chin enhancements. Age-related changes such as mandibular retrusion, soft tissue laxity, and fat redistribution contribute to a weaker chin profile, which can exacerbate the appearance of jowls and a double chin.

Method

A qualitative analysis reviewing clinical practices and patient's perceptions regarding their chins was conducted in an aesthetic clinic.

Patients were evaluated using the lower one-third rule and cephalometric guidelines (Steiner's, Ricketts', and Burstone's lines). There were significantly better aesthetic outcomes when chin enhancement was combined with treatments for surrounding areas, such as the jawline and perioral region rather than addressing chin in isolation.

The study also analyzed the recent trends in chin enhancement with dermal fillers and non-invasive contouring techniques. Specific attention was given to the role of the cervicomental angle and excess submental fat contributing to a double chin.

Results

Combining patient desires with physician expertise, individualized treatment plans were developed, leading to enhanced facial symmetry and satisfaction. The integration of objective anatomical analysis with tailored enhancements resulted in consistently positive aesthetic outcomes. Treatments focusing on chin projection and cervicomental angle enhancement have shown significant improvements in facial definition and profile aesthetics.

Gender-based differences reveal that male patients often seek a more structured and angular chin, while female patients prefer softer, oval contours. Enhancing micrognathic chins also leads to improved facial balance and a more aesthetically appealing side profile.

These results will be shown in the presentation with original before/after pictures.

Conclusion

The increasing focus on chin aesthetics is driven by a deeper understanding of its role in facial harmony and the desire to counteract age-related changes.

Customized treatment plans that consider individual facial morphology and gender preferences are crucial for optimal outcomes.

Enhancing the cervicomental angle through chin projection adjustments also aids in reducing the appearance of submental fullness, creating a more youthful and refined neck profile.

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Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

In today's aesthetic landscape chin augmentation is getting rapid popularity. The chin places a foundational role in facial proportion. It acts as a counter balance to other prominent features like nose, lips and jaw line. A well-proportioned chin creates symmetry refine the profile and definition of low face. In aging patients, it restores structure and support and lifting and rebalancing the face. So chin augmentation is no longer an afterthought. It is a key player in facial rejuvenation and beautification.

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#11803

THE POWER OF TEMPLES AN HIDDEN IMPACT

44 - Treatment with Injectables (Botulinum toxin & fillers)

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Background/Objectives:

THE SCIENCE BEHIND FACIAL HARMONIZATION—IMPACT OF GENDER, FAT PADS, AND AGING

Introduction

The temples play a crucial yet often overlooked role in facial symmetry and balance. As structural support for the upper face, they contribute to the transition between the forehead and the zygomatic region, influencing overall facial aesthetics.

With aging, volume loss in the temporal fat pads leads to hollowing, negatively affecting facial harmony and making adjacent features, such as the brow and midface, appear disproportionate.

Gender differences further influence temple aesthetics, with males typically favoring a more angular structure, while females benefit from a softer contour.

Objective

Explores the role of temple volume in facial balance, considering the effects of gender, fat distribution, and aging.

Methodology

A qualitative analysis was conducted through clinical case studies of patients undergoing temple augmentation.

The study examined the role of superficial and deep temporal fat pads in maintaining upper facial fullness and assessed volume loss due to aging.

Aesthetic ideals for male and female temple contours were analyzed based on anatomical differences and cultural beauty standards.

Results

Patients received non-surgical temple restoration using hyaluronic acid or calcium hydroxylapatite fillers, with pre- and post-treatment photographs evaluated for changes in facial balance.

Temple augmentation significantly improved facial symmetry by restoring volume loss in the upper third of the face. Patients with hollow temples exhibited an aged, skeletal, or gaunt appearance, whereas restoration led to a more youthful and harmonious look.

In males, subtle augmentation maintained a masculine, chiseled profile, while in females, filling the temples contributed to a softer, heart-shaped face.

Results also demonstrated that temple restoration enhanced adjacent features, such as brow elevation and zygomatic projection, reinforcing its importance in full-face rejuvenation.

All the results will be reinforced by original pictures of the patients in the presentation.

Conclusion

Addressing temple hollowing due to age-related fat pad depletion restores facial symmetry, enhances gender-specific aesthetic ideals, and improves overall facial proportions.

Future studies should explore long-term efficacy and patient satisfaction with different augmentation techniques, as well as their influence on holistic facial rejuvenation.

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Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

Temples help framed the upper third of the face when full and proportionate the enhance the OGEE curve and contribute to the ideal heart shape facial contour. Temples are aesthetic key stones addressing temporal hollowing is not just about filling, it is about facial integrity restoring harmony & correcting the skeletal unhealthy and tired aged look. So it acts as a strong support structure that's make mid face and lower face enhancement more natural.

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#11804

The Versatile Pico Laser: The Ultimate Workhorse for Asian Facial Rejuvenation beyond tattoo removal

49 - Lasers, EBDs & Light

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Background/Objectives:

Introduction:

Pico Laser has constantly made advantages over conventional laser because it can target the pigment and skin tissues more precisely, thus producing better results with less side effects. Moreover, skin of color and wide range of cosmetic concerns can be addressed with less down time.

Objective:

Objective of this talk is to discuss the versatility of the laser in the terms of treatment options. Starting from Acne Scars, fine lines/wrinkles, pigmentation or photo damaged skin to sensitive flushed/erythematic/thin skin with vascularity or rosacea. The laser has highest safety in the skin of color (The Asian skin) with less or no down time that makes it stand out from other laser devices.

Materials/Methods:

Total number of 60 patients with different indications were enrolled in this study for treatment over the last 2 years. Different probes that were used for the treatment includes; Pico Toning 1064 nm / 532, Pico Focus 1064 nm / 532, Pico Gold 595 nm, Ruvy 650 nm, and Zoom 1064 nm / 532. Among the 60 patients included in the study 40 were with hyperpigmentation, 10 were with facial flush/rosacea, and 10 were with post acne scars. The response to laser treatment is assessed by serial photographs and patient's satisfaction based on visual analog scale.

Results:

Among the patients who underwent Pico laser sessions, the overall satisfactory response was observed in 60% of the patients, based on significant difference between before and after picture and patient satisfaction of more than 7/10.

Conclusion:

Pico is a versatile laser that can be successfully used as a treatment tool in patients with hyperpigmentation, facial flushing and acne scars. The results depend on use of correct probe, parameters and patient's selection.

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Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

The Versatile Pico Laser represents a significant advancement in the field of aesthetic medicine, particularly for Asian facial rejuvenation. Beyond its well-known use in tattoo removal, the Pico Laser's precision and efficacy in targeting skin pigmentation, acne scars, fine lines, and vascular conditions make it a powerful tool for comprehensive skin rejuvenation. Its ability to deliver rapid, high-energy pulses minimizes damage to surrounding tissues, reducing downtime and enhancing safety, especially for Asian skin types that are prone to hyperpigmentation and scarring.

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#11806

Efficacy of platelet rich plasma for treatment of Male Androgenetic Alopecia patients: A Prospective Clinical Study

52 - Hair restoration

Goel A¹

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Background/Objectives:

Background: Androgenetic alopecia (AGA) is the most common cause of hair loss in men. Platelet-rich plasma (PRP) has gained popularity as an effective treatment modality. It is an autologous solution with numerous growth factors that contribute to regeneration of hair. Growth factor concentrate or PRP, formed by the activation of platelets has thus emerged as a new potential therapeutic approach for treatment of AGA.

Objectives: To evaluate the efficacy of PRP for treatment for Androgenic Alopecia in male patients with topical application of Minoxidil and Non minoxidil solutions. To evaluate the level of patient satisfaction after the treatment. **Methodology:** A randomized, physician and evaluator blinded, prospective, interventional study was conducted for 100 male androgenetic alopecia patients aged between 20-50 years who showed Male Patterned Hair Loss (MPHL) from Stage II to IV according Norwood – Hamilton Scale. Randomization was done to allocate the patients into two groups - Group A (PRP with topical Minoxidil solution) and Group B (PRP with topical non-minoxidil solution). Platelet rich plasma was prepared using Follicrich kits by Wockhardt. Each patient underwent 3 sessions of PRP treatment at an interval of one month each. Patients were evaluated at baseline and after 6 months by hair pull test, global macrophotography, dermoscopic images and patient self-assessment. **Results:** Our results revealed an improvement in the hair fall and hair pull test, hair density and volume in both the groups. There was high patient satisfaction in both the groups. However, the percentage of dissatisfied or unsure patients was greater in group B. **Conclusion:** Platelet Rich Plasma is an emerging treatment modality for patients with androgenic alopecia. When used along with a minoxidil or non-minoxidil solutions, it results in increased hair volume, density, reduced hairfall and high patient satisfaction. Our study highlights the results of commercialized PRP kits for male AA.

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The emergence of Platelet-Rich Plasma (PRP) therapy as a treatment for androgenetic alopecia (AGA) has significantly influenced the landscape of aesthetic medicine. The study published in the *International Journal of Medical Science and Current Research* presents compelling clinical evidence supporting PRP's efficacy in treating male pattern baldness. With its autologous nature and minimal side effect profile, PRP offers a biologically safe and non-surgical alternative for hair restoration, making it increasingly popular among both patients and practitioners. The use of commercial kits like Follicrich by Wockhardt has further streamlined its application, enabling even modestly equipped aesthetic clinics to offer the treatment. Its combination with topical agents—particularly minoxidil—has shown superior results in terms of hair density, volume, and patient satisfaction, indicating a synergistic effect that enhances clinical outcomes. As such, PRP has rapidly become integrated into standard hair loss protocols, moving beyond experimental use to being a mainstream procedure in many clinics. The therapy not only reduces hair fall but also promotes anagen phase prolongation and follicular regeneration, supported by the release of growth factors like PDGF, VEGF, IGF-1, and EGF. These biological actions have implications beyond hair, with

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

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#11807

Beyond Fillers: 4D PLLA-SCA™ 3-Step Cannula Regeneration Protocol for Harmonized Structural, Volumetric and Dermal Renewal

44 - Treatment with Injectables (Botulinum toxin & fillers)

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Background/Objectives:

Poly-L-lactic acid with surface collagen activation (4D PLLA-SCA™) has emerged worldwide as a benchmark biostimulator, offering elegant, progressive rejuvenation that lasts well beyond two years. What the field still lacks is a repeatable full-face roadmap that simplifies teaching and safeguards outcomes. To fill this gap I designed the 3-Step Cannula Regeneration Protocol—three staged sessions, each targeting a distinct therapeutic goal: deep structural reconstruction, soft-tissue volumisation and final dermal refinement. The workflow is mapped onto a 3 Sessions × 3 Anatomical Sections × 3 Depth Spaces matrix (upper/mid/lower face; supra-periosteal, SMAS-ligament, sub-cutaneous planes) and executed with low-dose blunt-cannula techniques.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

Codified commercially as Brighture™ Trilogy, the protocol moves practice beyond fillers toward predictable collagen banking—restoring facial architecture, balanced volume and refined skin texture with minimal downtime while remaining brand-agnostic for any aqueous PLLA formulation.

Oral Presentation

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#11808

Photoaging Reversal and Skin Quality Enhancement Using 755-nm Alexandrite Picosecond Laser (DLA) and Integrated Skincare: A Prospective Split-Face Trial

49 - Lasers, EBDs & Light

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Background/Objectives:

SkinCeuticals' integrated skincare philosophy bridges in-office procedures with scientifically backed homecare to optimize results. By supporting skin health before, during, and after treatments such as picosecond lasers, it enhances efficacy, accelerates recovery, and minimizes adverse effects—delivering comprehensive, evidence-based outcomes. In this presentation, I will share findings from our recent prospective split-face trial comparing the clinical outcomes of 755-nm Alexandrite picosecond laser (DLA) with and without integrated use of the ISC protocol.

This integrated approach highlights a shift toward evidence-based personalization in aesthetic medicine. By demonstrating that combining the 755-nm picosecond laser with a structured ISC protocol significantly improves treatment outcomes and reduces downtime, our findings support a more strategic, patient-centered skincare integration model. This has immediate clinical implications for enhancing safety and efficacy—particularly for Asian skin types—and underscores the value of aligning cosmeceutical science with procedural dermatology to achieve more predictable and reproducible results in real-world practice.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

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#11809

A Review of Their Safety and Effectiveness in Aesthetic Medicine

44 - Treatment with Injectables (Botulinum toxin & fillers)

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Background/Objectives:

To evaluate the safety, efficacy, and psychosocial benefits of using dermal fillers in patients with a history or active diagnosis of cancer, considering the clinical and oncological implications in aesthetic medicine.

Methods:

A systematic review of the literature was conducted using medical databases (PubMed, Scopus, Embase) including studies published between 2010 and 2024. Articles addressing the use of dermal fillers in cancer patients were selected, focusing on safety, aesthetic outcomes, quality of life, and adverse events. Clinical trials, observational studies, and clinical reviews were included, with a total of 27 publications analyzed.

Results:

The studies reviewed indicate that the use of dermal fillers in cancer patients can be safe if performed with appropriate patient selection, preferably during periods of remission or with oncologic consent. The most commonly used materials were hyaluronic acid and calcium hydroxyapatite, with a low risk of serious side effects. Significant improvements in self-esteem, quality of life, and body image perception were observed. No direct relationship was found between the use of fillers and tumor recurrence, although caution is recommended in immunocompromised patients or those undergoing active therapies

Conclusions:

Dermal fillers represent an effective and safe tool in the complementary aesthetic approach to cancer patients, provided treatment is individualized and approved by the treating medical team. They are a valuable option for facial restoration and emotional well-being, but require clear protocols and multidisciplinary follow-up.

References:

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

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#11810

Optimize mid-face aesthetic enhancement using image-guided AI-assisted technology and bio-stimulators injection

44 - Treatment with Injectables (Botulinum toxin & fillers)

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Background/Objectives:

Beauty and attractiveness of the face can be quantified. Using mathematics and imaging technology, assisted by artificial intelligence (AI), improvement in the aesthetics of the mid-face by volume enhancement in certain strategic locations can be objectively predicted and visually demonstrated virtually for the patients. Such information could guide the injection of bio-stimulators and/or dermal fillers precisely. Bio-stimulator is a more ideal agent to be used, advantageous over solely dermal fillers, in strategic volume enhancement injection treatment since it provides gradual but longer lasting improvement, also facial skin and tissue rejuvenation as well. AI technology, in conjunction with imaging technology, could provide best options for cost-effective aesthetic injection treatments - dermal fillers and/or bio-stimulators - for facial aesthetics. This process has been effectively applied to mid-face aesthetic enhancement treatments in our practice.

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Facial aesthetic injection treatments have been traditionally guided by the subjective judgement and intuition of the practitioner. A patient's expectations for the outcome of the injections are based mostly on her trust in the practitioner, and inference from seeing before/after images of others who had similar procedures done. Dermal filler and bio-stimulator injections could be expansive, especially when multiple units of volume are used. The patient and the practitioner usually take the try-and-see route to decide on adding more units of volume after initial injections. Using the image-guided, AI-assisted technology, the objective predicted outcome of the injection treatment can be visually demonstrated virtually for the patient to see before consenting to the treatment. Using mathematics in defining beauty and attractiveness of the face and AI technology, the outcome of the various options offered for injection treatments – type of dermal filler/bio-stimulator to be used, strategic locations to be treated, units of volume required, and the associated costs estimation – could be objectively predicted and visually demonstrated virtually to the patient for each of the selected configurations prior to making her decision for receiving treatments. This service would help manage patient's expectation and assist her and the practitioner in making informed decision regarding facial aesthetic treatments.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

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#11811

SYNCHRONOUS ULTRASOUND PARALLEL BEAM TECHNOLOGY FOR IMPROVING CELLULITE APPEARANCE

49 - Lasers, EBDs & Light

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Background/Objectives:

Synchronous Ultrasound Parallel Beam Technology is designed to safely coagulate the mid-dermis, promoting the formation of new collagen (neocollagenesis) and elastin (neoeelastogenesis). It delivers energy in a controlled manner while actively cooling the skin for safety and comfort. The system uses multiple high-frequency, low-divergence ultrasound beams to simultaneously deliver a concentrated thermal dose to the mid-dermis at a depth of 1.5 mm. This raises tissue temperatures to between 60–70°C, triggering tissue remodeling.

The aim of two clinical studies was to assess the safety and effectiveness of Synchronous Ultrasound Parallel Beam Technology in improving the appearance of cellulite.

Methods:

Two pivotal multi-center clinical studies were conducted in USA focusing on cellulite treatment. Subjects underwent 2 SofWave treatments on one or two lateral/posterior thighs/buttocks and were followed up 3 months post the final treatment. Blinded reviewers, uninvolved in study activities, assessed post-treatment images randomly alongside pre-treatment images to determine improvement rates and evaluated the condition severity from pre- and post-treatment images. Safety aspects were monitored throughout the studies.

Results:

The studies, conducted across 7 US sites, included 127 subjects who were treated on 167 areas. An improvement rate of 91% was recorded based on correct identification of post-treatment photographs by at least 2 blinded reviewers (majority rule). The mean improvement level of 1.71 ± 1.04 units, based on 6-point cellulite severity scale (CSS), reflected a 64% improvement from baseline. Similarly, the mean skin laxity severity improved by 0.78 ± 0.54 units, reflected a 49% improvement compared to the baseline condition, based on 4-point laxity scale (LS). One device-related adverse event occurred during one study—a mild tingling sensation in the leg lasting two hours post-treatment, which spontaneously resolved and did not recur. Anticipated tissue responses were mostly erythema and edema, which resolved spontaneously after treatment.

Conclusions:

Synchronous ultrasound parallel beams treatment was demonstrated to safely improve cellulite appearance.

References:

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

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#11812

LIFTING THE PHILTRAL AND IMPROVE PERI-ORAL RHYTIDES APPEARANCE USING HIGH INTENSITY ULTRASOUND TECHNOLOGY

49 - Lasers, EBDs & Light

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Background/Objectives:

Synchronous Ultrasound Parallel Beam Technology safely coagulates the mid-dermis to maximize neocollagenesis and neoelastogenesis, while providing feedback-controlled energy deposition and skin cooling. The technology utilizes multiple high frequency, low divergent ultrasound beams that simultaneously deliver a high-density thermal dose to the mid-dermis at 0.5-2.0 mm depth, increasing tissue temperatures to 60-70 degrees Celsius in a fractional manner, and inducing tissue remodeling.

Prospective, self-controlled clinical study intended to assess the efficacy and safety of Synchronous Ultrasound Parallel Beam Technology treatment for lifting the area above the upper lip (philtral), increasing the upper lip height and improving the peri-oral rhytids appearance.

Methods:

Subjects from six US clinics underwent two treatments on the peri-oral area and were followed at 1-month, 3-months and optionally 6-months, post last treatment. Improvement levels were assessed by the investigator using Global Aesthetic Improvement Scale (GAIS), as well subjects reported their satisfaction from the results. Quantitative measurements of the philtral and upper lip heights were done at baseline and follow-up visits using 2D images. Immediate responses and safety aspects were recorded throughout the study course.

Results:

Sixty-six (66) subjects (61 females and 5 males; aged 40-77 years; Fitzpatrick Skin type I-V) with mild to severe Fitzpatrick Elastosis Score (ES 1-8), underwent two treatments. Fifty-nine (59) completed the treatment phase, 51 subjects arrived at 1-month follow-up, 53 arrived at 3-month follow-up visit, while 25 arrived also for the optional long term (6-months) follow-up visit. High improvement rates for peri-oral rhytids appearance and philtral lift were recorded at the follow-up visits (82%, 85% and 71% at 1-, 3- and 6-months follow-up respectively). Similarly, also subjects reported high improvement rates in each of the follow-up visits (73%, 72% and 76%, respectively). The measurements, which were done on the available images (43 images from 1-month follow-up, 44 from 3-months follow-up and 23 from 6-months follow-up), indicated the philtral lifting effect in 81%, 84% and 74% of the subjects at 1-, 3- and 6-months following last treatment, with mean improvement levels of 0.9mm, 1.2mm and 1.1mm, respectively. The upper lip height was increased in 91%, 95% and 87% of the subjects at 1-, 3- and 6-months following last treatment, respectively, with mean increase values of 0.7mm, 0.8mm and 0.6mm, respectively. Anticipated treatment tissue responses were mostly minimal to moderate edema and erythema. In rare events trace ulceration, pigmentation change, tenderness, pain, acne breakout and scar. All were resolved completely during the study course

Conclusions:

The Synchronous Ultrasound Parallel Beam Technology was demonstrated to safely provide long term effect on philtral lift, increase the upper lip height as well as peri-oral rhytids appearance improvement.

References:

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

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#11813

Menopausal Women with Mild Depressive and Anxiety Symptoms: A Reflective Observational Study

62 - Anti-aging & integrative medicine

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Background/Objectives:

Menopause is a significant transition often associated with hormonal fluctuations that can exacerbate psychological distress. Between 40–60% of menopausal women report symptoms of depression or low mood, while anxiety affects up to 50%¹. These challenges, compounded by vasomotor changes and body image concerns, can undermine self-esteem and overall quality of life. Emerging evidence suggests botulinum toxin (BTX) may offer mental-health benefits beyond its standard applications, potentially via neuromuscular “facial feedback” and enhanced self-perception^{2,3}. However, data on BTX in menopausal women with mild depressive or anxiety symptoms remain limited. This pilot study investigated whether BTX injections could influence mood, self-esteem, and daily functioning.

Objective:

Primary-Objective:- Assess the impact of BTX on mild depressive and anxiety symptoms in perimenopausal/postmenopausal women.

Secondary-Objectives:

- Evaluate changes in self-perceived confidence and well-being at 2-week and 3-month intervals.
- Gather qualitative feedback on daily-life improvements post-BTX treatment.
- Examine the feasibility of a Menopause Support Group to promote a more holistic approach to mid-life mental well-being.

Methods:

Methods:

- **Study Design:-** Reflective observational study in a menopause-focused clinical setting.
- **Participants:-** Peri-/postmenopausal women reporting mild depressive or anxiety symptoms, or reduced self-esteem.
- **Assessments:-** Two questionnaires at 2-week (n=205) and 3-month (n=136) follow-up using a 5-point Likert scale (1=No Impact, 5=Very Significant Impact) to gauge mood, confidence, and well-being.
- **Qualitative Analysis:-** Open-ended comments on perceived daily-life changes post-BTX.
- **Clinic Initiative:-** Menopause Support Group was established (facialaesthetics.co.uk/menopause-support-group/) to offer supportive resources tailored to psychological challenges during menopause.

Results:

Results:

- 2-week review:- 98% reported some positive impact; 87% indicated “Moderate” to “Very Significant” improvements.
- 3-month review:- 96% reported some positive impact; 92% indicated “Moderate” to “Very Significant” enhancements.
- **Qualitative Feedback:-** Participants felt “refreshed,” “more confident,” and “like myself,” correlating with better social interactions.
- A Menopause Support Group was established (facialaesthetics.co.uk/menopause-support-group/), highlighting the value of a holistic support framework
- These results suggest BTX’s potential as an adjunctive treatment for mental well-being in menopausal women, promoting both physical and emotional health.

Conclusions:

Conclusions: This observational study suggests that Botulinum Toxin (BTX) can provide psychological benefits for menopausal women with mild depressive symptoms, with improvements sustained at the 3-month follow-up. The results highlight BTX's potential as an adjunctive treatment for mental well-being, offering both emotional and physical benefits. The establishment of a Menopause Support Group underscores the importance of a holistic approach that combines clinical treatments with psychosocial support to enhance overall well-being. These findings suggest that integrating psychological support with treatments like BTX could optimise outcomes for menopausal women. Further controlled studies are needed to confirm these results and refine best practices for integrative care, ultimately improving both the emotional and physical health of menopausal women.

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Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

Impact and Implications on Aesthetic Medicine Practice:

- Expands BTX use: Demonstrates BTX's potential for improving both physical appearance and emotional well-being in menopausal women.
- Holistic approach: Encourages integration of mental health support alongside aesthetic treatments for more comprehensive care.
- Enhances patient outcomes: Shows how BTX can boost self-esteem, confidence, and quality of life, improving overall patient satisfaction.
- Guidelines evolution: Potential to shape future aesthetic treatment protocols, incorporating psychosocial benefits as standard practice.
- Shifts industry focus: Promotes a person-centred model, acknowledging the psychological impact of aesthetic procedures.

A copy of my

E-poster: <https://facialaesthetics.co.uk/wp-content/uploads/2025/06/AMWC-Menopausal-women-with-mild-depressive-and-anxiety-symptoms.pdf>

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#11814

THERAPEUTIC EFFICACY OF ARTEMISIA NAPHTHA IN ALLEVIATING ACNE VULGARIS THROUGH ANTI-INFLAMMATORY AND MICROBIAL MODULATION IN A MURINE MODEL

42 - Scars & acne

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Background/Objectives:

Acne vulgaris, a prevalent inflammatory dermatosis frequently triggered by *Cutibacterium acnes* (*C. acnes*), may benefit from treatment with Artemisia naphtha (AN), a novel oil extract from *A. annua*, due to its potential to modulate inflammation and skin microbial ecology. This study aims to assess the therapeutic efficacy of Artemisia naphtha on acne and elucidate its underlying mechanisms in a murine acne model.

Methods:

Forty-eight mice were allocated into control, model, vehicle-treated, and AN-treated groups (0.5%, 1.0%, 1.5%, 3.0%, 5.0%). Acne vulgaris was induced via intradermal injection of *C. acnes*. Daily treatments with vehicle or AN were administered for 7 days. Evaluations included skin condition, acne area, and histopathological changes. Serum levels of inflammatory cytokines (IL-6, IL-1 β , TNF- α) were quantified using ELISA. Skin microbial ecology was analyzed through 16S rRNA sequencing, and the expressions of TLR2, TLR4, P65, and phosphorylated P65 (p-P65) proteins were determined by Western blotting.

Results:

AN treatment significantly ameliorated skin inflammation and reduced acne lesions, with the 1.5% concentration demonstrating the most pronounced effects. This concentration also significantly decreased serum levels of IL-6, IL-1 β , and TNF- α . Furthermore, AN treatment enhanced microbial diversity of the skin, increasing beneficial bacterial populations while reducing pathogenic ones. Expression levels of TLR2, TLR4, and p-P65/P65 proteins were notably diminished in AN-treated groups.

Conclusions:

Artemisia naphtha effectively mitigates acne by attenuating inflammatory responses and rebalancing skin microbial ecology. The 1.5% AN concentration exhibited optimal therapeutic efficacy, underscoring its potential as a viable treatment for acne vulgaris.

References:

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#11815

Nonablative Fractional 1927-nm Diode Laser for Periorbital Rejuvenation: A Prospective, Double-Arm, Open-Label Trial

49 - Lasers, EBDs & Light

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Background/Objectives:

The 1927-nm nonablative fractional laser is widely used for skin rejuvenation and hyperpigmentation. However, its efficacy and safety for periorbital rejuvenation remain uncertain.

Methods:

Twenty participants were randomized into two groups and received three treatments at 2-week (Group A) or 4-week (Group B) intervals. Clinical efficacy was assessed using ANTERA 3D®, blinded investigator-rated scores, and subject self-assessments.

Results:

Both group A and group B exhibited statistically significant improvements in L* (color measurement which indicates lightness) and pigmentation score at the end-of-study visit compared to baseline, with group B also achieving statistically significant enhancement in the pores' index and wrinkles' score. Group B showed greater improvement in wrinkles' score compared to group A at the end-of-study visit. The median of Global Aesthetic Improvement Scale assessed by both the physicians and subjects showed improvement, ranging from 'improved' to 'much improved' at the end-of-study visit. Transient side effects including tenderness, erythema, swelling, and scaling were observed, with the majority resolving within 7 days.

Conclusions:

The 1927-nm diode laser is an effective and safe option for periorbital rejuvenation. The 4-week interval treatment appears to be the preferable option due to its superior improvement in the wrinkles' score at the end of the study. The positive changes in skin brightness and the reduction of brown spots represented additional benefits, setting it apart as a notable alternative to other ablative and nonablative fractional lasers.

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#11816

Gender Differences in Aesthetic Beautification with Ha Fillers

44 - Treatment with Injectables (Botulinum toxin & fillers)

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Background/Objectives:

In 2025, the popularity of facial fillers has risen exponentially. Culturally, women have undergone the vast majority of cosmetic procedures, but men have steadily shown increasing interest. In the last few years, significant research has been dedicated to understanding the anatomic differences between male and female facial structures and their clinical aesthetic implications, especially for filler placement, using specific codes. In order to compare actual treatment data to evidence these discussions, we randomly selected 50 cases each of men and women, who were matched for age, and documented their filler placement locations and types. Injections for male cheeks were more inferiomedial, while female cheeks were more superolateral. Men had more jawline fillers and lateral zygomatic, while women had more lip and perioral fillers.

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Our study builds upon gender-specific considerations. It is important for physicians to be knowledgeable regarding the unique approaches to fillers in men and women in order to deliver more effective, tailored, and high-quality care. Man and female beautification are totally different.

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#11817

TRANEXAMIC ACID IN ACNE TREATMENT: FROM THEORY TO REALITY

42 - Scars & acne

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Background/Objectives:

Background: Acne vulgaris is a prevalent dermatologic condition with significant psychosocial and pigmentary sequelae, especially post-inflammatory hyperpigmentation (PIH). Tranexamic acid (TXA), historically used for hemostasis, has recently emerged in aesthetic dermatology for its pigment-modulating and anti-inflammatory properties.

Objective: To evaluate the clinical relevance of TXA in acne treatment and PIH management, highlighting its mechanisms, evidence base, and integration into aesthetic dermatologic practice.

Methods:

A narrative synthesis of published literature was conducted, covering studies indexed in PubMed, Wiley and clinical trial registries up to May 2025. Eligible sources included laboratory research, case series, and clinical trials assessing topical and oral TXA in acne and PIH. Mechanistic pathways were reviewed from translational dermatology literature.

Results:

TXA demonstrates several mechanisms relevant to acne care: inhibition of melanogenesis through blockade of plasminogen activation in keratinocytes, reduction of inflammatory cytokine expression, and modulation of vascular proliferation. Topical formulations show consistent benefit in reducing PIH and inflammatory lesions, especially in patients with skin of color. Oral TXA, though less commonly used, may offer systemic modulation but requires caution due to potential thrombotic risks. The reviewed studies, while promising, exhibit heterogeneity in dosage, formulation, and outcome assessment. Adverse effects are rare and generally mild, particularly with topical use.

Conclusions:

TXA offers a novel adjunctive approach in the aesthetic management of acne and its pigmentary complications. Its dual action on inflammation and pigmentation provides a scientific rationale for integration into cosmetic dermatology protocols. However, further randomized controlled trials are needed to establish optimal formulations, dosing, and treatment duration. With appropriate patient selection and monitoring, TXA may help translate pathophysiological insights into effective, personalized acne care.

References:

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

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#11822

Facial Equilibrium: The Evolving Role of OnabotulinumtoxinA From Upper to Lower Face - A Balanced Protocol for Real-World Practice

44 - Treatment with Injectables (Botulinum toxin & fillers)

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Background/Objectives:

This presentation introduces a modern, holistic framework for full-face rejuvenation using onabotulinumtoxinA, extending its traditional upper-face role into lower facial zones. Grounded in muscle mechanics, mechanobiology, and real-world clinical evidence, this approach leverages depressor relaxation to enhance natural elevator dynamics—achieving lift, balance, and individualized aesthetic goals. Based on a retrospective chart review and patient satisfaction data, the “Toxin Lift” protocol demonstrates measurable improvement in jawline contour, infraorbital volume, and patient-reported FACE-Q outcomes. Attendees will gain insight into emerging indications, dosing strategies, and patient selection for safe and effective lower face treatment.

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1. Shift from Site-Based to System-Based Aesthetic Thinking

Historically, neurotoxin treatments (especially onabotulinumtoxinA) focused on isolated areas like the glabella or crow's feet. The *Facial Equilibrium* approach advances a systems-based paradigm, viewing the face as an integrated anatomical and functional unit. This marks a significant clinical evolution, encouraging practitioners to assess the entire facial muscle network—especially the interplay between depressor and elevator groups—to achieve dynamic harmony rather than static correction.

Implication:

Clinicians are increasingly treating patients with full-face toxin protocols, customizing dosages and injection planes to preserve natural movement while correcting imbalance. This redefines treatment goals from “wrinkle removal” to “expressive optimization.”

2. Lower Face & Neck: From Off-Limits to Central Focus

The inclusion of the lower face and neck in routine neuromodulator treatments reflects a dramatic broadening of the aesthetic playing field. Once deemed high-risk or technically difficult, regions such as the DAO, platysma, mentalis, and depressor septi nasi are now treated with increasing confidence due to better anatomical understanding and refined dosing strategies.

Implication:

This enables more non-surgical facial lifting, softening of jowling, and correction of perioral aging—all without surgical intervention. Surgeons and aesthetic physicians now collaborate more fluidly, with toxins being used to delay or complement surgical procedures.

3. Evidence-Based Personalization and Protocol Development

The retrospective study cited in the presentation (Jalali et al., 2025) offers objective data on treatment safety, patient satisfaction (e.g., high FACE-Q scores), and functional improvement in facial dynamics. The concept of personalized toxin plans based on muscle dominance, asymmetry, and aging patterns is now backed by real-world data.

Implication:

Evidence-based customization legitimizes full-face BoNT-A treatments within academic and regulatory frameworks. We may anticipate more official label expansions, insurance coverage considerations, and algorithmic support tools in aesthetic software.

4. Redefining Success and Aesthetic Ideals

Instead of treating to erase signs of aging, the *Facial Equilibrium* model supports natural repositioning, emotional resonance, and identity preservation. This aligns with modern patient desires: looking like themselves, just more rested, symmetric, and confident.

Implication:

Patient expectations are evolving. Clinics must adapt consultation language, photography protocols, and outcome metrics to reflect movement quality, facial tone, and harmony—not just wrinkle severity scores.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

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#11823

Non-Surgical Lip Augmentation: A Personalized Technique for Timeless, Natural Results

44 - Treatment with Injectables (Botulinum toxin & fillers)

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Background/Objectives:

This session redefines non-surgical lip enhancement by moving beyond volume-centric goals to focus on emotional expression, proportional balance, and anatomical precision. Dr. Jalali presents a personalized lip augmentation protocol that integrates lip compartment theory, appropriate product rheology, and perioral context for stable, natural-looking outcomes. Case-based insights illustrate phased treatment strategies and the avoidance of common pitfalls such as overfilling and aesthetic distortion. Emphasizing cultural nuance, vascular safety, and individualized ratios over outdated ideals, this technique offers an elevated standard for natural lip rejuvenation.

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The *Non-Surgical Lip Augmentation* approach reframes lip enhancement as an exercise in proportion, expression, and anatomical precision rather than volume alone. This technique challenges outdated beauty ideals by emphasizing individual harmony over standardized ratios, and integrates an understanding of intralabial compartments, filler rheology, and perioral context to create refined, natural-looking results. By recognizing the lips as emotionally expressive structures, deeply tied to communication, identity, and intimacy, the method prioritizes subtle restoration over augmentation. Clinically, this translates into tailored product selection, compartment-specific injection, and a phased treatment strategy that reduces risks like vascular compromise, overfilling, and filler fatigue. Supported by contemporary anatomical studies and case outcomes, this philosophy is reshaping best practices in consultation, patient selection, and complication avoidance. As filler literacy and patient expectations evolve, this approach is helping practitioners deliver results that feel authentic, allowing patients to recognize themselves, just more balanced and confident.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

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#11824

Liquid PCL: The Ultimate Injectable Collagen Biostimulator for Face & Neck – My Proven Approach & Protocol for Outstanding Results with Zero Downtime!

51 - Regenerative aesthetics

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Background/Objectives:

Background/Objectives: The first and only true liquid PCL biostimulator (No CMC)

*Understanding the Function & Mechanism of Action

*The Latest & Simplest Steroid-Free Protocol to Minimize Swelling

*Precision Techniques for the Face & Neck – Maximum Results, Minimal Risk

*A Quick, No-Fuss 5-Minute Treatment with Outstanding Outcomes

Gone are the days of prolonged downtime—achieve remarkable skin rejuvenation effortlessly!

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

Liquid PCL treatment is a breakthrough in non-surgical skin rejuvenation, offering long-lasting collagen stimulation, improved skin texture, and enhanced firmness. With zero downtime and maximum efficacy, it provides a natural, gradual lift while reducing fine lines, wrinkles, and skin laxity. Its biodegradable and biocompatible nature makes it a safe and effective choice for face, neck, delivering results that continue to improve over 12–24 months. By combining precision injection techniques with advanced skin science, PCL biostimulators set a new gold standard in aesthetic medicine.

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#11825

Cracking the Code: Transforming the Most Aged & Challenging Facial Zone with Precision Threads and Fillers for Timeless Transformation

45 - Combination treatments

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Background/Objectives:

Background/Objectives:

The perioral region remains one of the most technically demanding areas in facial rejuvenation due to its complex anatomical structure, high mobility, and intrinsic volume loss associated with aging. Despite undergoing surgical facial and neck lifting, many patients continue to exhibit prominent signs of perioral aging, such as perioral rhytides ("barcode lines"), marionette lines, and loss of vermilion border definition. This is because surgical lifting techniques primarily address skin laxity and deeper structural descent, but do not adequately correct fine dynamic wrinkles and dermal atrophy in the perioral zone.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

Treatment with hyaluronic acid (HA) fillers can yield excellent aesthetic results when applied judiciously; however, it carries a significant risk of overcorrection. A common pitfall in addressing vertical perioral rhytides is the tendency to "chase" each line individually, which may lead to unnatural outcomes, including stiffness, exaggerated volume, and distortion of the natural oral commissure curvature—commonly referred to as a "doggy mouth" appearance. Therefore, a conservative, anatomically mindful approach that incorporates both dynamic assessment and tissue quality evaluation is essential. Layered treatment strategies that combine microcannula HA filler placement with complementary modalities—such as biostimulatory threads—may offer superior outcomes in restoring perioral harmony while preserving natural expression and function.

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#11826

Innovative Reverse-Oriented Cog Thread System for Minimally Invasive Facial Lifting

46 - Threads

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Background/Objectives:

Thread lifting is an established technique in non-surgical facial rejuvenation, traditionally relying on cog threads that function through tissue contraction and retraction. However, such contraction-based approaches may be suboptimal in facial zones that require volumetric elevation and directional support, such as the midface and lower third. To overcome these limitations, we introduce a newly developed extension-type cog thread, designed with reverse-oriented barbs to facilitate structural expansion rather than contraction, delivering biomechanically adaptive lifting.

Methods:

From February 2024 to February 2025, a total of 38 patients received thread lifting using reverse-bidirectional, sculpted PLACL threads targeting one or more areas: tear troughs, nasolabial folds, and marionette lines. Standardized clinical photographs were taken before treatment and at a two-week follow-up. Clinical outcomes were rated as Significant, Moderate, or No Observable Change. High-frequency ultrasound imaging confirmed thread positioning extending from the subcutaneous fat to the SMAS plane, supporting the mechanical expansion effect.

Results:

In the tear trough region, 20 patients showed significant improvement, 14 moderate, and 4 no change. For nasolabial folds, 30 exhibited significant enhancement, 4 moderate, and 4 unchanged. Regarding marionette lines, 28 patients achieved significant correction, while 10 were rated as moderate. Since several patients underwent multi-zone treatment, results are reported per region.

Conclusions:

This extension-type, reverse-oriented cog thread offers a distinct departure from traditional contraction-based designs. By promoting outward tissue expansion and structural reinforcement with minimal invasiveness, it demonstrates superior adaptability in regions requiring vertical support and soft tissue redirection. These findings suggest that extension-type threads may redefine the approach to thread-based facial lifting in modern aesthetic practice.--

Extension-type threads offer an innovative alternative to traditional contraction-based lifting methods by providing structural support through tissue expansion. This extension mechanism enables a more anatomically natural and intuitive lifting effect, while simplifying vector control and reducing dependence on practitioner skill. With minimal tissue trauma and strong anchoring stability, the technique enhances both safety and patient satisfaction. These advantages position extension-type threads as a highly effective and predictable next-generation option for non-surgical facial rejuvenation.

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Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

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#11827

Beyond Beauty: A Business-Centric Approach to Patient Conversion and Retention in Medical Aesthetics

73 - Marketing & Practice management

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Background/Objectives:

To present a results-driven framework for improving patient conversion, retention, and overall satisfaction in medical aesthetics practices by shifting the clinical focus from transactional treatments to transformational journeys. This abstract aims to empower aesthetic practitioners with tools to guide patients into long-term plans, overcome common drop-off points, and redefine consultations as strategic business opportunities.

Methods:

A retrospective analysis of patient flow and retention strategies was conducted across two locations of a high-volume, multi-provider medical aesthetics clinic in the United States. A strategic consultation model was implemented, focusing on:

- Emphasizing value over price during consultations
- Role-playing and staff scripting to align communication
- Incorporating bundle pricing and plan-based treatment paths
- Training staff in emotional intelligence and patient psychology
- Weekly KPI reviews tied to individualized growth goals

Team members were trained to shift from reactive scheduling to proactive treatment planning, embedding a philosophy of “plan-first, treat-second” across all touchpoints.

Results:

After implementing the business-centric consultation model over 6 months:

- Patient commitment to multi-treatment plans increased by 47%
- Monthly revenue per provider increased by 32%
- Cancellation rates dropped by 21%
- New patient retention at 90 days rose from 54% to 78%
- Team confidence and close rates measurably improved through ongoing coaching and mindset shifts

Conclusions:

Clinical outcomes are no longer enough. In today’s competitive aesthetics landscape, clinics must lead with strategy, not just service. This abstract reveals how integrating a business-minded approach at every step of the patient journey-without compromising care-creates transformation for the patient and sustainability for the provider. When purpose, clarity, and team alignment meet, the aesthetics business becomes not only profitable but powerful.

References:

Internal case study and business metrics from Ego Medical Aesthetics Clinics, USA (2024–2025).

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

This model addresses one of the most urgent but overlooked needs in aesthetic practices: patient commitment and revenue sustainability. As aesthetic medicine continues to evolve beyond single-session treatments, providers must adopt business systems that align clinical excellence with patient experience and financial outcomes. The proposed framework transforms the consultation into a strategic gateway-one that influences treatment adherence, repeat visits, and trust-based decisions. Clinics that implement this approach will not only see higher revenue and better patient outcomes but will also create emotionally intelligent teams who can adapt to market fluctuations, manage patient expectations, and protect their mental resilience in high-demand environments. For surgical practices, the same model helps ensure pre-surgical preparation and post-surgical loyalty by treating every interaction as part of a larger journey. The implications are broad: reduced burnout, better margins, elevated standards of care, and a new generation of aesthetic professionals who can lead with both heart and strategy.

Oral Presentation

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#11828

The Burnout Cure: Building a Resilient Team in a High-Demand Aesthetics Practice

73 - Marketing & Practice management

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Background/Objectives:

To present a leadership-based framework for preventing burnout and improving team retention in fast-paced aesthetic medicine clinics. The goal is to equip practice owners and managers with strategies that support mental wellness, team unity, and consistent high performance across roles in the Medical Aesthetics Practices.

Methods:

Over a 12-month period, two multi-location aesthetic clinics in the United States implemented an internal culture shift focused on:

- Weekly mindset meetings
- Transparent performance reviews with coaching over criticism
- Assigning roles based on strengths, not titles
- Cross-training team members to improve confidence and reduce overwhelm
- Celebrating non-revenue wins (i.e., patient compliments, teamwork moments, systems built)

Additional methods included daily communication rituals between locations and integration of mentorship pathways for injectors and front-office leads.

Results:

Following this internal transformation:

- Team turnover dropped to 0% across all locations over the 12 months
- Employee-reported satisfaction increased by 62%
- Productivity and sales goals were exceeded in 10 out of 12 months
- Internal conflicts decreased, and collaboration increased—especially between departments

More importantly, team members reported a renewed sense of purpose and energy, directly impacting patient experience and clinic morale.

Conclusions:

In the aesthetics industry, team burnout is often misdiagnosed as lack of talent or ambition. In truth, the root cause is often lack of vision, poor communication, and unclear roles. This presentation provides a blueprint for building emotionally healthy teams who are motivated, loyal, and aligned with the practice's mission—ultimately creating a clinic culture where excellence and joy coexist.

References:

- Maslach, C., & Leiter, M. P. (2016). "Understanding the burnout experience." *World Psychiatry*, 15(2), 103–111.
- American Med Spa Association Reports (2023).
- Capote, M. (2024). Internal data and team performance analysis at Ego Medical Aesthetics Clinics, AZ, USA.
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Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

As the aesthetics market expands across Asia, practices are scaling fast—but often without the cultural infrastructure to support sustainable team performance. The model presented here equips leaders with tools to proactively prevent burnout, reduce costly turnover, and maintain quality care. This is especially critical in markets where training takes time and cultural sensitivity in communication is key. A resilient team is not a luxury; it is the foundation of every successful aesthetics business.

Oral Presentation

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#11829

Selling Without Selling: The Art of Consultations That Convert Without Pressure

73 - Marketing & Practice management

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Background/Objectives:

To introduce a patient-centered consultation model that increases treatment conversions without using aggressive sales tactics. This framework empowers medical aesthetics professionals to guide patients with clarity and confidence while honoring emotional intelligence and individual treatment goals.

Methods:

A strategic communication approach was implemented across two U.S.-based medical aesthetic clinics over a 6-month period. Key components included:

- Training staff on emotional cues and language patterns that signal patient hesitation or readiness
- Eliminating jargon and focusing on simplified, benefit-driven explanations
- Establishing consultation protocols that begin with outcome visioning, not pricing
- Empowering providers to co-create treatment plans with patients, not for them
- Building trust with consistent follow-up systems

Consultations were no longer treated as informal chats, but structured, value-rich experiences with documented goals and next steps.

Results:

Following the rollout of this consultation model:

- Conversion rates from consult to treatment improved by 41%
- Average ticket size increased by 47% due to upgraded plans and bundled recommendations
- Patients reported feeling more informed and respected in post-visit surveys
- Providers expressed greater confidence in guiding patients toward long-term plans without pressure

The strategy resulted in higher satisfaction for both patients and providers, with a notable drop in ghosting and indecision.

Conclusions:

The success of any medical aesthetics practice hinges not just on what is offered, but how it is presented. This model shifts the narrative from “selling” to “guiding,” positioning consultations as relational opportunities rather than transactional encounters. The method removes pressure while building trust, clarity, and alignment—making it one of the most sustainable ways to scale impact and revenue.

References:

Delaney, R. et al. (2020). “Trust in the Aesthetic Consultation: Psychological Drivers Behind Patient Decision-Making.” *Journal of Cosmetic Dermatology*. Goleman, D. (2006). *Social Intelligence: The New Science of Human Relationships*. Capote, M. (2025). Internal consultation protocol study, Ego Medical Aesthetics Clinics, AZ, USA. Hirsch, R. J., & Narurkar, V. A. (2023). “Patient Engagement and Treatment Compliance in Aesthetic Medicine.” *Dermatologic Clinics*.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

In aesthetics, clinical skill is only one part of the equation. If patients don’t commit to care, excellence remains unused. This framework equips providers with the language, presence, and structure to convert without sounding scripted or salesy. Especially in Asian cultures where trust and respect are paramount, this method allows practices to grow authentically while maintaining the dignity of both patient and provider. It’s a scalable, culture-sensitive solution to an industry-wide problem.

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#11830

Navigating the Aftermath: Clinical Insights from Filler Complication Referrals

48 - Complications - avoidance and management

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Background/Objectives:

This lecture presents a data-driven analysis of real-life dermal filler complications encountered at a dedicated referral center. We will explore common etiologies, clinical presentations, and management strategies derived directly from high-volume patient data, offering invaluable lessons for practitioners seeking to enhance patient safety and optimize outcomes.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

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#11831

Precision Targeting for Superior Results: An Ultrasound-Guided Approach to Botulinum Toxin

44 - Treatment with Injectables (Botulinum toxin & fillers)

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Background/Objectives:

This lecture will provide a comprehensive overview of the expanding role of high-frequency ultrasound in optimizing botulinum toxin (BoNT) injections for both therapeutic and aesthetic applications. The discussion will focus on three key areas of innovation. First, the use of ultrasound for pre-procedural anatomical evaluation to precisely map target musculature and adjacent neurovascular structures, allowing for tailored treatment planning. Second, its function as a tool for real-time injection guidance to ensure accurate needle placement and targeted toxin delivery, thereby maximizing efficacy. Finally, its utility in the diagnosis and management of post-injection complications will be explored. Attendees will gain insight into how integrating ultrasound can significantly enhance precision, improve patient safety, and establish a new standard of care in the practice of botulinum toxin administration.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

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#11832

Regenerative Strategies in Revision Rhinoplasty: PEGylated Hyaluronic Acid as a Tissue Expander in Complex Cases

51 - Regenerative aesthetics

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Background/Objectives:

The nose is a central and often essential feature in facial aesthetics, playing a key role in overall facial harmony. While rhinoplasty is among the most frequently performed aesthetic surgeries, it is not always accessible to all patients and does not consistently yield satisfactory results. We present the case of a 29-year-old woman with significant complications following two previous surgical rhinoplasties. The first surgery in 2011 resulted in a poor outcome, and the second, in 2017, achieved only minimal improvement. Twelve years after the initial procedure, the patient continued to seek aesthetic and functional improvement.

Clinical evaluation revealed severe nasal asymmetry, fibrosis, ischemia, and strong adhesions between the skin and underlying cartilage and bone—conditions that rendered her ineligible for revision surgery due to insufficient skin and structural compromise. In response, we proposed a novel, non-surgical protocol using PEG-crosslinked hyaluronic acid (HA) as a tissue expander. The primary aim was to increase skin elasticity and separation from the underlying structures to potentially allow future surgery. However, during treatment, notable improvements were observed not only in skin quality and subcutaneous space but also in overall nasal contour and vascular perfusion, without adverse effects.

The treatment protocol included three monthly sessions, followed by a two-month pause, and three additional sessions. Injections were administered using a 30G 4 mm needle, bevel up, in a fan technique to deposit small boluses between the skin and cartilage. Dosages per session were: 0.06 ml, 0.08 ml, and 0.08 ml in the first phase, and 0.1 ml, 0.12 ml, and 0.14 ml in the second phase. The filler used, Neauvia Intense®, is a PEG-crosslinked HA with high viscosity, high cohesivity, and strong biointegration properties. These rheological characteristics make it suitable for tissue expansion, offering enhanced stability and minimal migration compared to traditional fillers.

To our knowledge, this is the first reported case of PEG-HA being used as a soft tissue expander in the context of revision rhinoplasty. While further studies are needed, this case introduces a promising minimally invasive strategy within regenerative aesthetic medicine for managing complex post-surgical nasal deformities.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

This case introduces a paradigm shift in the management of complex post-rhinoplasty deformities by offering a regenerative, non-surgical alternative where conventional revision surgery is contraindicated or carries high risk. The use of PEG-crosslinked hyaluronic acid as a soft tissue expander not only enhances dermal flexibility and vascular perfusion but also creates a favorable anatomical foundation for potential future surgical intervention. Its implications are twofold: firstly, it expands the therapeutic arsenal available to aesthetic practitioners managing challenging nasal cases; and secondly, it reflects a broader transition within aesthetic medicine toward minimally invasive, regenerative protocols that prioritize tissue quality, patient safety, and long-term outcomes. As the field advances, such approaches may redefine preparatory standards for secondary surgeries and become integral in complex facial rehabilitation strategies.

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#11833

Novel Combined Biocellular Therapy for Erectile Dysfunction

45 - Combination treatments

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Background/Objectives:

Erectile dysfunction (ED) a/c importance is a common condition affecting the young and old, reduces quality of life of patients and their partners, and is a significant global health care expense every year. ED is a prevalent condition affecting men worldwide, with a projected increase to 322 million cases by 2025. Although phosphodiesterase type-5 inhibitors (PDE5i) are the current first-line treatment for men with ED, they are limited by their on-demand dosing, intolerance, and variable efficacy in complex patient populations such as men with multiple medical comorbidities or ED after pelvic surgery. Regenerative medicine has been introduced and investigated in andrology as an encouraging strategy to restore diseased erectile tissue structure and function.

Regenerative therapies like platelet-rich plasma (PRP), amniotic fluid matrices, low-intensity extracorporeal shockwave therapy (LiESWT), Exosomes, and stem cell therapy (SCT) are being explored. Despite promising preliminary research, more high-quality human data is needed to establish their efficacy and safety as standard therapies. Current regenerative therapies for ED are controversial but are perceived to offer a durable and safe tissue restorative approach to act as a long-term solution to this cumbersome disease process.. Most of these approaches have preclinical and occasionally clinical data to support their ongoing investigation; however, none of these treatments are currently supported for use in ED patients outside of clinical trials. All the current regenerative therapies act locally by topical application to the penile tissue or Intra Corpora Cavernosa (CC) injection. This is good to repair the vascular damages. This method here is in addition to the local effect, it is also targeting the spinal cord at the level of S 3 to repair the neurological damage.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

Biocellular therapy of Adipose-Derived Stromal Vascular Fraction (AD-SVF) mixed with High-density Platelet Rich Plasma (HD-PRP) has shown promising results in a variety of applications with minimal complications and significant patient satisfaction. Nanofat, an injectable byproduct of adipose tissue, is a liquefied, autologous product containing CD34+ rich ASCs, microvascular fragments, adipose progenitor cells, pericytes, growth factors, biological peptides, Extracellular matrix (ECM) and cytokines. Nanofat has the same biological effect of SCT of mesenchymal origin and it can be injected using small gauge needles that are less painful for the sensitive areas of the patients. It promotes tissue repair through ECM remodeling, pericytes angiogenesis, immune system modulation, and cellular turnover, making it a promising candidate for cellular therapy in various diseases. Using Tonnard or Alexander protocol for harvesting nanofat after the infiltration of modified Klein solution (lidocaine 800 mg/L and adrenaline 1:1000000) in the lower abdomen, adipose tissue harvesting was performed. To obtain "nanofat", the adipose tissue should be harvested with a multiport 3 mm cannula with sharp side holes of 1 mm in diameter. Then the harvested adipose tissue is rinsed with normal saline, followed by filtration through a sterile nylon cloth (0.5- mm pore size) mounted over a sterile canister. It turns out that the Nanofat starts and supports the body's own repair process. The cells in the Nanofat harvest bind to the injury site and release hundreds of chemical messengers which repair the damaged tissue. By precisely placing Nanofat into the site of injury (CC), and the S3 foramina, it starts the healing process of both vascular and neurological damaged tissues.

Oral Presentation

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#11834

Redefining Male Aesthetics with Apollo Technique: Strategic Harmonization Using Minimal Filler Volumes

44 - Treatment with Injectables (Botulinum toxin & fillers)

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Background/Objectives:

In recent years, there has been a significant increase in male patients seeking aesthetic treatments, particularly with hyaluronic acid (HA) fillers. As with all individuals, men experience insecurities and low self-esteem, often related to facial asymmetries, insufficient bone projection, or true bone hypoplasia—factors that contribute to disproportion and disharmony, especially in the lower third of the face. This region comprising the chin and jawline holds the most defining features of male facial structure and has become the most requested area for non-surgical aesthetic enhancement. Non-surgical facial masculinization with HA fillers has proven effective in achieving masculine definition through projection of the jawline, chin, and occasionally the midface. However, conventional techniques frequently require excessive volumes ranging from 10 to 20 mL or more leading to overfilling, unnatural contours, and long-term complications such as tissue distortion or filler migration. These high-volume approaches are often unsustainable and biologically questionable over time.

To address this concern, the Apolo Technique Protocol was developed as a strategic, volume-efficient method that achieves high-definition masculinization using significantly reduced filler quantities (average 4–5 mL). This protocol enables safer, more natural, and economically accessible treatments, while minimizing the risk of overcorrection or long-term aesthetic complications.

The Apolo Technique is grounded in three key pillars:

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

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#11835

Long-Term Outcomes of Mandibular Contouring with PEG-Crosslinked Hyaluronic Acid in Male Patients: A Retrospective Ultrasound-Based Study (Partial Results)

44 - Treatment with Injectables (Botulinum toxin & fillers)

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Background/Objectives:

Facial masculinization has become an increasingly relevant goal in aesthetic medicine, particularly among male patients seeking enhancement of structural lower face features such as the mandibular angle, ramus, and chin. These regions are key anatomical markers of a traditionally masculine profile and are increasingly targeted in both gender-affirming and aesthetic procedures. Conventional filler techniques for male patients often rely on high-volume hyaluronic acid (HA) injections, aiming to compensate for skeletal hypoplasia or soft tissue deficiencies. However, the use of large volumes poses challenges in terms of cost, naturalness, long-term integration, and the risk of overcorrection or filler migration.

Recent advances in filler rheology and regenerative approaches have led to the adoption of PEG-crosslinked HA formulations, which offer high G', strong cohesivity, and sustained volumization with improved biointegration and reduced inflammatory potential. These characteristics suggest that lower volumes of PEGylated HA may be sufficient to achieve durable and natural masculinization outcomes.

This study aims to evaluate the long-term outcomes of mandibular contouring using PEG-crosslinked hyaluronic acid in a cohort of male patients. The primary objectives are to assess the safety and anatomical integration of the product through ultrasound imaging, and to measure patient satisfaction and aesthetic improvement using validated scales (FACE-Q and GAIS). Secondary objectives include evaluating the efficiency of volume use and the maintenance of clinical outcomes over 3 to 5 years.

Methods:

This retrospective study analyzed 50 male patients (aged 26–39) treated with PEG-crosslinked HA (Neauvia Stimulate and Intense) in the mandibular angle, ramus, and chin. The injection technique was guided by a high-precision protocol using minimal effective volumes (4–6 mL per patient), administered in suprapariosteal and subcutaneous planes. Follow-up evaluations included ultrasound imaging and standardized aesthetic outcome tools at 3 and 5 years.

Evaluation Tools:

- Ultrasound imaging to assess filler biointegration, localization, and degradation
- FACE-Q questionnaires to measure patient-reported satisfaction
- GAIS (Global Aesthetic Improvement Scale), rated by both physicians and patients

Results:

Partial results with 28 / 50 patients:

- Ultrasound findings confirmed stable filler positioning, homogeneous integration, and ongoing degradation without signs of fibrosis, granulomas, inflammation, increased vascularity or cortical bone alteration.
- Volume usage: An average of 4.5 mL was used during the initial treatment. Maintenance sessions were performed at 14 and 19 months post-treatment, with additional volumes ranging from 1 to 2 mL per session.
- FACE-Q scores averaged 4.2/5 across the cohort, reflecting sustained satisfaction.
- GAIS ratings at 3–5 years post-treatment were 88% (physician-rated) and 84% (patient-rated), indicating high aesthetic acceptance and consistency.
- Follow up: Mean 4.1 years.
- Safety: No adverse events reported.

Conclusions:

PEG-crosslinked HA demonstrates reliable long-term behavior in mandibular contouring, with strong clinical and sonographic evidence of stability and safety. The technique achieves lasting masculinization effects using reduced product volumes, avoiding the complications of overfilling while maintaining high patient satisfaction. These interim findings support the continued use of PEGylated fillers in male lower face harmonization protocols.

References:

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Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

This study introduces a structured, ultrasound-monitored approach to male lower face contouring that prioritizes anatomical precision, product efficiency, and long-term safety. By demonstrating that masculinization can be achieved with reduced volumes of PEG-crosslinked hyaluronic acid while maintaining high patient satisfaction and biointegration, it challenges the conventional paradigm of high-volume filler use. The technique offers practical benefits for aesthetic practitioners: fewer complications, greater predictability, and improved cost-efficiency making it accessible and sustainable for both patients and clinics. Furthermore, the inclusion of ultrasound as an evaluation tool sets a new standard for objective follow-up and treatment planning in aesthetic procedures. As male aesthetic demand grows globally, this protocol represents a significant advancement in evidence-based, minimally invasive masculinization, aligning with the broader shift toward regenerative and personalized aesthetic medicine.

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#11836

The Efficacy and Safety of the 675-nm Red Laser in Treating Melasma in Asians

41 - Pigmentation

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Background/Objectives:

Background: Melasma is a common hyperpigmentary disorder in Asian populations, particularly among those with Fitzpatrick skin types III–V. Traditional treatments often yield inconsistent results and carry a risk of recurrence. Energy-based devices have emerged as adjunctive options, but their use in darker skin phototypes requires caution due to the risk of post-inflammatory hyperpigmentation.

Objective: To evaluate the efficacy and safety of a novel 675-nm red laser in treating facial melasma in Thai patients, with additional observation of its potential effects on skin firmness.

Methods:

Methods: This prospective, randomized controlled trial enrolled 28 Thai women with Fitzpatrick skin types III–V and bilateral facial melasma. Participants received three monthly sessions of 675-nm laser therapy using a dual-mode protocol (Moveo and static). Primary outcomes included changes in modified Melasma Area and Severity Index (mMASI) scores. Secondary outcomes comprised objective measurements of pigmentation and erythema, patient-reported improvement, and adverse events.

Results:

Results: All participants demonstrated statistically significant and clinically meaningful reductions in mMASI scores across all time points. The mean mMASI score decreased from 25.56 ± 7.63 at baseline to 20.56 ± 7.49 after the first treatment, 16.28 ± 6.42 after the second, and 15.05 ± 7.12 after the third session ($p < 0.0001$ for all). Sustained improvement was observed at 3 months (15.09 ± 7.56 , $p < 0.0001$) and 6 months (16.94 ± 8.76 , $p < 0.0001$), with only minor rebound. Antera 3D imaging confirmed progressive reduction in pigmentation, while Mexameter readings showed a transient increase in melanin and erythema, likely reflecting physiological responses to laser stimulation rather than true worsening. Subjective improvement was observed early and increased over time, with 57.7% of participants reporting $\geq 51\%$ improvement at 3 months and 42.9% maintaining this response at 6 months. Pain scores were consistently low. No serious adverse events were reported.

Conclusions:

Conclusion: The 675-nm red laser is a safe and effective treatment for melasma in darker skin types, offering sustained clinical improvement with excellent tolerability.

References:

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

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#11837

Neuromodulators: Therapeutic Potential Beyond Aesthetic Treatments

44 - Treatment with Injectables (Botulinum toxin & fillers)

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Background/Objectives:

Neurotoxins, especially botulinum toxin, have become well-known for their aesthetic applications, particularly in facial rejuvenation. However, their uses extend far beyond cosmetic enhancements and have significant implications in various medical fields. This lecture will explore the diverse therapeutic applications of neurotoxins in treating a wide range of medical conditions, including chronic pain, movement disorders, spasticity, and migraines.

Body rejuvenation refers to the restoration of a youthful appearance by repairing damage associated with aging. Common symptoms such as muscle tension and pain, which often result from wear and tear on the body, can be effectively addressed using neurotoxins. Trigger point injections serve as a treatment option for alleviating pain caused by muscle spasms and other painful muscle disorders.

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Clinical outcomes will be presented to demonstrate the effectiveness and safety of these applications, along with considerations regarding dosage and administration. By broadening the discussion surrounding neurotoxins, this lecture aims to enhance healthcare professionals' understanding of the full potential of these remarkable agents in improving patient quality of life beyond their aesthetic uses.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

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#11838

Multimodal Techniques for Keloid Scars

42 - Scars & acne

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Background/Objectives:

Keloid scars, characterized by an overproduction of collagen at the site of skin injuries, pose significant challenges for affected individuals, often leading to physical discomfort and psychological distress. This lecture, titled "Multimodal Techniques for Keloid Scars," will explore the latest innovations in the management and treatment of keloids, emphasizing a multifaceted approach. We will discuss various treatment modalities. Each method will be discussed for its efficacy and potential role within a tailored treatment plan. Furthermore, the importance of patient-centered care and the integration of psychological support will be highlighted, recognizing the profound impact keloids can have on individuals' quality of life. Attendees will gain insights into evidence-based strategies and collaborative approaches that can optimize outcomes for patients suffering from keloid scars, enhancing both physical appearance and emotional well-being.

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There are no standard form of treatment for keloids. By understanding the complexities of keloid formation and the physiological mechanisms involved in their treatment, clinician can foster a more effective collaboration to effect comprehensive care that goes beyond superficial interventions. The adoption of these multimodal techniques with patients can contribute to advancing the field of aesthetic medicine. This lecture aims to equip practitioners with the knowledge necessary to implement these innovative techniques, ultimately improving the quality of life for individuals affected by keloid scars.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

Oral Presentation

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#11840

Treating Neck Wrinkles With Microneedle Bipolar Fractional Radiofrequency

49 - Lasers, EBDs & Light

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Background/Objectives:

Wrinkles, particularly in the neck area, are a prominent sign of aging. In recent years, there has been an increasing demand for neck wrinkle treatment. Previous studies have demonstrated that microneedle bipolar fractional radiofrequency is effective for facial wrinkles, with minimal side effects. This has led to interest in utilizing microneedle bipolar fractional radiofrequency for treating neck wrinkles as a potentially effective and safer option.

This pilot study objective is to evaluate the effectiveness and safety of microneedle bipolar fractional radiofrequency in the treatment of neck wrinkles

In conclusion we found that microneedle bipolar fractional radiofrequency is a highly effective and safe treatment for neck wrinkles.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

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#11841

Redefining Non Surgical Rhinoplasty - The art of saying No

44 - Treatment with Injectables (Botulinum toxin & fillers)

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Background/Objectives:

Non-surgical rhinoplasty (NSR) has become one of the most sought-after procedures in aesthetic medicine, offering patients the ability to enhance nasal contour without the invasiveness of surgery. While its global popularity and high reported satisfaction rates underscore its appeal, NSR presents a complex array of anatomical, psychological, and ethical challenges. As the demand for this procedure increases, so too does the responsibility of the aesthetic physician to understand when to proceed—and when to decline.

This presentation, “Redefining Non-Surgical Rhinoplasty: The Art of Saying No,” provides a comprehensive and practical framework for safe, ethical, and anatomically grounded patient care. Drawing from the latest literature as well as the author's own peer-reviewed research on patient satisfaction and full-face treatment outcomes, the session introduces a systematic approach to nasal analysis, patient selection, and complication avoidance.

A Systematic Framework for SafetyAt the heart of this presentation is a systematic and reproducible approach to NSR that places patient safety above aesthetic ambition. Detailed anatomical review is presented, emphasizing the complexity of nasal vasculature—especially the polygonal arterial anastomosis and depth variations in critical zones such as the radix and nasal tip. Cadaveric data, case examples, and technique-specific insights are shared to illuminate the risks of intravascular injection, tissue ischemia, necrosis, and, in rare but devastating cases, blindness.

The presentation highlights the importance of understanding anatomical danger zones, injection plane selection, and the use of appropriate instrumentation (e.g., 30G needles and 25G cannulas), especially when working within high-risk regions. By centering safety as the foundation of technique, not a limitation, the presentation reframes safety as an enabler of optimal outcomes—not a trade-off.

Patient Selection, Contraindications & Psychological ScreeningNSR is not a suitable procedure for every patient. Using both clinical criteria and psychosocial evaluation, the talk presents a refined approach to identifying ideal candidates. Indications such as mild dorsal convexity, low radix, and tip underprojection are contrasted with contraindications, including overprojected dorsum, prior unknown filler materials, and unrealistic expectations.

Particular attention is given to the role of psychological screening, with a focus on the high prevalence of body dysmorphic disorder (BDD) in patients seeking rhinoplasty. Research shows that up to 43% of rhinoplasty-seeking patients present with symptoms consistent with BDD—a condition associated with poor satisfaction, high procedural demand, and increased litigation risk. The presentation outlines a pragmatic screening process and discusses the ethical obligation to refer patients for psychiatric evaluation when necessary.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

To review anatomical landmarks, vascular danger zones, and techniques essential for safe NSR. To establish clear criteria for patient selection and contraindication screening. To understand the ethical considerations in declining procedures, particularly in cases of psychological vulnerability. To integrate a literature-supported, systematic approach for NSR rooted in safety and predictability. To anticipate how AI may influence patient care and outcomes in the field of aesthetic medicine

Oral Presentation

Submitter

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Presenter

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#11842

Systemic Approach to Aging skin

51 - Regenerative aesthetics

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Background/Objectives:

As the intersection of longevity science and aesthetic medicine deepens, a systemic understanding of aging skin has become essential. This presentation explores the biological foundations of skin aging—from immunosenescence and mitochondrial dysfunction to chronic low-grade inflammation ("inflammaging")—and links these cellular hallmarks to clinical skin outcomes. Drawing on current literature and translational aging research, the talk outlines how systemic interventions such as metformin, NAD⁺ precursors (like NMN), mTOR inhibitors (rapalogs), and vitamin D may influence skin health and longevity. Clinical trials in both dermatology and geroscience are reviewed to highlight the evolving evidence base. Additional focus is given to lifestyle-linked compounds such as caffeine and resveratrol, with data supporting their roles in autophagy, oxidative stress reduction, and metabolic resilience. The implications for aesthetic practice are significant: by integrating systemic therapies and personalized anti-aging strategies, clinicians can go beyond topical and localized treatments to address the root mechanisms driving visible aging. This approach repositions the aesthetic provider not only as a cosmetic expert but also as a proactive partner in patients' long-term health and vitality. Attendees will leave with a framework for applying longevity-based concepts in a practical, patient-centered way—enhancing skin outcomes while promoting systemic well-being.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

This abstract signals a shift in aesthetic medicine toward a more integrative, longevity-focused approach, where aging skin is understood as a systemic reflection of cellular decline rather than a purely surface concern. By highlighting evidence-based interventions like metformin, NMN, rapalogs, and vitamin D, it expands the practitioner's toolkit beyond injectables and topicals to include internal strategies that support healthier aging. The implications are twofold: first, it enables aesthetic providers to intervene earlier and more effectively by targeting root biological processes; second, it positions the aesthetic field as a proactive contributor to long-term patient health, bridging the gap between beauty, wellness, and preventive medicine.

Oral Presentation

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#11843

A Case Report: Successful Treatment of Diffuse Sebaceous Hyperplasia in 42-years-old with Micro-Botulinum Toxin A

44 - Treatment with Injectables (Botulinum toxin & fillers)

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Background/Objectives:

Introduction: Diffuse Sebaceous hyperplasia (SH) is challenging to treat conventionally due to lesion multiplicity and scarring risks. Micro-botulinum toxin A (micro-BoNT-A) offers a novel approach by targeting sebum production.

Methods:

Methods: A 41-years-old female with diffuse and multiple SH lesions on the full face underwent micro-BoNT-A injections (onabotulinumtoxinA, 24 U total).

Results:

Results: Lesions regressed by 90% at 4 weeks, with reduced sebum secretion. Discussion: Micro-BoNT-A induces glandular atrophy via acetylcholine inhibition. This case demonstrates its efficacy as a minimally invasive SH treatment, avoiding scarring from ablative methods.

Conclusions:

Conclusion: Micro-BoNT-A is a promising therapy for SH, particularly for diffuse facial lesions.

Sebaceous hyperplasia (SH) is a common benign condition affecting sebaceous gland-rich facial areas. Traditional treatments (electrodessication, lasers) carry risks of dyspigmentation and scarring. Micro-BoNT-A—intradermal microdroplet injections of diluted botulinum toxin—reduces sebum production by blocking cholinergic signaling in sebaceous glands. We report the case applying this technique exclusively for SH in young patient, supported by mechanistic evidence.

References:

1. Park JY, et al. Micro-BoNT-A for sebaceous hyperplasia: A pilot study. *J Cosmet Dermatol*. 2021;20(3):789–794. 2. Singh M, et al. Intradermal botulinum toxin for facial sebum control. *Dermatol Surg*. 2020;46(7):904–910. 3. Kim MJ, et al. Glandular atrophy mechanism of micro-botulinum toxin. *Exp Dermatol*. 2019;28(10):1156–1161. 4. Fabi SG, et al. Consensus on micro-botulinum toxin for pore reduction. *Aesthet Surg J*. 2022;42(5):NP328–NP340. 5. Zhang L, et al. Combination therapy for sebaceous hyperplasia. *J Drugs Dermatol*. 2023;22(6):581–586.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

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#11844

The Role of Ultrasound in Aesthetic Injectables: From Preventive Strategies to Complication Management

48 - Complications - avoidance and management

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Background/Objectives:

Ultrasound is increasingly recognized as a valuable adjunct in aesthetic dermatology, especially in procedures involving dermal fillers and biostimulators. Its ability to visualize vascular and soft tissue structures in real time enhances both safety and treatment outcomes.

Methods:

This presentation reviews the multimodal applications of high-resolution ultrasound in injectable treatments. Key topics include pre-treatment vascular mapping, intra-procedural visualization of injectable placement, and post-treatment assessment of adverse events. Clinical examples will demonstrate ultrasound-guided approaches in various anatomical regions.

Results:

Ultrasound imaging allows for the identification of critical vascular structures, minimizing the risk of intravascular injection. Real-time monitoring improves precision in product placement, while post-procedural ultrasound facilitates early detection and management of both vascular and non-vascular complications.

Conclusions:

As injectable treatments become more complex and patient expectations rise, ultrasound is becoming an indispensable tool for aesthetic physicians. Its role spans from prevention to problem-solving, ultimately improving safety, efficacy, and confidence in aesthetic practice.

References:

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

Oral Presentation

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#11845

Synergistic Melasma Solution: Exosome and Enhanced Delivery with Peptide Spicules

41 - Pigmentation

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Background/Objectives:

Melasma is a complex and recurrent hyperpigmentation disorder triggered by UV exposure, hormonal fluctuations, vascular instability, and chronic inflammation. Conventional therapies predominantly target melanogenesis, often leading to limited remission and frequent relapse. This study aimed to evaluate the synergistic therapeutic efficacy of a novel two-step treatment combining Exosome and Altum Needle Technology to enhance penetration of exosomes with minimal epidermal damage.

Methods:

A split-face study was conducted on 20 female patients (mean age: 55.2 years), each receiving five treatment sessions with Glutagen Booster M and Peptaxel™. Assessments were performed at baseline (W0), 1 week after the 1st treatment (W2), 1 week after the 3rd (W4), and 4 weeks after the 5th (W9). Objective measurements of melanin levels were taken using Antera 3D imaging. Mechanistically, Booster M (containing glutathione, tranexamic acid, PDRN, and lactobacillus exosomes) was used to inhibit tyrosinase, suppress vascular-mediated melanocyte activation, and enhance skin barrier repair. And peptide spicules, promoted peptide delivery and extracellular matrix (ECM) regeneration with minimal skin damage.

Results:

Compared to the control group, the combination treatment demonstrated a 182% greater improvement in pigmentation reduction. Notable clinical improvements were observed as early as W2, with cumulative effects persisting through W9. Histological outcomes suggested enhanced ECM repair, reduction in inflammatory mediators, and normalization of melanocyte activity. The microneedling-based delivery showed lower adverse effects and allowed sustained release of active compounds.

Conclusions:

The dual-step protocol combining Exosome and Peptide spicules offers a safe and significantly more effective solution for melasma management by addressing not only melanogenesis but also inflammation and vascular factors. This synergistic approach may represent a new standard in long-term melasma treatment, minimizing recurrence and enhancing skin health through multi-pathway modulation.

References:

Int J Dermatol. 2024 Oct 23
Journal of Dermatological Treatment 2024, VOL. 35, NO. 1, 2361106

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

Oral Presentation

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#11846

New World Order: Aesthetics, politics, and mega consumer trends

73 - Marketing & Practice management

Abbasi D¹

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Background/Objectives:

The world has changed and changing. With tariff's being put in place, new immigration rules, Geopolitics, Rise of millennials and Gen Z, inflation and economic uncertainty, the impact on disposable income and hence aesthetics and beauty industry is enormous.

The presenter (Dr kamal Abbasi) :

- Seasoned global business leader, over 30 years of experience in the healthcare industry.
- Specializing in prescription pharmaceuticals, OTC medicine, skin care, aesthetics and medical device, and proactive aging businesses. Career highlights include leadership roles at Sinclair Pharma and Galderma.
- Drove significant business growth, strategic expansions, and operational excellence. Proven track record in market entry & expansion, mergers and acquisitions, commercial integration, and talent development.
- Spearheaded major initiatives, including the APAC 10-year strategy at Galderma, Sinclair Pharma's strategic 5-year plan, Sinclair China Strategic Plan, successful product launches globally including China, and revenue growth across APAC ,Middle east, Europe and Latin America regions.
- Over the course have excelled in restructuring organizations for efficiency, managing matrix environments, and fostering high-performing teams.
- Leadership has been recognized with industry accolades, including the CEO of the Year award in China recently as well as numerous other recognitions over the years.
- Over the years completed extensive professional training in leadership, strategy, marketing, and business transformation.
- Academically, holding an M,B;B,S (bachelor of medicine & surgery)degree with seamless understanding of medical science and its application commercially.
- London based, British national and have lived and worked in multiple countries, bringing a deep understanding of global business dynamics, cultures and people.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

What can an aesthetic practice do in this new world order. The presenter can talk through various pinch points in his presentation that can allow a aesthetic and beauty practice and the industry to put in place some key actions that can help them not only survive but flourish.

Oral Presentation

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#11847

Beyond the Scale: Integrating Semaglutide & Tirzepatide into Personalized Weight Loss Protocols

62 - Anti-aging & integrative medicine

Psathas N¹

¹LONGEVITY GREECE, Athens, Greece

Background/Objectives:

Obesity and metabolic dysfunction have reached epidemic proportions globally, necessitating more effective, sustainable solutions. GLP-1 receptor agonists like Semaglutide and dual GIP/GLP-1 agonists like Tirzepatide offer groundbreaking efficacy in appetite suppression, glycemic control, and fat mass reduction. Their emergence in aesthetic and anti-aging clinics presents a unique opportunity to approach weight loss holistically—addressing not just BMI but body composition, metabolic health, and patient confidence.

Methods:

This lecture analyzes published clinical trials (e.g., STEP, SURMOUNT), real-world clinical data, and case series from aesthetic practices utilizing:

- Individualized dosing protocols (initiation, titration, maintenance)
- Adjunctive therapies: MIC injections, CoQ10 IV, peptide support (e.g., CJC-1295, BPC-157), resistance training
- Monitoring parameters: muscle mass retention, metabolic labs, body contouring response
- Lifestyle coaching and patient retention strategies

Additionally, we present NP LABS' integrated protocol combining compounding pharmacy solutions with aesthetic treatments like radiofrequency or EMSculpt

Results:

Clinical outcomes from both literature and practice show:

- 15–22% total body weight loss over 6–12 months (especially with Tirzepatide)
- Enhanced fat-to-muscle ratio preservation when combined with strength training and peptides
- Improved insulin sensitivity, reduced visceral fat, and better inflammatory markers
- High patient satisfaction when protocols address both physiological and aesthetic outcomes

Challenges observed include GI side effects, potential muscle mass loss, and the need for sustained patient education.

Conclusions:

Semaglutide and Tirzepatide represent a paradigm shift in weight loss therapy, especially when used as part of a comprehensive, personalized protocol. Clinics that combine hormonal, nutritional, peptide, and aesthetic strategies deliver not only better outcomes but also long-term patient engagement. This lecture encourages clinicians to go beyond pharmacology—crafting holistic, results-driven programs that optimize healthspan, body composition, and patient satisfaction.

References:

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

Oral Presentation

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#11848

The Rise of NAD+ Injectable Therapy: Revolutionizing Anti-Aging Strategies

62 - Anti-aging & integrative medicine

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Background/Objectives:

Nicotinamide adenine dinucleotide (NAD⁺) plays a pivotal role in cellular metabolism, mitochondrial function, DNA repair, and the activation of longevity-associated enzymes such as sirtuins. With aging, NAD⁺ levels decline significantly, contributing to fatigue, cognitive decline, metabolic disorders, and increased susceptibility to age-related diseases. Restoring NAD⁺ levels has emerged as a compelling strategy in anti-aging and functional medicine.

Methods:

We review peer-reviewed literature, case studies, and clinical experience from a compounding pharmacy setting offering intravenous NAD⁺ protocols. Parameters assessed include dosing strategies, safety profile, symptom resolution timelines, patient satisfaction, and biomarker improvement (energy, sleep, cognition, metabolic function).

Results:

Patients receiving NAD⁺ IV therapy reported significant improvements in energy levels, mental clarity, mood, and physical performance. Objective markers such as HRV, fasting insulin, and inflammatory cytokines showed favorable trends. Minimal side effects were reported, primarily transient flushing or nausea. The therapy's success is enhanced when combined with personalized lifestyle protocols, peptide therapy, and micronutrient support.

Conclusions:

NAD⁺ injectable therapy represents a transformative advancement in anti-aging medicine. It offers a biologically sound and clinically effective strategy to reverse or mitigate multiple aspects of the aging process. As clinical demand grows, evidence-based protocols, patient education, and practitioner training will be essential to ensure safe, effective, and scalable integration into longevity clinics worldwide.

References:

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

Oral Presentation

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#11849

The Power of Peptides: Unlocking the Future of Regenerative Medicine

62 - Anti-aging & integrative medicine

Psathas N¹

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Background/Objectives:

Peptides are short chains of amino acids that play crucial roles in cell signaling, immune modulation, tissue repair, and metabolic regulation. As bioactive compounds, they offer a highly targeted and safe therapeutic approach, bridging the gap between pharmaceuticals and biologics. In recent years, their application in regenerative medicine has gained momentum, driven by advances in peptide synthesis, delivery systems, and a growing body of clinical evidence.

Methods:

This presentation will review the latest developments in therapeutic peptides used in regenerative medicine. It will explore clinical and preclinical data on peptides such as BPC-157, Thymosin Beta-4, GHK-Cu, and Epithalon, among others. Case studies and protocols from functional and integrative practices will be presented, highlighting peptide combinations with mesenchymal stem cells, PRP, and other bio-regenerative treatments. Regulatory considerations, patient selection, dosing strategies, and safety profiles will also be discussed.

Results:

Evidence shows that specific peptides promote angiogenesis, modulate inflammation, accelerate tissue regeneration, and support mitochondrial function. BPC-157 has demonstrated gastrointestinal healing and musculoskeletal repair benefits. GHK-Cu shows potent anti-aging and wound-healing properties, while Thymosin Beta-4 supports immune modulation and cardiac repair. Clinical outcomes reveal faster recovery times, improved pain scores, and enhanced quality of life when peptides are integrated into regenerative protocols.

Conclusions:

Peptides are transforming the field of regenerative medicine. Their precision, low toxicity, and synergistic potential with other therapies position them as key tools in the future of personalized, anti-aging, and restorative care. With appropriate clinical use and ongoing research, peptides will continue to expand their role in optimizing human health and longevity.

References:

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

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#11850

Unmasking the Face: Elective Filler Dissolution and the Irreplaceable Role of HA in Youthful Aging

44 - Treatment with Injectables (Botulinum toxin & fillers)

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Background/Objectives:

The elective use of hyaluronidase is rising—often driven by patient trends toward “filler reversal”—yet the aesthetic and emotional consequences of aggressive dissolution are underreported. This case presents the journey of a 50+ year-old Asian woman who elected to dissolve her facial fillers after a decade of treatment in preparation for fat transfer abroad. The dramatic facial aging that followed highlights not only the potential downsides of high-dose hyaluronidase but also the profound, often underappreciated, role of hyaluronic acid (HA) fillers in maintaining youthful facial structure. The objective of this presentation is to underscore the clinical, aesthetic, and psychological risks of filler dissolution and to reassert the irreplaceable value of judiciously placed HA fillers in facial rejuvenation.

Methods:

We present a single-patient case report following SCARE 2023 guidelines. A 50+ year-old Asian female with a 10-year history of HA filler treatments underwent full-face elective hyaluronidase dissolution in preparation for autologous fat transfer. Clinical photographs were taken at three time points: post-filler (baseline), post-hyaluronidase, and post-fat transfer. Patient history, treatment records, and follow-up consultations were analyzed to document aesthetic changes and patient-reported outcomes. No standardized hyaluronidase protocol was followed; the dissolution was performed abroad in a single session with undisclosed dosing. No conflicts of interest were reported, and written informed consent for publication was obtained.

Results:

Following elective full-face hyaluronidase administration, the patient experienced significant and immediate facial volume loss, with pronounced hollowing in the temples, tear troughs, and midface, as well as deepened nasolabial folds and a visibly aged appearance. The patient reported looking “10 years older” and expressed deep regret over the procedure. Two sessions of autologous fat transfer were performed abroad but failed to restore the aesthetic fullness previously achieved with fillers—particularly in the midface. Despite surgical intervention, the patient continued to appear older than her baseline and reported ongoing dissatisfaction. This case illustrates both the aesthetic impact of filler removal and the unpredictability of fat grafting as a replacement strategy.

Conclusions:

This case underscores the critical role of hyaluronic acid fillers in maintaining youthful facial structure and highlights the potential aesthetic and emotional consequences of elective filler dissolution. While hyaluronidase is a valuable tool for managing complications or aesthetic corrections, its use in full-face elective reversal—especially in patients with long-standing filler history—requires careful patient counseling and a conservative approach. Fat transfer, while often promoted as a permanent alternative, may not reliably replicate the nuanced volume restoration provided by HA fillers. A more nuanced understanding of the risks and limitations of both dissolution and surgical alternatives is essential for achieving patient-centered, sustainable aesthetic outcomes.

References:

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- Alam M, et al. *Effectiveness of Low Doses of Hyaluronidase to Remove Hyaluronic Acid Filler Nodules: A Randomized Clinical Trial*. *JAMA Dermatol*. 2018;154(7):765–772.
- Landau M. *Hyaluronidase Caveats in Treating Filler Complications*. *Dermatol Surg*. 2015;41 Suppl 1:S347–S353.
- Ramirez SPB, Scherz G. *Aesthetic Impacts of Elective Hyaluronidase Dissolution: A Case Report Highlighting the Restorative Benefits of Dermal Fillers*. *Med Res Arch*. 2025;13(6).

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

This case highlights an increasingly relevant issue in aesthetic medicine: elective filler dissolution driven by patient perception, social media trends, or preparation for surgical alternatives such as fat transfer. While hyaluronidase is widely recognized for managing complications, its use for full-face reversal in patients with long-standing HA filler history poses both aesthetic and psychological risks. Clinically, this case challenges the assumption that fat grafting can serve as a one-to-one substitute for dermal fillers. The patient’s outcome demonstrates that even with technically successful fat transfer, results may be unpredictable and aesthetically inferior to those achieved with HA fillers—especially in the midface and tear trough regions. For practitioners, the implications are twofold: Stronger emphasis on patient counseling—including clear discussions around the irreplaceable role of fillers in facial structure and the potential for post-hyaluronidase volume loss, laxity, and dissatisfaction. Call for more conservative protocols and standardized guidelines for elective filler dissolution, including staged reversal, ultrasound guidance, and possible trial dissolutions in sensitive areas. This case underscores the importance of resisting “trend-based” treatment decisions and reaffirms the role of experienced aesthetic judgment in preserving facial harmony.

Oral Presentation

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#11851

The impact of CO2 fractional laser on acne scars

42 - Scars & acne

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Background/Objectives:

Acne is a major concern for cosmetics and can have a huge impact on a person's self esteem. Laser resurfacing has been widely used for treatment of acne scars. It works to improve acne scars by promoting the collagen remodeling and tissue regeneration. But the use of laser therapy has its limitations when it comes to different types of acne scars. Acne scars are divided in to hypertrophic and atrophic scars. Atrophic scars are further divided in to icepick, boxcar and rolling types.

in this study, 15 individuals from our clinic with all these types of scars under went laser resurfacing using CO2 fractional laser and results showed that boxscar and rolling types of acne scars responded better to laser resurfacing.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

CO2 fractional laser is widely used technique for acne scars treatment and other options like Microneedling are also used and have proved in research to improve skin texture and scars.

Submitter

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#11852

Rose stem cell derived exosomes for hair rejuvenation and repigmentation: a case series study

52 - Hair restoration

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Background/Objectives:

Research has shown the efficacy of exosomes on hair regrowth. We describe a new protocol of microneedling and topical application of rose stem cell derived exosomes (RSCE), on the scalp, for enhancement of hair regrowth and potential hair repigmentation. We also evaluated efficacy and safety

Methods:

We treated 25 patients, 8 male and 17 female patients with androgenic alopecia, along a period of 6 months. Patients received 3 treatments of microneedling, spaced apart 3 weeks' time, at a depth of 0.5mm across the scalp, in the areas of hair loss, while topical RSCE were applied during the procedure and massaged gently. RSCE lyophilized powder was reconstituted with 2 ml of saline. Patients were followed up for 3 months. Hair pull test, clinical photography and adverse events were recorded.

Results:

Hair pull test was significantly improved by 80%, at the end of the study, while patients' satisfaction reached, while treatment was well tolerated 92%. Clinical photography demonstrated increase in the number and volume of hair. In addition, there was an overall increase of darker and thicker hair, both documented in clinical photography as well as by the patients.

Conclusions:

Rose stem cell derived exosomes may be a promising treatment for hair regrowth and repigmentation both in male and female patients.

References:

Lueangarun S, Cho BS, Tempark T. Rose stem cell-derived exosomes for hair regeneration enhancement via noninvasive electroporation in androgenetic alopecia. *J Cosmet Dermatol*. 2024 Nov;23(11):3791-3794. doi: 10.1111/jocd.16463.
Ahuja R, Huang PP. Enhancing Hair Regrowth in Pediatric Morphea en Coup de Sabre by Fractional CO2 Laser-Assisted Exosome Delivery. *J Cosmet Dermatol*. 2025 Jun;24(6):e70270. doi: 10.1111/jocd.70270.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

Hair thinning and fall, as well as changes in hair colour are characteristics of a decline in hair health. In addition to genetic predispositions to hair alopecia the abovementioned clinical signs are a currently a very common complain from our patients while requested treatments should be safe, effective and "natural". Exosomes are a promising treatment for reversing the aging process as they can mimic the healthier more youthful micro environment of the skin and hair.

Submitter

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Presenter

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#11853

Comparison of two hyaluronic acid fillers for the correction of nasolabial folds: results from a randomized, subject- and evaluating investigator-blinded, controlled, multicenter, split-face study.

44 - Treatment with Injectables (Botulinum toxin & fillers)

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Background/Objectives:

Augmentation of the nasolabial folds (NLFs) is a common procedure, with hyaluronic acid (HA) fillers differing in product characteristics such as HA concentration, crosslinking methods and ratio. Understanding the diversity of products and their potential impact on treatment outcomes allows for personalized approaches tailored to aesthetic goals and patient anatomy.

Objective: This study aimed to evaluate the effectiveness of Princess® filler Lidocaine (PFL) in reducing the severity of nasolabial folds compared to Juvéderm® Ultra XC (JUXC).

Methods:

A randomized, subject- and investigator-blinded multicenter clinical investigation, conducted in the US, compared PFL with JUXC for treating moderate to severe NLFs (scoring either 2 or 3 on the 5-point Nasolabial Fold Severity Rating Scale (NLF-SRS)) in a split-face approach in 295 enrolled subjects. Subjects received injections of both fillers at baseline, with the option for touch-up treatments at week 2. Repeat treatments were allowed at week 36 or 48 if NLF severity returned to initial eligibility criteria. The primary effectiveness endpoint was the proportion of NLF-SRS responders, defined as achieving at least a 1-point improvement at week 24 after initial treatment with PFL compared to JUXC, based on live assessments by an independent, blinded investigator. Secondary effectiveness was assessed at weeks 12, 24, 36, and/or 48 by independent photographic reviewers and treating investigators in addition to independent, blinded investigators. Other evaluation scores included the Global Aesthetic Improvement Scale (assessed by subjects and independent evaluators) and the subject satisfaction questionnaire FACE-Q®b. Safety was evaluated through the documentation of adverse events (AE) and subject diaries. The study concluded 12 weeks after a potential repeat treatment.

Results:

The primary effectiveness endpoint at week 24 demonstrated non-inferiority of PFL (82.2%) compared to JUXC (81.9%). The difference in responder rates was 0.37%, with the lower boundary of the 95% CI, -2.96, being above the non-inferiority margin of -10% (p-value <0.0001). Results of the first key secondary endpoint, assessing the NLF-SRS at week 24 by three independent photographic reviewers, further supported the non-inferiority of PFL (difference -2.96 [-9.99, 4.07], p-value = 0.025). The second key secondary endpoint, assessing the NLF-SRS at week 24 by treating investigators, confirmed non-inferiority (difference -0.37 [-3.85, 3.11], p-value <0.0001) with response rates similar to the primary endpoint (PFL 83.3% vs. JUXC 83.7%). Both treatments achieved notable reductions in fold severity, with similar satisfaction ratings from subjects and blinded evaluators. Comparable AE profiles further underscore the treatments' parity.

Conclusions:

In this study, PFL has established itself as a non-inferior treatment to JUXC for moderate to severe NLFs, demonstrating comparable effectiveness and safety

References:

a. In the European Union: Saypha® filler Lidocaine

b. FACE-Q® is a U.S. registered trademark of Memorial Sloan-Kettering Cancer Center, 1275 York Avenue, New York, NY 10065. © 2013 Memorial Sloan-Kettering Cancer Center, Memorial Hospital for Cancer and Allied Diseases, Sloan-

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

Understanding the diversity of products and their potential impact on treatment outcomes allows for personalized approaches tailored to aesthetic goals and patient anatomy.

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#11854

Key factors to Successful Lip Augmentation: Clinical Study results using a Crosslinked Hyaluronic Acid-Based Filler with Lidocaine

44 - Treatment with Injectables (Botulinum toxin & fillers)

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Background/Objectives:

To assess effectiveness, short- and long-term safety of a specific crosslinked HA-based filler with lidocaine featuring elastic over viscous properties for lip augmentation.¹ Additional post hoc analyses provided additional evidence about the influence of injection volume, equipment, technique, and touch-ups, on achieving predictable and desirable results.

Methods:

A postmarket, prospective, randomized study across 3 centers included 114 patients. Patients received HA-based filler injections, with an optional touch-up at Week 3 using defined techniques and equipment. The primary endpoint was the proportion of patients achieving an LFS ≥ 1 grade improvement at Week 6, with secondary evaluations at 6, 12, and 18 months. Assessment tools included LFS, Global Aesthetic Improvement Scale, FACE-Q®, and a pain rating scale. Safety was measured by occurrence and frequency of adverse events.

Results:

At Week 6, >90% of patients were responders ($P = .0234$). At Month 6, 90% of patients were still responders; at Month 12, 70%; and at Month 18, over 40% retained a visible effect. Adverse events were primarily procedural, mild, and temporary. Pain perception significantly decreased 15 minutes after procedure. Aesthetic improvement and patient satisfaction remained consistently high across all time points, confirming that even small amounts of the investigational device with low G' (mean total volume for both lips ≈ 2.0 mL) are enough to achieve high satisfaction. Post hoc analyses revealed that the outcome was affected by the lip fullness at baseline and total volume injected, but not by touch-up treatment. No differences were found in AEs related to the type of equipment.

Conclusions:

This HA-based filler demonstrated long-lasting aesthetic improvements and a favourable safety profile for lip augmentation. In addition to the visco-elastic properties, injectors should consider the initial lip volume and the amount of injected HA-based filler to achieve optimal results.

References:

Müller DS, Grablowitz D, Krames-Juress A, Wörseg A. Lip Augmentation With Saypha LIPS Lidocaine: A Postmarket, Prospective, Open-Label, Randomized Clinical Study To Evaluate Its Efficacy and Short- and Long-term Safety. *Aesthet Surg J*. 2024 Dec 12;45(1):84-97. doi: 10.1093/asj/sjae149

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

Hyaluronic acid (HA) fillers with lower G' are widely used in aesthetic medicine for lip augmentation due to their versatility, biocompatibility and reversibility. A thorough understanding of the product's properties, including rheological characteristics, injection equipment and techniques, along with ongoing monitoring of HA implant safety and effectiveness in routine clinical practice after obtaining marketing authorization licence, is essential to ensure predictable treatment outcomes and safety.

Oral Presentation

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#11855

SYNCHRONOUS ULTRASOUND PARALLEL BEAM TECHNOLOGY FOR ACNE SCARS APPEARANCE IMPROVEMENT

49 - Lasers, EBDs & Light

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¹Sofwave, Yokneam, Israel

Background/Objectives:

Synchronous Ultrasound Parallel Beam Technology safely coagulates the mid-dermis to maximize neocollagenesis and neoelastogenesis, while providing feedback-controlled energy deposition and skin cooling. The technology utilizes multiple high frequency, low divergent ultrasound beams that simultaneously deliver a high-density thermal dose to the mid-dermis at 1.5mm depth, increasing tissue temperatures to 60-70°C and inducing tissue remodeling.

Clinical study evaluated the efficacy and safety of this technology for improving the appearance of Acne scars.

Methods:

Multi-center, prospective, self-control clinical study was conducted in four US sites. Sixty-seven (67) subjects underwent three treatments (1-3 weeks apart) and were followed 3 months post last treatment. Three independent masked reviewers, who were not involved in the study, were asked to identify the post-treatment images, which were presented to them after randomization of the pre and post treatment images and to rank the Acne scars severity (using 4-point scale: 0=absent, 1=mild, 2=moderate, 3=severe). Anticipated tissue responses and safety aspects were recorded throughout the study. Subjects ranked their discomfort during treatments.

Results:

Following 3 treatment sessions, 97% of treated subjects showed improvement in acne scars appearance, as assessed (by the correct identification of the post treatment photograph) by at least 2 of 3 blinded evaluators. The mean improvement level of 1.05 ± 0.53 units based on the acne scar severity scale, reflected an improvement of 46% of the baseline acne scars severity grading. Furthermore, subjects were highly satisfied and 88% of the subjects reported on improvement in their acne scars appearance. There were no device related adverse events. Anticipated tissue responses were mostly erythema and edema, which resolved spontaneously after treatment. Most of the subjects reported none to moderate levels of pain during treatment and no discomfort afterward.

Conclusions:

Synchronous ultrasound parallel beams treatment was demonstrated to safely improve Acne scars appearance.

References:

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

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#11856

SYNCHRONOUS ULTRASOUND PARALLEL BEAM TECHNOLOGY FOR EYEBROW AND SUBMENTAL LIFTING

49 - Lasers, EBDs & Light

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Background/Objectives:

Ultrasound technology can treat fine lines and wrinkles as well as lift lax skin. Although early technology was less than optimal, a new-generation device (Sofwave, Yokneam, Israel) can safely target the mid-dermis to maximize neocollagenesis and ne elastogenesis, while incorporating feedback-controlled skin cooling and energy deposition. This ultrasound device utilizes synchronous ultrasound parallel beams to deliver seven beams of thermal energy at once to the mid-dermis at 1.5mm, increasing tissue temperatures to 60-70 degrees Celsius.

Methods:

A prospective, multi-center, clinical study investigated the utility of this new-generation ultrasound device to lift lax skin of the eyebrow and submentum. 60 subjects were enrolled to receive single treatment to entire face and neck, which included darker skin types. Measurements at baseline and 12-week follow-up were used to calculate eyebrow and submental lifting as post-hoc analysis.

Results:

Fifty-eight (58) subjects completed the study. Two blinded reviewers were in agreement in identifying the pre- and post-treatment photographs correctly for 78% of subjects. There was improvement of 1-3 Elastosis Score units in 86% of subjects using Fitzpatrick Wrinkle and Elastosis Scale for perioral and periorbital regions. Overall, 72% of subjects noted improvement in wrinkle appearance, and majority were satisfied. There were no device-related adverse events and no downtime with all subjects. For the post-hoc analysis of lifting, photographs of 32 and 35 subjects were evaluable for eyebrow and submental measurements, respectively. 94% of subjects had an increase in both the average and the maximal eyebrow heights above the prespecified threshold of 0.5mm in either right eyebrow, left eyebrow, or both. Mean change in average eyebrow height was 1.4mm and the mean change of maximal eyebrow height was 1.6mm. 83% of subjects had a reduction in submental area above the prespecified threshold of 20mm². Average submental lift was 89.2mm².

Conclusions:

This new-generation ultrasound device was demonstrated to safely provide clinical lifting of lax skin of the eyebrow and submentum after a single treatment.

References:

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

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#11857

SYNCHRONOUS ULTRASOUND PARALLEL BEAM TECHNOLOGY FOR EYEBROW SKIN LIFTING

49 - Lasers, EBDs & Light

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Background/Objectives:

Ultrasound technology can treat fine lines and wrinkles as well as lift lax skin. Although early technology was less than optimal, a new-generation device (Sofwave, Yokneam, Israel) can safely target the mid-dermis to maximize neocollagenesis and ne elastogenesis, while incorporating feedback-controlled skin cooling and energy deposition. This ultrasound device utilizes synchronous ultrasound parallel beams to deliver seven beams of thermal energy at once to the mid-dermis at 1.5mm, increasing tissue temperatures to 60-70 degrees Celsius. Clinical study assessed the utility of this new-generation ultrasound device to lift lax skin of the eyebrow.

Methods:

80 subjects (76 females and 4 males; age 39-77 years old; Fitzpatrick Skin Type I-V) from 5 US clinical sites were enrolled into a prospective, multi-center clinical study. Subjects received 2 treatments to entire face and neck and were followed up to 3 months post the last treatment. Two independent masked reviewers, who were not involved in the study, were asked to identify the post-treatment images, which were presented to them randomly with the pre-treatment images. Quantitative image analysis to objectively measure the eyebrow lift was conducted by comparing baseline and last visit 2D images. To calculate eyebrow lifting, measurements of the maximum eyebrow height and the average eyebrow height (MEH and AEH) were calculated. Study investigators and subjects ranked the improvement using Global Aesthetic Improvement Scale (GAIS). Safety aspects were recorded and subjects reported their willingness to perform future treatment.

Results:

A total of 67 subjects completed the study and had validated pre- and post-images. Two blinded reviewers were in agreement in identifying the pre- and post-treatment photographs correctly for 79% of subjects. Mean change in average eyebrow height and the mean change of maximal eyebrow height were both above the prespecified threshold of 0.5mm (0.69mm and was 0.78mm, respectively). There was improvement of eyebrow lifting in 80% of subjects using the investigator GAIS evaluation. Overall, most of the subjects noted improvement in eyebrow lifting and were willing to receive treatment in the future. One related-device adverse event was recorded during the study (moderate blister on the neck resolved completely after applying topical Silvadene cream only). There was no downtime with all subjects.

Conclusions:

This new-generation ultrasound device was demonstrated to safely provide clinical lifting of eyebrow lax skin.

References:

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

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#11858

SYNCHRONOUS ULTRASOUND PARALLEL BEAM TECHNOLOGY FOR LIFTING LAX SUBMENTAL AND NECK SKIN

49 - Lasers, EBDs & Light

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Background/Objectives:

Ultrasound technology can lift lax skin. Recently, a new-generation ultrasound device (Sofwave, Yokneam, Israel) was developed that safely coagulates the mid-dermis to maximize neocollagenesis and ne elastogenesis, while providing feedback-controlled energy deposition and skin cooling. The technology utilizes multiple high frequency, low divergent ultrasound beams that simultaneously deliver a high-density thermal dose to the mid-dermis at 1.5mm depth, increasing tissue temperatures to 60-70°C and inducing tissue remodeling. Clinical study assessed the ability of this new-generation ultrasound device to lift lax skin of the submental and neck areas.

Methods:

This was a prospective, self- controlled clinical study of 80 subjects (Fitzpatrick Skin Type I-V, 76 females and 4 males; mean age 60±8 years), recruited at 5 US clinics. All subjects received 2 full face and neck treatments. Follow up visits were performed at 1 week after the first treatment and at 3 months after last treatment. Quantitative image analysis to objectively measure lax submental and neck tissue lift was conducted by comparing baseline and last visit images. Quantitative image analysis was based on measurements of a zone defined by fixed reference points under the chin whereas any reduction in the area represents tissue lift. In addition, two independent blinded reviewers, who were not involved in the study, were asked to identify the post-treatment images presented to them randomly alongside the pre-treatment images. Study investigators ranked the improvement using Global Aesthetic Improvement Scale (GAIS) and subjects reported on their improvement and willingness to perform future treatment. Anticipated tissue responses and safety aspects were recorded throughout the study visits. Subjects ranked their discomfort during treatment using 10-point numerical scale (0=no pain; 10=worst possible pain).

Results:

A total of 75 subjects completed the study and had validated pre- and post-images. Significant lifting in objective measurement was obtained with mean lax submental and neck tissue lifting of 38mm² exceeding the prespecified threshold of 20mm². Independent masked reviewers assessed improvement in lax submental and neck tissue lifting in 80% of the subjects. Study investigators assessments at the 3 months follow up, revealed improvement in 85% of the submental and neck treated areas while 17% had marked improvement and 13% had been very much improved. Subjects reported on mean pain level of 5.3±1.8 (on 0-10 scale). Anticipated tissue immediate responses were mostly trace to moderate erythema and edema (following 92% and 31% of the treatments respectively) and all resolved shortly after treatments. One related-device adverse event was recorded during the study (moderate blister resolved completely after applying topical Silvadene cream only).

Conclusions:

This new-generation ultrasound device achieved significant lifting of lax submental and neck tissue with a favorable safety profile.

References:

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

Oral Presentation

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SYNCHRONOUS ULTRASOUND PARALLEL BEAM TECHNOLOGY FOR UPPER ARMS LAX SKIN APPEARANCE IMPROVEMENT

49 - Lasers, EBDs & Light

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Background/Objectives:

Synchronous Ultrasound Parallel Beam Technology safely coagulates the mid-dermis to maximize neocollagenesis and neoelastogenesis, while providing feedback-controlled energy deposition and skin cooling. The technology utilizes multiple high frequency, low divergent ultrasound beams that simultaneously deliver a high-density thermal dose to the mid-dermis at 1.5mm depth, increasing tissue temperatures to 60-70°C and cause to control thermal injury within the tissue. The thermal injury leads to focal coagulation and cellular damage, initiating an inflammatory cascade that culminates in tissue remodeling and to lax skin improvement.

Clinical study evaluated the efficacy and safety of this technology for improving the appearance of upper arms lax skin.

Methods:

Multi-center, prospective, self-control clinical study was conducted in four US sites. Forty-six (46) subjects were treated on both upper arms (a total of 92 treated areas). Forty-five (45) subjects completed 2 treatment sessions and 44 subjects were followed 3 months after. Three independent masked reviewers, who were not involved in the study, were asked to identify the post-treatment images, which were presented to them after randomization of the pre and post treatment images and to rank the upper inner arms skin crepiness/laxity grading scale (using 5-point scale: 0=absent, 1=mild, 2=moderate, 3=severe, 4=extreme). Objective measurements of the circumference and diameter at the maximal skin laxity point were taken at each of the study visits. Subjects ranked their improvement and their discomfort during treatments. Anticipated tissue responses and safety aspects were recorded throughout the study.

Results:

Following 2 treatments, 93% of treated arms showed improvement in upper arms lax skin appearance, as assessed by at least 2 of 3 blinded evaluators. The mean improvement level was 0.98 ± 0.59 units, which reflected an improvement of 31%. At 3-month follow-up, measurements of upper arms' circumference and diameter demonstrated significant improvements with mean improvements of -7.5 ± 14.2 mm and -4.5 ± 7.4 mm (respectively). Furthermore, 72% of the subjects reported on improvement. No device related adverse events were reported. Anticipated tissue responses were mostly erythema and edema. Mean discomfort was 3.6 ± 1.5 (on 0-10 scale).

Conclusions:

Synchronous ultrasound parallel beams treatment was demonstrated to safely improve upper arms lax skin appearance.

References:

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

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#11860

Thoughtful Aging: Integrating Compassion and Science in the Aesthetic Journey

73 - Marketing & Practice management

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Background/Objectives:

Participants will explore how Thoughtful Aging emphasizes honoring the natural progression of life rather than striving for unattainable ideals. Key insights include integrating patient-centered communication strategies, addressing societal beauty standards, and utilizing aesthetic interventions as tools for enhancing confidence rather than erasing age.

By blending technical expertise with empathy-driven care, aesthetic professionals can empower clients to embrace aging as a journey of transformation and self-discovery. Attendees will gain actionable strategies for incorporating these principles into their practice, fostering deeper connections with clients, and supporting them in achieving results that are both externally beautiful and internally meaningful.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

The aesthetic medicine industry is at a crossroads, where the growing demand for anti-aging treatments is colliding with an evolving societal narrative around aging. This presentation introduces *Thoughtful Aging*, a philosophy that integrates cutting-edge aesthetic science with compassion-driven care to foster self-acceptance and authenticity in clients. With a shifting cultural focus toward holistic well-being, the practice of aesthetic medicine faces the dual challenge of addressing the external signs of aging while nurturing clients' emotional and psychological health. This duality places aesthetic professionals at the forefront of a new paradigm: empowering clients to redefine beauty as a reflection of individuality, confidence, and lived experience. Attendees will explore how the Thoughtful Aging framework repositions aesthetic medicine as a transformative partner in the aging journey. Beyond offering services, providers are called to address the deeper implications of their work: societal expectations of youthfulness, the psychological toll of perfectionism, and the opportunity to promote a healthier, more balanced approach to aging. Impact and Implications on Aesthetic Practice:

- Ethical Responsibility: Providers will be encouraged to reconsider the ethical dimensions of their recommendations, ensuring they promote self-acceptance alongside enhancement.
- Client Relationships: Practices adopting Thoughtful Aging principles can expect deeper, trust-based client relationships, increasing loyalty and satisfaction.
- Industry Leadership: Aesthetic professionals can lead the shift from anti-aging rhetoric to pro-aging empowerment, differentiating themselves in a competitive market.
- Workforce Education: Support staff and providers will require training in compassionate communication and the psychological nuances of aging, creating a well-rounded care experience.

Learning Objectives:

- Understand the philosophical and practical principles of Thoughtful Aging and their relevance to aesthetic medicine.
- Analyze the shifting societal expectations around aging and their implications for patient care.
- Learn actionable strategies to integrate emotional intelligence and client-centered care into aesthetic practices.
- Prepare for the evolving landscape of aesthetic medicine by adopting practices that prioritize both external results and internal well-being.

Through this lens, aesthetic professionals will not only enhance their technical expertise but also redefine their role as advocates for a more compassionate, empowering approach to aging.

Oral Presentation

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#11862

Laser in women health and beauty

49 - Lasers, EBDs & Light

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Background/Objectives:

*Abstract: CO2 Laser Advances in Women's Health Care an Beauty

The carbon dioxide (CO2) laser has significantly transformed the field of gynecology, providing highly precise and minimally invasive interventions to address a wide range of conditions affecting women's health. This cutting-edge technology, employed by renowned experts such as Dr. Stefano Salvatore and Dr. Adrian Gaspar, Dr. Marco Pelosi and Dr. Dr. Alex Bader and Dr. Jorge Gaviria and others, relies on the controlled emission of laser energy to promote collagen remodeling, tissue regeneration, and the restoration of functionality in treated tissues. Among its main applications are the treatment of vaginal atrophy, stress urinary incontinence, vaginal laxity, labioplasty surgery and the improvement of scars from childbirth or previous surgical procedures.

The impact of the CO2 laser extends beyond gynecology, finding broad applications in other medical specialties. In dermatology and Aesthetic Medicine, it is used for facial rejuvenation, scar treatment, ablation of skin lesions and resurfacing. In gynecologic oncology, the CO2 laser is an indispensable tool for the ablation of premalignant lesions, treatment of cervical intraepithelial neoplasia, and management of complex vulvar pathologies. Its ability to deliver highly precise treatments while minimizing damage to adjacent tissues and significantly reducing recovery times makes it a superior alternative to traditional surgical approaches in selected cases. In America continent, it is regulated by American Board of Laser Surgery -ABLS-

This presentation will provide an in-depth analysis of the scientific principles, mechanisms of action, and clinical applications of the CO2 laser in gynecology, supported by the latest evidence presented in the latest medical congress will also address critical aspects such as patient selection, safety protocols, and the impact of this technology on improving quality of life and redefining contemporary standards of gynecological care.

Keywords: CO2 laser, gynecology, tissue regeneration, minimally invasive treatment, gynecologic oncology, women's health, multidisciplinary medical applications.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

Health is the complete physical, mental and social well-being according to the WHO. For this reason the Doctors must have tools to help women achieve health and beauty in optical ways with technology.

Submitter

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#11863

Tips of functional medicine to get a optimal hormonal replacement therapy

62 - Anti-aging & integrative medicine

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Background/Objectives:

Bioidentical Hormones – Innovation in Hormone Replacement Therapies*

Bioidentical hormones represent a transformative advancement in the management of hormonal imbalances, especially in the context of hormone replacement therapy (HRT). These molecules, chemically identical to the hormones naturally produced by the human body, offer a personalized and effective alternative for treating conditions such as menopause, premenstrual syndrome, andropause, and other endocrine disorders. Renowned specialists such as Dr. Erika Schwartz, Dr. Neal Rouzier, Dr. Rebecca Glasser, and Dr. Thierry Hertoghe have advocated for the use of bioidentical hormones, emphasizing their ability to restore physiological hormonal balance and improve patients' quality of life.

The most commonly used bioidentical hormones include:

Progesterone: Used to balance the effects of estrogen, regulate the menstrual cycle, prevent endometrial hyperplasia, and improve sleep, mood, and bone health. It is also essential for women with menopause or severe premenstrual syndrome.

Estradiol: To relieve menopausal symptoms such as hot flashes, vaginal dryness, and emotional changes, as well as to prevent osteoporosis.

Testosterone: In both men and women, to improve libido, energy, muscle mass, and bone density.

Prestigious organizations such as the North American Menopause Society (NAMS) and the International Menopause Society (IMS) recognize the therapeutic potential of bioidentical hormones, highlighting the importance of personalized treatment and rigorous medical monitoring. Furthermore, recent scientific studies support their efficacy in improving quality of life, cognitive function, cardiovascular health, and reducing the risk of osteoporosis.

Unlike synthetic hormones, bioidentical hormones derived from natural sources such as soy or wild yam more accurately mimic the body's hormonal processes, reducing adverse effects and improving tolerance.

This presentation will examine the scientific foundations, clinical evidence, and controversies surrounding bioidentical hormones. It will also discuss individualized dosing strategies, practical clinical cases, and the need for further research to establish global standards for their use.

Keywords: Bioidentical hormones, progesterone, estradiol, testosterone, hormone replacement therapy, menopause, personalized treatments, hormonal balance, endocrine health, Rebecca Glasser, Thierry Hertoghe.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

Health is the complete physical, mental and social well-being according to the WHO. Doctors must have tools to help women achieve health and beauty in optical ways with technology.

Oral Presentation

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#11865

Reverse Triangle Sculpting: Structural and Neuromodulatory Correction of the Aging Jawline Using Poly-D,L-lactic Acid, Platysmal Modulation, and Chin Projection Enhancement

51 - Regenerative aesthetics

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Background/Objectives:

Jawline aging presents with mandibular volume loss, ligamentous laxity, and platysmal descent, contributing to a reversal of the youthful V-line. Traditional single-modality treatments often fail to fully restore lower facial structure. This study introduces a three-point rejuvenation method—Reverse Triangle Sculpting—that combines targeted collagen biostimulation, platysmal neuromodulation, and anterior chin projection to achieve natural, balanced lower face rejuvenation.

Methods:

Fifteen female subjects aged 35–55 (Glogau III–IV) underwent single-session treatment using the following protocol:

- (1) Structural support with poly-D,L-lactic acid (PDLLA) was placed supraperiosteally and subcutaneously along the posterior mandibular border to enhance lateral jawline anchoring.
- (2) Platysmal neuromodulation was achieved with botulinum toxin injections (8–12 units per side) into the posterior platysmal band to relieve downward muscular tension.
- (3) For patients with anterior volume deficiency, 0.4–0.8 mL of hyaluronic acid filler was administered supraperiosteally to the pogonion and pre-jowl sulcus for chin projection enhancement.

Outcomes were evaluated at 8 weeks via standardized photography and patient satisfaction scoring.

Results:

Thirteen out of fifteen patients (87%) showed noticeable improvement in jawline definition and lower facial tapering. Platysmal band prominence was reduced in all patients. Chin projection enhancement in nine patients (60%) provided better anterior–posterior balance. No adverse events, vascular complications, or nodules were reported.

Conclusions:

Reverse Triangle Sculpting is a safe and effective non-surgical strategy for lower face rejuvenation. This multimodal approach—anchoring with PDLLA, modulating muscular pull, and refining anterior contour—provides a reproducible framework for restoring the youthful V-line with high patient satisfaction and minimal risk.

References:

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

This technique provides a structured yet flexible approach to lower face rejuvenation, focusing on restoring facial tension and balance rather than simply adding volume. By combining PDLLA biostimulation, platysmal modulation, and selective chin projection, it addresses multiple aging vectors with minimal product and high safety margins. The protocol reflects a shift toward regenerative, anatomy-respecting methods in aesthetic medicine and offers a safer, more strategic alternative for treating jawline laxity—particularly relevant as the field moves away from overfilling.

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#11866

Full-Thickness Acne Scar Remodeling with TCA, Polynucleotides, and a PDLLA–HA Hybrid: A Single-Session Protocol

42 - Scars & acne

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Background/Objectives:

Atrophic facial scars, especially in skin of color, present a layered challenge involving dermal volume loss, fibrotic anchoring, and superficial textural irregularities. Traditional monotherapies often fall short in addressing all components of scar architecture. This study evaluates a full-thickness, single-session protocol that integrates trichloroacetic acid (TCA) CROSS, polynucleotide (PN) injection, and a poly-D,L-lactic acid (PDLLA)–hyaluronic acid (HA) hybrid filler to target multiple regenerative pathways across scar depth.

Methods:

Ten patients (Fitzpatrick III–IV) with moderate-to-severe boxcar and rolling scars underwent the following protocol:

Focal 70% TCA CROSS was applied using a toothpick to deep atrophic scar pits.

PDLLA–HA hybrid injectable was delivered via microfanning into the deep dermis or superficial subcutaneous plane for structural support and neocollagenesis.

Polynucleotides were applied using microneedling (0.25–0.5 mm depth) to promote dermal remodeling and improve skin texture.

Massage and cooling followed to optimize product distribution and minimize immediate post-treatment inflammation.

Patients were evaluated at 12 weeks using standardized photography, Goodman and Baron qualitative scar grading, and patient satisfaction scoring.

Results:

At 12 weeks, Goodman and Baron scores improved by a mean of 1.4 grades. One patient developed mild post-inflammatory hyperpigmentation, which resolved spontaneously within one month. No nodularity or other adverse events occurred. All patients reported visible improvement in scar depth and overall skin texture with high satisfaction.

Conclusions:

This single-session, full-thickness protocol offers a practical and effective solution for acne scar remodeling in patients at higher risk of pigmentary complications. By layering focal ablation, structural volumization, and superficial biostimulation in one session, the approach addresses scar pathology across all clinically relevant skin depths. It provides a safe, reproducible alternative to energy-based devices, particularly valuable in Asian and darker skin types.

References:

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

This protocol introduces a safe, non-energy-based approach to treating moderate-to-severe atrophic facial scars in a single session, using synergistic layers of chemical, regenerative, and biostimulatory agents. In practice, it reduces the need for multiple energy-based treatments, which often carry higher risk of hyperpigmentation in Asian skin types. Its steps are easy to incorporate into daily practice, with minimal learning curve and low downtime. That makes it practical even in clinics without access to laser devices, or where patients cannot tolerate extended recovery. For many Asian patients, it offers a safer alternative to energy-based scar treatments, with consistent, visible improvement after one session.

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#11867

Platelet-Rich Plasma Injections for Penile Enhancement With *Turnera diffusa* Wild Extract Supplements: A Case Series

45 - Combination treatments

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Background/Objectives:

Background. Platelet-Rich Plasma (PRP) injections have emerged as a promising regenerative therapy for penile rejuvenation, particularly in erectile dysfunction and Peyronie's disease, by promoting tissue repair and angiogenesis. *Turnera diffusa*, a traditional herbal supplement, has demonstrated potential systemic benefits including amelioration of tissue toxicity and metabolic modulation. This case series explores the combined effects of PRP injections with concurrent oral supplementation of *Turnera diffusa* Wild extract over one month in five patients seeking penile rejuvenation.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

Methods. Five patients aged 31 to 57 years old with mild to moderate erectile dysfunction and/or cosmetic concerns received PRP injections by double centrifugation protocol. Patients concurrently ingested *Turnera diffusa* Wild extract 300mg daily for one month. Outcomes assessed included penile length and girth measurements, patient satisfaction, and adverse events. **Results.** All patients tolerated the combined treatment with no serious adverse events. Preliminary observations indicated improvements in erectile function, penile dimensions, and subjective patient satisfaction. Patient data and responses are presented. **Conclusion.** The combined use of PRP injections and *Turnera diffusa* Wild supplementation may offer synergistic benefits for penile rejuvenation. Larger controlled studies are warranted to validate these findings.

Oral Presentation

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#11868

Lipidomic Analysis of Exosomes Derived from ASC (ASCE) : Insights into Epidermal Barrier Restoration

51 - Regenerative aesthetics

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Background/Objectives:

Background

Epidermal lipids are essential for forming the skin's permeability barrier and play a crucial role in various skin functions as signaling modulators. Adipose-derived stem cell exosomes (ASCE) are recognized for their dual functions in skin regeneration, anti-inflammation, and skin barrier construction. Previous research ASCE's ability to enhance skin barrier integrity is affected by inflammatory conditions like atopic dermatitis by influencing epidermal lipid metabolite production. This study aimed to analyze the lipid metabolite profiles and lipid functions of ASCE.

Objectives

1. To understand that ASCEs contain several critical lipid molecules for cellular signaling 2. To find that ASCEs and donor cells have different profiles of critical lipid molecules that have huge potential in regenerative aesthetics and therapeutics 3. To understand that a new quality control standard can be set up based on the lipid profiles of exosomes 4. To find that ASCE-mediated increases in lipid suppress pro-inflammatory cytokine production in an AD-like in vitro model.

Methods:

1. ASCEs isolated from the culture media of 4 different GMP-compliant master cell banks of human adipose mesenchymal stem cells 2. Free fatty acids, glycerides, glycerophospholipid, sphingolipids, sterols, and their total lipid species are quantitated using LC-ESI-MS/MS 3. Ceramide metabolic enzymes activity assay is quantitated using LC-ESI-MS/MS 4. Measurement of Th2 inflammatory cytokines' suppression level in mimics atopic dermatitis-like-inflammation in human keratinocytes (AD model-hKC).

Results:

This study compared the lipid composition of ASC-derived exosomes (ASCE) to their donor cells. ASCE exhibited significantly higher levels of ceramide NS, free fatty acid, and sphingomyelin, essential for epidermal structure, while levels of pro-inflammatory lysosphingomyelin and lyso-dihydrosphingomyelin were significantly lower. Additionally, ASCE had lower levels of oxidized cholesterol, which is known to contribute to skin inflammation.

These findings suggest that ASCE may benefit skin health by strengthening the epidermal barrier and reducing inflammation.

Conclusions:

1. These results indicated that certain lipid metabolites contained in ASCE in part account for the improvement of epidermal permeability barrier functions compromised by skin
2. ASCE application could be an alternative therapeutic strategy for ameliorating atopic dermatitis, and other inflammatory diseases.
3. Furthermore, specific lipids that were not detected in ASCE or their donor cells could be considered as potential candidate(s) for quality control standards in the GMP production of the therapeutic-level stem cell-derived exosomes

References:

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

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#11869

The efficacy and safety of adipose stem cell derived exosomes in severe alopecia areata

52 - Hair restoration

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Background/Objectives:

Background

Alopecia areata is an autoimmune disease, and recent studies have shown that mechanisms associated with the Jak-Stat pathway and treatments that inhibit this pathway are effective. On the other hand, exosomes are known to have immune-regulating functions in various diseases.

Objectives

1. To understand that exosomes derived from adipose stem cells (ASCE) can be a paradigm shift in regenerative aesthetics & therapeutics.
2. To understand the therapeutic potential and safety of human adipose stem cell-derived exosomes in alopecia areata through a pilot study.
3. To understand the immune-regulating functions and effects of exosomes in alopecia areata, suggesting an association with the JAK-STAT pathway based on clinical results.

Methods:

A total of six participants were included: three were patients with alopecia totalis who did not respond to conventional immunosuppressants (steroids or cyclosporine) or Jak inhibitors, while the other three were patients with alopecia totalis who had not responded to conventional immunosuppressants (steroids or cyclosporine) but had not used Jak inhibitors. The average disease duration of the participants was over 10 years, and all had a starting SALT score of 100.

Results:

The three patients who had not responded to existing immunotherapies or Jak inhibitors also showed no effect from the exosome treatment. Of the three patients who had not responded to existing immunotherapy and had not received JAK inhibitors, two experienced hair regrowth on the scalp, and all three showed results of new eyelash growth or existing eyelashes becoming longer and thicker. After the study concluded, the three patients who benefited from exosome treatment began taking Jak inhibitors, and of these, the two who experienced scalp hair regrowth achieved a SALT score of 0. The three patients who experienced eyelash growth continued to maintain their results even after starting Jak inhibitors. During the treatment period, there were no significant changes in blood pressure, pulse, or general blood tests before and after treatment, and no severe adverse effects that would necessitate discontinuation of treatment were observed.

Conclusions:

This pilot study might suggest the immune-regulating functions and effects of exosomes in alopecia areata, suggesting an association with the Jak-Stat pathway based on clinical results. Further research is underway to investigate how exosomes influence the Jak-Stat pathway through in vitro experiments.

References:

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

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#11870

Therapeutic & Toxicity Evaluation of ASC-Exosomes for Atopic Dermatitis

51 - Regenerative aesthetics

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Background/Objectives:

Background

Atopic dermatitis (AD) is a prevalent chronic inflammatory skin disease lacking optimal treatments. Human adipose tissue-derived mesenchymal stem cell-derived exosomes (ASC-exosomes) offer a promising cell-free therapeutic alternative, due to their immunomodulatory and regenerative properties. A comprehensive evaluation of both their therapeutic efficacy and safety is crucial for their clinical application in AD.

Objectives

This study aimed to investigate the therapeutic effects of ASC-exosomes in ameliorating AD symptoms and restoring epidermal barrier function in a mouse model. Concurrently, a rigorous toxicological assessment of ASC-exosomes was conducted to establish their safety profile, encompassing various toxicity parameters.

Methods:

ASC-exosomes were isolated and characterized by NTA, Cryo-TEM, and Western blotting. Their therapeutic efficacy was evaluated in two in vivo AD mouse models (house dust mite antigen-treated NC/Nga mice and oxazolone-induced dermatitis), examining clinical scores, inflammatory markers, and skin barrier integrity. For safety evaluation, these evaluations encompass biocompatibility, toxicity, genotoxicity, and pharmacological impact, utilizing both in vivo and in vitro models across multiple biological systems following the OECD guidelines and GLP regulations.

Results:

ASC-exosomes significantly reduced AD pathology in the AD-like mouse model, evidenced by decreased clinical scores, IgE levels, and inflammatory cytokine expression (e.g., IL-4, TNF- α). They notably improved skin barrier function by reducing transepidermal water loss, enhancing stratum corneum hydration, and promoting de novo ceramide synthesis. Genetic analysis revealed the restoration of skin barrier, lipid metabolism, and inflammation-related gene expression. Furthermore, all conducted toxicity tests confirmed the safety of ASC-exosomes and enabled the determination of the No Observed Adverse Effect Level (NOAEL).

Conclusions:

These findings collectively demonstrate that ASC-exosomes are a highly effective and safe therapeutic agent for atopic dermatitis, capable of both alleviating inflammatory symptoms and restoring epidermal barrier function. Their favorable toxicological profile supports their significant potential for development, a safe, cell-free therapeutic for AD. ASC-Exosome for future clinical applications by global regulatory expectations.

References:

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

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#11871

Post-Acne Erythema Reimagined: Integrating Spicule-Based Peptide Delivery with 595nm Vascular Laser Therapy

49 - Lasers, EBDs & Light

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Background/Objectives:

Persistent post-acne erythema and low-grade inflammatory lesions remain a challenge, particularly in patients with sensitive or vascular-reactive skin. While vascular lasers—such as pulsed-dye (PDL) or long-pulsed Nd:YAG—are first-line modalities for residual redness, treatment outcomes are often variable, with incomplete resolution and recurrence. This presentation introduces a novel, spicule-mediated peptide delivery platform designed to complement vascular laser therapy. Utilizing bioresorbable microstructures embedded with anti-inflammatory and pro-repair peptides, the system enables a sustained release over 72 hours, targeting both epidermal inflammation and early dermal remodeling. When applied in combination with vascular laser treatments, this microdelivery method has demonstrated improved outcomes in real-world acne and post-inflammatory erythema cases. By bridging vascular targeting with biological repair, this synergistic strategy represents a promising evolution in post-acne care—particularly for patients seeking a minimally disruptive yet high-impact treatment pathway.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

This synergistic strategy promises to deliver more complete and durable resolution of post-acne erythema and low-grade inflammation. By simultaneously addressing both vascular components (with lasers) and biological repair pathways (with peptides), it can lead to improved aesthetic outcomes that are often variable with laser monotherapy. Patients, especially those with sensitive or vascular-reactive skin, are likely to see faster and more sustained improvements, potentially reducing the need for multiple laser sessions or offering better results for stubborn cases.

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#11872

Intimate Rejuvenation – Vital Vulval Vivacity - A 3-dimensional approach with skin-needling, mesotherapy & anabolic chemical peeling

51 - Regenerative aesthetics

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Background/Objectives:

ABSTRACT:

With a global market estimated at 3.57 billion USD, female intimate rejuvenation is expected to grow at a compound annual rate of 22.07% until 2030. More than a mere makeover, vulval wellbeing is linked directly to patient social, cultural, sexual and relationship and personal confidence.

The vulva describes the external female genital organs, including the labia majora, labia minora, clitoris, vaginal opening, urethra and mons pubis. Aesthetic intimate rejuvenation of the vulva focuses particularly on the reduction of hyperpigmentation and the visual plumping and hydration of labial and surrounding tissue. Treatments may also be performed following gender re-assignment surgery to further compliment compromised skin texture & tone for a more natural effect.

Whilst topical depigmenting, “pinking” gels, creams and lotions have served as an easy at-home (albeit temporary and limited solution), chemical peels or energy-based in-clinic procedures have been the benchmark for professional, vulval rejuvenation. Despite some success, longevity of results, patient comfort and treatment affordability can often result in disappointment, particularly for skins of colour, deemed unsuitable for chemical abrasion or thermolysis. Traditional resurfacing agents can also aggravate patients affected by heat, friction and other inflammatory triggers.

Whilst not a replacement for surgical intervention or treatments targeting incontinence or prolapse, the unique innovation of automated skin-needling, combined with precision meso-infusion, intervenes melanin synthetic pathways, providing incredible success for the treatment of post-inflammatory hyperpigmentation, reduction of in-grown hairs and increased skin hydration, addressing aesthetic texture, tone and tissue quality. The post-operative application of an anabolic chemical peel accelerates the turnover of oxidised, darkened cells. Treatment is fast, comfortable and suitable for all Fitzpatrick Skin Types and ethnicities. Procedural focus is applied to the external genital area and serves synergistically with other modalities to treat all aspects of vaginal health and rejuvenation. Procedures may be undertaken as frequently as every 2-4 weeks and can be performed in as little as a few minutes, without ablation, thermolysis or use of a topical local anaesthetic. Results may be apparent after just two procedures with some studies reporting 100% success rate with positive patient response.

Patient commitment to a topical, gentle pigment inhibitor, further enables management of PIH and tissue integrity. Treatment is suitable for cisgender and transgender patients.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

A non-thermolytic and comfortable solution for cultural, social and functional intimate rejuvenation. New approaches deliver innovative precision for cisgender and transgender patients for natural and long-lasting results. This three-dimensional synergy promotes a regenerative correction of the tissue and mucosa without laser and is suitable on all skin types and ethnicities.

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#11874

Primary & Secondary Cicatricial Alopecia – New Approaches With Automated Skin-Needling & Exosome Synergies

52 - Hair restoration

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Background/Objectives:

Cicatricial alopecia describes a sub-category of hair loss disorders, where inflamed, damaged follicles are replaced by fibrotic tissue. Whilst underlying inflammation can often be triggered by auto-immune diseases, fungal infections or even radiation therapy, cicatricial alopecia may be also be considered a chronic response to long term trauma, instigated from acute tractional alopecia, where persistent hair friction, tension and pulling lead to follicular abnormalities and permanent hair loss.

Whilst topical or oral medications may deliver anti-inflammatory benefits to reduce associated erythema and pruritis, automated skin-needling synergies promote a regenerative cascade that is deemed mechanical, electrical and autologous-chemical in action. With thousands of micro-channels facilitated per-second, the delivery potential of homogenous exosome therapy, serves as a non-donor dependant, multi-dimensional, chemical regeneration. This synergy can work harmoniously with drug combination therapies, particularly for primary Lichen Planopilaris and Frontal Fibrosing Alopecia.

As part of a patient daily homecare regimen and expert hair styling, secondary cicatricial alopecia may also be addressed due to cultural, social and functional coiffures as well as trauma initiated from fashion, religious, artistic and work-related headwear. Such secondary forms of scarring hair loss to consider include braiding, cornrows, hair extensions, 'ballerina baldness', styling clips, baseball caps and protective helmets.

Treatments are best performed every two-weeks, with intra-dermal needle depth. A programme of at least 6-8 procedures is necessary to ensure long lasting results, as is once-daily commitment to topical exosome therapy. Patients of all hair types and morphology may be deemed eligible for treatment, so long as there is some level of follicular activity.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

Too often Asian, Western and European practitioners are stuck when presented with patients of different ethnicities, experiencing alopecia in it's many types and forms. An understanding is necessary of common forms & triggers of cicatricial alopecia to confidently diagnose and determine an appropriate treatment plan.

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#11875

Melanin Synthetic Pathways & Melanogenesis - A new fusion of interruption With Automated Skin-Needling

41 - Pigmentation

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Background/Objectives:

Statistically, the treatment of unwanted hyperpigmentation is the second most common reason patients seek an aesthetic medical solution. Melasma is a hormone-triggered and ultraviolet radiation activated form of hyperpigmentation that appears as bilateral facial macules. It is argued to be the most challenging type of hyperpigmentation to treat – there is a high risk of the condition becoming worse. As pigment-producing melanocytes are highly sensitive to heat and collateral damage created by keratinocyte thermolysis, automated skin-needling delivers innovative and successful results, whilst respecting melanocyte integrity. An autologous corrective cascade is activated by the release of regulatory growth factors for fast and impressive outcomes. Treatment with automated skin-needling is suitable for all Fitzpatrick skin types and ethnicities, particularly on darker complexions where there is a high risk of PIH. Results may be apparent after just two procedures with some studies reporting 100% success rate with positive patient response. Combination therapies with skin-needling, include the intervention of melanin synthetic pathways with infused meso-actives to deliver increased results. These may be further enhanced with post-op application of an anabolic chemical peel. Patient commitment to daily topical application of pigment-sedatives and a sunscreen enable further management of this chronic, recalcitrant skin condition. By contrast to laser, regenerative synergies can address melanin synthesis inside the melanocyte, before melanogenesis and melanosome transfer.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

Laser or IPL are viewed as the bench mark for treatment of hyperpigmentation and melasma. Targeting a chromophore of oxidised melanin in the keratinocyte (or melanophagocyte), their mechanism only treat existing melanin and do not intervene melanin synthetic pathways in the melanocyte. New regenerative combinations, intervene abnormal melanogenesis inside the melanocyte, before melanogenesis and before melanosome handover. The effect targets the physical source of imbalance.

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#11878

Comprehensive Minimally Invasive Upper Blepharoplasty

56 - Minimally invasive surgery / Minimally invasive advances

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Background/Objectives:

Title: Comprehensive Minimally Invasive Upper Blepharoplasty

Abstract

Background

Upper blepharoplasty is a widely performed aesthetic procedure in the Caucasian population for both males and females.¹ Traditional upper blepharoplasty techniques involve excision of excess skin with or without fat removal, but fail to address concurrent brow ptosis—a common condition associated with upper eyelid dermatochalasis.² Conventional approaches may paradoxically exacerbate eyebrow ptosis, necessitating a more comprehensive treatment strategy.

Methods:

This retrospective study presents a single surgeon's 15-year experience with comprehensive minimally invasive upper blepharoplasty in 275 patients. The technique combines multiple interventions performed through a single operative session: preoperative botulinum toxin injections for muscle relaxation, conventional blepharoplasty with simultaneous trans-blepharoplasty browpexy for brow stabilization and elevation, selective corrugator muscle debulking to reduce glabellar rhytides, autologous fat grafting to restore brow volume, and adjunctive procedures including trans-brow or mid-forehead lifts for severe ptosis cases, with optional laser resurfacing for skin texture improvement.

Results:

Short and long-term outcomes were objectively assessed using standardized photography and established brow measurement protocols. The brow elevation ratio methodology demonstrated statistically significant and durable improvements in brow position.³ Patients showed sustained aesthetic enhancement with minimal complications, validating the long-term efficacy of this comprehensive approach.

Conclusions:

The comprehensive minimally invasive upper blepharoplasty technique addresses both upper eyelid aging and associated brow ptosis through a synergistic multi-modal approach. This 15-year retrospective analysis of 275 patients demonstrates the safety, efficacy, and durability of combining traditional blepharoplasty with complementary procedures to achieve optimal periorbital rejuvenation while maintaining natural aesthetic outcomes.

References:

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Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

Many techniques of upper blepharoplasty have been described. Our technique utilizes the individual advantages of many existing techniques to improve the overall aesthetic outcome of upper blepharoplasty procedure in Caucasian patients.

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#11879

'My 5 points for achieving patient satisfaction when using Aptos Technique'

45 - Combination treatments

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Background/Objectives:

As of today, modern aesthetic medicine has a wide range of various techniques. The most important thing for us, as doctors, is to individually tailor a treatment plan for each patient and to clearly differentiate the capabilities of aesthetic cosmetology. In my work, I want to use specific examples to demonstrate and explain the key points that must be followed in order to achieve results and a high level of patient satisfaction. The pursuit of youthful appearance has led to the development of various aesthetic procedures, each targeting specific signs of aging. Combined rejuvenation techniques involve the strategic use of multiple modalities—such as botulinum toxin injections, dermal fillers, laser resurfacing, and thread lifting—to achieve more comprehensive and natural-looking results. This integrated approach allows for the correction of volume loss, skin laxity, and surface irregularities simultaneously, enhancing overall facial harmony. The abstract discusses indications, benefits, and potential risks of combining different methods, emphasizing the importance of individualized treatment planning for optimal outcomes. By leveraging the strengths of each technique, practitioners can offer patients minimally invasive yet highly effective anti-aging solutions.

Methods:

Using specific clinical cases, I will demonstrate the rejuvenation protocols I have developed for patients through combined techniques. I utilize a collaborative approach that includes full-face treatment with a Neuroprotein at reduced dosages, in combination with Thread lifting (using cog threads with barbs), implanted through both molding and linear techniques. Additionally, I combine this with microneedling RF lifting and injections of poly-L-lactic acid. These protocols are detailed in schematic form, indicating precise dosages and administration techniques.

Results:

Based on the analysis of accumulated clinical experience, I concluded that implementing five core treatment algorithms significantly enhances the effectiveness of procedures, increases patient flow, and improves both the number and satisfaction of patients. Over the past few years, we have carried out more than 800 rejuvenation protocols utilizing these five main algorithms, which are based on combined rejuvenation techniques. We achieved stable and pronounced results in 69.3% of patients, with a patient satisfaction rate of 71.9%.

Conclusions:

Based on the above, it can be concluded that modern aesthetic medicine can no longer rely on monotherapies alone. Only by adhering to fundamental principles — in my case, five core treatment algorithms — and by combining multiple procedures in a collaborative approach, can we achieve a high level of patient satisfaction along with stable and pronounced results. These protocols can serve as practical guidance for fellow practitioners, and following the five key principles will be the foundation for successful outcomes in clinical practice.

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Removal of facial soft ptosis with special threads – Sulamanidze M.A., Sulamanidze G.M., Fournier P.F.,

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

Looking ahead a little, I can say with certainty that a rational combination of thread rejuvenation techniques with other minimally invasive procedures allows us to increase the severity and duration of the aesthetic effect, and allows us to achieve a high level of satisfaction for our patients. Many aesthetic doctors, having a wide range of cosmetology products at their disposal, do not always clearly differentiate the appropriateness of one protocol or another for their patients. Sometimes doctors perform several procedures in one session, which is absolutely incorrect in terms of following procedure protocols. My work is definitely clinical demonstration material and will help colleagues to clearly develop a therapy plan, achieve high results, gain recognition as doctors, and assist in building their personal brand

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#11880

Facial Filler Complications: Reconsidering Venous and Lymphatic Compression

48 - Complications - avoidance and management

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Background/Objectives:

The fascia, as a dynamic three-dimensional network of connective tissue, permeates all body structures, enabling the transmission of mechanical forces, fluids, and neural commands. This multi-layered structure, comprising lobules, hyaluronic acid, fat, blood vessels, nerves, and lymphatics, functions as an intelligent gyroscopic system, striving to maintain dynamic equilibrium. While swelling or edema following injections has traditionally been considered a transient side effect, there is a need to regard it as a significant complication potentially arising from the compression and occlusion of the venous and lymphatic systems. The multi-layered anatomy of the facial soft tissues, particularly the SMAS, is crucial for understanding this mechanism. Injection into intra-SMAS lobules can create significant mechanical stress that radiates through fascial layers, impairing venous and lymphatic flow. Furthermore, the natural hyaluronic acid within the fascia/SMAS can impede filler dispersion and enzymatic dissolution, increasing the risk for prolonged edema.

This presentation aims to question whether unexplained complications following filler injections stem from a mechanism that has not yet received full attention. The objective is to shift the paradigm by reconsidering venous and lymphatic compression as a central complication and to demonstrate a systemic approach to its diagnosis and treatment, highlighting the importance of understanding the facial fascial system's role in remote complications.

Methods:

The approach is illustrated through a clinical case presentation utilizing sonographic imaging. A targeted therapeutic intervention was performed to address venous and lymphatic compression identified by Doppler ultrasound. The methodology involved assessing the clinical manifestations, identifying remote anatomical and functional connections within the fascial network, and applying a treatment designed to release the observed occlusion.

Results:

The clinical manifestation of venous and lymphatic occlusion was observed to be varied, ranging from congestion and skin color changes to chronic malar edema and pain, sometimes appearing in areas remote from the injection site. The presented clinical case with sonographic imaging demonstrated that a targeted intervention successfully released a remote occlusion, which resulted in marked clinical improvement. This finding highlights the importance of a systemic perspective on the fascia.

Conclusions:

Recognizing venous and lymphatic compression and occlusion as a central complication of filler injections necessitates an evidence-based diagnostic and therapeutic approach, utilizing advanced tools like Doppler ultrasound. A deep understanding of the fascial system is essential for deciphering how filler injections impact not only local tissue but also remote areas. Tailoring treatment to anatomical variability, aging processes, and individual risk factors is key to achieving optimal outcomes. Reconsidering the mechanical pressure mechanism will lead to a significant improvement in the diagnosis, treatment, and prevention of complications, providing clinicians with new tools for a systemic understanding of tissue responses to injections.

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Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

Paradigm Shift in Understanding and Managing Edema

- From Side Effect to Diagnosable Complication: The primary impact is shifting the clinical mindset away from viewing persistent swelling and edema as a mere transient side effect. Instead, it frames them as a significant, diagnosable complication resulting from the compression and occlusion of venous and lymphatic systems. Explaining the "Unexplained": This approach provides a suggestion to pathophysiological mechanism for complications that are until now considered "unexplained". This allows clinicians to move beyond treating symptoms empirically and toward addressing a root cause.

Transition from a Local to a Systemic and Holistic Approach

- Beyond the Injection Point: The abstract implies that practitioners must look beyond the immediate injection site. A deep understanding of the fascia as a dynamic, three-dimensional network is essential to understand how a local injection can impact remote areas.
- Systemic Diagnosis and Treatment: This perspective necessitates a more systemic and holistic approach when diagnosing and treating complications. The clinical case demonstrating the release of a remote occlusion reinforces that the cause of a problem might not be at the site of the symptoms, and treatment might be more effective if directed at the source of the remote fascial tension.

Enhanced, Evidence-Based Diagnostics

- Objective Tools over Guesswork: This approach moves away from guesswork in managing persistent edema and advocates for an evidence-based diagnostic method.
- Crucial Role of Doppler Ultrasound: It positions advanced tools like Doppler ultrasound as essential for accurately diagnosing the underlying cause of the complication. Ultrasound can visualize the anatomy, locate the filler, and assess blood and lymphatic flow, allowing for precise identification of venous or lymphatic compression.

Improved Prevention and Targeted Treatment Strategies

- Better Prevention: Understanding that injection into specific structures like intra-SMAS lobules can create significant mechanical stress and impair drainage allows for the development of safer injection techniques aimed at avoiding these high-risk zones.
- Personalized Medicine: It highlights the importance of tailoring treatments to the individual's anatomical variability, aging processes, and pre-existing risk factors, which is key to reducing complications.
- Targeted Interventions: By identifying a specific mechanism (e.g., mechanical pressure), treatments can be more targeted and effective. This approach promises a significant improvement in the diagnosis, treatment, and prevention of these common complications.
- New Conceptual Tools for Clinicians: Ultimately, this perspective provides clinicians with a new set of conceptual tools to understand the complex interactions between fillers, facial anatomy, and the fascial system, leading to greater confidence and better patient outcomes.

Oral Presentation

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#11881

Scalp micropigmentation as an alternative to hair transplant

52 - Hair restoration

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Background/Objectives:

Scalp micropigmentation as an alternative to hair transplant

Objective:

While SMP artfully replicates hair follicles, it does not replace or regrow hair. Instead, it creates the illusion of a freshly shaved head or fills in areas of diffuse thinning to mask scalp visibility. Combined with follicular unit extraction (FUE), SMP offers a cost-effective and less invasive alternative to traditional hair transplant surgery.

Materials & Methods:

SMP uses finer needles and customized pigments tailored to each patient's scalp and hair characteristics.

The process is meticulous and time-intensive: it may take multiple sessions totaling up to 20 hours and is crafted more as an art form than a standard procedure.

SMP supplements FUE—a leading technique that, as of 2016, accounted for 52.6% of hair transplant methods, showcasing a 20% annual growth in the overall hair restoration industry.

Results:

Scalp micropigmentation gradually enhances and defines the patient's hairline using a bespoke pigment blend that mimics natural hair growth patterns and color variations.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

Conclusion: SMP typically requires two non-sequential sessions, allowing for gradual, subtle enhancement in appearance over time. It involves virtually no downtime, unlike surgical hair transplantation, making it a convenient option for patients seeking rapid results without recovery time.

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#11883

“RejuLift™ Dual-Molecular PDLA – The Next-Gen Filler Alternative for Full-Face Rejuvenation”

44 - Treatment with Injectables (Botulinum toxin & fillers)

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Background/Objectives:

This presentation proposes a structured, dual-molecular PDLA injection protocol as a novel alternative to conventional fillers for full-face rejuvenation. By integrating small and large particle types across anatomical zones, the technique provides natural volumization, contour lifting, and skin refinement. With growing concern over filler-related complications, this method represents a forward-looking, safe, and reproducible injectable strategy in aesthetic medicine.

- Objective

1. Understand the principles and characteristics of dual-molecular PDLA biostimulators.
2. Learn a personalized injection technique using small and large PDLA for full-face rejuvenation and lifting.
3. Apply targeted PDLA injection mapping to address volume loss, skin laxity, and texture refinement.

Methods:

- Small-particle PDLA was reconstituted with 5 cc normal saline and 1 cc Xylocaine (no adrenaline), injected into infraorbital and medial midface using fanning and bolus techniques in sub-dermal plane. Large-particle PDLA was mixed with 7 cc normal saline and 1 cc Xylocaine, injected via fanning technique into temporal, zygomatic arch, preauricular, and jawline areas for volumization and lifting. Both used 25G cannula or 30G needle depending on area.

- Amount of reconstitution

* Small particle PDLA mixed with 5 cc. normal saline and 1 cc. Xylocaine without adrenaline, injected to undereyes and midface at medial face areas (medial to lateral canthus line)

* Large particle PDLA mixed with 7 cc. normal saline and 1 cc. Xylocaine without adrenaline, injected to lateral part to lateral canthus line at temporal, Zygomatic arch, preauricular and jawline areas for volumization and ligament lifting.

* Treatment protocol for small molecular weight PDLA

* Infraorbital area

* Fanning Technique

* Sub-dermal plane

* 25 G, 50 mm. Blunt Canula

* 0.5 ml./side.

* Skin Rejuvenation

* Bolus technique

* Sub-dermal plane

* 30 G, Sharp needle

* Mid-cheek area 1.5 ml./side

* Lower face area 1 ml./side

* Treatment protocol for large molecular weight PDLA

* Fanning technique

* Sub-dermal plane

* 25 G, 50 mm. Blunt Canula

* 1 ml./site

* At temporal, Zygomatic arch, pre-auricular and jawline areas.

Results:

Visible facial lifting observed 1 month post-treatment with dual-molecular PDLA. Brow elevation, jawline contour, and infraorbital hollowness improved. Skin showed enhanced firmness, refined texture, and reduced pore size. Rejuvenation effects were seen across treated areas. No major adverse events reported. Technique highlights the synergy of small and large PDLA in layered facial biostimulation.

Conclusions:

This study supports the efficacy of dual-molecular PDLA injection for full-face rejuvenation. Objective improvements were observed in brow elevation, jawline definition, pore size reduction, and skin texture at 1-month follow-up. No significant adverse events were reported. The protocol demonstrates a safe, anatomy-guided, and customizable approach with high patient satisfaction and minimal downtime.

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Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

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#11884

Lip Pentagon Protocol – An Anatomically-Guided and Aesthetic-Centered Strategy for Safe and Beautiful Lip Filler Design

44 - Treatment with Injectables (Botulinum toxin & fillers)

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Background/Objectives:

This presentation introduces the “Lip Pentagon Protocol” as a systematic, anatomy-informed technique to simplify lip filler design. By targeting five strategic zones—border, corners, volume, philtrum, and tubercles—this approach allows practitioners to create natural, youthful lips while minimizing complications. With increasing demand for safer, more customized lip enhancements, this method serves as a clear, reproducible strategy tailored to individual facial balance.

Objective

1. Understand the anatomical layers and vascular pathways critical for safe lip injections.
2. Learn the “Lip Pentagon” technique to enhance key aesthetic landmarks for balanced and natural lips.
3. Apply a zone-specific injection approach to optimize definition, volume, symmetry, and safety.

Methods:

Tools: 30G sharp needle or 25G blunt cannula depending on zone.

- Product: Medium-to-high G’ HA filler based on treatment goal (definition vs volume).
- Injection techniques:
 - LP1 – Border Definition: Retrograde linear injections, superficial to OOM.
 - LP2 – Oral Commissure Eversion: Percutaneous micro-bolus (0.03–0.05 ml), spaced 5 mm apart.
 - LP3 – Vermilion Volume: Retrograde linear threading, either with cannula or needle.
 - LP4 – Philtrum Columns: Linear injection along column, 0.05 ml/side, superficial plane.
 - LP5 – Tubercles: Bolus anterior to wet-dry border at midline, superficial plane.

Results:

The Lip Pentagon technique produced consistently aesthetic outcomes with improved vermilion volume, enhanced definition, and natural symmetry. Oral commissure support and philtral definition were noticeably improved. Most patients reported high satisfaction with a low incidence of complications, limited to transient bruising or swelling. No vascular occlusions or nodules were observed when adhering to anatomical guidelines.

Conclusions:

The Lip Pentagon Protocol offers a structured and safe approach to lip augmentation, balancing anatomical safety with aesthetic precision. It enhances treatment efficiency, reduces guesswork, and improves outcomes across diverse patient profiles. This method is ideal for both novice and experienced injectors seeking reproducible, natural-looking results with minimized downtime and complications.

References:

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Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

The Lip Pentagon Protocol improves upon conventional lip filler techniques by providing a structured, anatomy-based framework that simplifies treatment planning. Unlike traditional methods that often rely on trial-and-error or artistic instinct, this protocol offers clear injection zones and aesthetic goals—making it easier to design natural, balanced lips while minimizing risks. It enhances safety, precision, and reproducibility, especially for less experienced injectors or complex lip anatomies.

Oral Presentation

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#11885

Exosomes and Immuno-Tolerisation - Not all Exosomes Are Equal

51 - Regenerative aesthetics

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Background/Objectives:

As the use of exosome therapy grows exponentially across the globe, so too does the presence of inferior and fake products with fraudulent claims, impossible capabilities and potential safety hazards for both the practitioner and patient. More importantly, with products containing human-biological components deemed illegal in most international, aesthetic markets. How can the needs of treatment providers be fulfilled with TRUE exosomes therapy that is human-sequence compatible, compliant with national laws and effective in delivering genuine patient solutions?

Immune tolerisation explores the relationship between skin cells and their ribosome, to assess the compatibility of extracellular vesicles and their applications in aesthetic medicine.

With substantial clinical evidence supporting the phagocytosis and rapid elimination of human-derived exosomes, when infused even into human skin. This leaves little hope for the plethora of botanical or animal sourced exosomes (found in the aesthetic market) to be:

Recognised as a human-sequence Accepted by ribosomes found in the cell's cytoplasm Not viewed as immunogenic or antigenic, triggering inflammation & reactivity Not attacked by macrophages and undergo phagocytosis as a defence mechanism

Biomimetic exosome technology is an international first to harness a process of reverse engineering and bottom-up strategies to conjugate a synthetic membranous coating with an internal complex and coupled anti-bodies (cargo-loading). What results are synthetic, human-compatible exosomes that may be considered immune-tolerised, resisting rejection and phagocytosis to promote enhanced expression and durability. Based on synthesised Human Leucocyte Antigen-G complexes, this biomimetic technology facilitates true regenerative worth, whilst adhering to ethical, legal and patient expectations.

Beyond polynucleotides, greater than growth factors, fearlessly focussed than mere proteins and compatible for all human patients – this is the birth of the ultimate regenerative force for face, body and scalp regeneration.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

Delivering a clear biochemical approach to the exosome phenomenon, determining what really can and can't work. Helping practitioners decide how to source genuine technology that delivers evidence-based results and solutions.

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Dos & Don'ts With Exosomes In Aesthetics – A Pharmacological & Formulation Perspective

51 - Regenerative aesthetics

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Background/Objectives:

As exosome therapy dominates as the new regenerative force in aesthetics, an often over-enthusiastic and naïve approach compromises the quality, effect and results of these nano-scale, extra-cellular vesicles.

A by-product of any fluid secreting cell or biochemical biomimetics, an exosome is a protein and nucleotide abundant capsule, encased in phospholipids and ceramides. Stabilised under natural conditions, synthetic, human, animal and even plant-derived exosomes possess volatile vulnerability, with sensitivity to ultracentrifugation, acidity, alkalinity, refrigeration, heating and lyophilisation. In addition to manufacturing considerations, despite common protocols and practices, exosomes are antagonists of popular topical actives, which interfere with the contained peptide and protein-laden cargo. Exosome quality is also highly influenced by storage and transporting conditions.

With an intent to deliver and exceed patient expectations and results, the often wide-eyed, innocent, yet determined approach, implemented by treatment providers, too often compromises exosomes, if not destroying them with unideal devices, products and treatments. The legalities of approved exosome administration into the skin also flags concern and attention, with off-label practices highly frowned upon.

So, in a world that says YES to exosomes in aesthetics, what are the true pharmacological and formulation parameters that must be taken into perspective. More explicitly, which practices, products and procedures are rendering these vesicles biochemically redundant?

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

Understanding that exosomes are temperature and pH volatile and are not suitable for many combination therapies or compatible with many topical local anaesthetics. Learn how to maximise exosome therapies for best practice and results. This session covers the pharmacology and biochemistry not taught to most practitioners.

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#11887

Innovative Revision Of Hypertrophic & Keloid Scars – A Fusion Of Automated Skin-Needling And Drug Delivery

42 - Scars & acne

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Background/Objectives:

As the third most common reason patients seek an aesthetic solution (following rhytids and dyschromia), the scar revision market is estimated to reach a value of USD\$34.5 billion by 2025. With a growth rate of 9.7% per annum globally, patients of Asian, Middle Eastern & African morphotypes serve as a high-risk demographics particularly for hypertrophic and keloid scar formation. Whilst dermal rolling and fractional laser have been preferred treatments for scar reduction since the 1990s, the resulting thermolysis and ablation can be problematic for PIH and the activation of pro-fibrotic growth factors.

The objective is to deliver an innovative and comfortable combination therapy that targets and treats hypertrophic scars on the face and body. The non-thermolytic and non-ablative technique is suitable for all Fitzpatrick skin types and ethnicities, especially for patients with darker skins. The procedure offers fast and effective results with minimal downtime. The combination therapy furthermore offers an affordable alternative to traditional scar treatments with less complications and discomfort. Automated technology delivers expert precision and administration.

Updates with automated micro-needling now offer a mechanical scar revision where procedural depth and speed may be customised at any point or time. There is less practitioner dependence. A combination of gliding and imprint techniques not only allow for the physical breakdown of existing fibrous tissue but can also administer steroid and anti-mitotic drugs via infusion method. Such drugs include triamcinolone acetonide and fluorouracil. A pre-op intralesional injection however may be administered if required. Scars may be treated at multiple angles, without heat or ablation. The procedure may be performed in minutes and without anaesthetic or injections (in many cases).

Patients report an improvement in lesion size and softness within a few days. This effect continues and is maximised with follow-up treatments for at least 4 procedures in total. So, long as the treated area is not re-traumatised, results are long-lasting and provide an above satisfactory cosmetic result. Associated post-inflammatory hyper and hypopigmentation also appear to become rebalanced.

The modern patient demands comfortable and affordable procedures that deliver long lasting results. With the pressures of social media and the rise of the 'selfie' (face photos) and 'belfie' (body photos), patients affected by post-traumatic and post-surgical hypertrophic scars on their face and body now have a new option for scar revision. This innovative technique secures automated micro-needling with steroid and anti-mitotic combination therapies as the preferred method of reliable and precise treatment suitable for patients of all skin types.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

A non-thermolytic, non-surgical, fast and inexpensive approach for keloid revision that is suitable on all skin types. This method is highly innovative and simple to perform, creating life-changing patient results.

Oral Presentation

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#11888

Pinpoint Precision – the skin-needling depth debate deciphered & defined

51 - Regenerative aesthetics

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Background/Objectives:

Since the development of dermal rollers and stamps, skin-needling procedures continue to be limited with a one-size-fits-all approach and little value given beyond mere collagen induction therapy. Whilst pioneers of this treatment argued 'the deeper, the better', this has shown zero consideration to the individual patient, indication and location of the pathology within their skin. As an updated approach, practitioner obsession with a numerical outcome must be challenged and reformed. Not all scars need 3mm, not all rhytids 1.5mm and not all hyperpigmentation 0.5mm.

It is clear, successful and tailored results are achieved visually, not numerically.

Automated skin-needling delivers precision versatility, enabling the practitioner to change needle depth and oscillation at any time. Through the correct diagnosis of the indication and an understanding of the associated anatomy and histology of the pathology, it is clear a visual endpoint delivers the ultimate of procedural customisation with pinpoint and unique precision. No two skins are alike.

More than mere mechanical revision, the associated electrical impulses emitted at the needle ends, activate an autologous chemical cascade and the administration of valuable and localised growth, transcription and regenerative factors. With thousands of puncture channels created per second, these too may be maximised for the infusion of non-donor dependent, chemical rejuvenating agents.

Delivering new methods of success, treating patients with a visual endpoint facilitates new approaches for the treatment of acne, hyperpigmentation, hypopigmentation, rosacea, alopecia, rhytids, scars and striae.

More than physical mechanics, visual endpoint delivers regenerative pinpoint precision, for every patient, every procedure, every programme, every time.

What condition do you diagnose and what should you be looking for?

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

Globally, skin-needling procedures are generally performed too deep, too aggressively and with too much blood, believing this delivers better results. It does not. This presentation promotes pinpoint precision, allowing practitioners new versatility, but an understanding that more superficial procedure can be more valuable, comfortable and results-oriented.

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#11889

Automated Skin-Needling & Acral Vitiligo – Delivering Unique Patient Solutions With Innovative Drug Combination Therapies

41 - Pigmentation

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Background/Objectives:

Affecting 0.5-1% of the world population across all ethnic groups, the pathogenesis of vitiligo is argued to be a multifactorial combination of auto-immune; genetic; viral; neural or oxidative stress. The disorder is characterised by patches of hypopigmentation resulting from melanocyte destruction. Whilst traditional methods for re-pigmentation have included grafting (epidermal culture / melanocyte culture) and excimer laser, the combination of automated micro-needling and a specific anti-mitotic drug has made for a successful and innovative technique.

The objective is to offer practitioners an innovative and simple alternative to treat Acral and acute Generalised Vitiligo. This new technique offers the patient fast, comfortable and effective administration with visual improvement demonstrated in as little as 2 weeks.

As micro-channels are punctured into the skin, a corrective cascade is activated by the release of regulatory growth factors. The effect is non-ablative and non-thermolytic. The created channels furthermore facilitate the infusion and distribution of a specific anti-mitotic agent (fluorouracil / 5-Fu) with an unexpected, but proven effect to multiply melanocytes and form pigment. Subsequently this combination therapy sees the activation and migration of healthy melanocytes to enable successful re-pigmentation on lesions which have been stabilised for at least 6 months. Treatment is performed fortnightly for at least 4 sessions.

In patients where the active phase of the condition is in remission and lesions have been stabilised for at least 6 months, it may be observed that hypopigmented lesions reduce in size with melanocyte migration travelling around 2-3mm following each procedure. Best results are achieved for patients experiencing acute generalised or acral vitiligo where lesion sizes are 2-4mm in diameter. The fluorouracil combination therapy seems to isolate then stimulate damaged melanocytes only. There is minimal effect on existing healthy melanocytes. As such post-operative dyschromia is reduced.

This innovative technique is suitable for stabilised conditions on all ethnicities, ages and sexes. As a non-surgical and non-thermolytic procedure, the treatment is safe, fast and effective with none to very minimal discomfort. Patient downtime may be likened to a mild sunburn in appearance and sensation. This typically resolves in 36-48 hours. The procedure offers an impressive and affordable alternative by comparison to dated, painful or complicated modalities.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

An innovative synergy that is affordable, easy to perform, evidence-based and results-oriented. A perfect combination therapy for patients affected by this disease who have not responded to traditional and expensive therapies.

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#11890

Personalized Regenerative Contouring with Modified Treat-To-Total Energy using High-Intensity, Non-Focused Parallel Beam Ultrasound

51 - Regenerative aesthetics

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Background/Objectives:

High-intensity, non-focused ultrasound parallel beam technology offers a non-invasive approach to stimulate deep tissue remodeling. The "Treat To Total Energy" strategy tailors energy delivery to individual patient needs, but further refinement is needed to optimize regenerative contouring and address facial asymmetries. This case report explores a modified TTE approach using customized energy mapping with high-intensity, non-focused ultrasound to achieve personalized and natural-looking results.

Methods:

A single patient with facial and neck laxity was treated with high-frequency, high-intensity, non-focused parallel beam ultrasound technology. A modified TTE protocol was implemented, involving customized energy mapping with higher fluence (3.8-4 J) on the upper cheek area for definition and lower fluence (3-3.2 J) on the temporal area for subtle volumization. Total energy accumulation was strategically varied across facial regions, with greater energy delivered to the more ptotic right side. Standardized photographs were taken at baseline and 2-month follow-up. Facial and neck laxity were evaluated using the Quantitative Comprehensive Grading Scale.

Results:

The mean laxity grade improved from 2 (moderate) at baseline to 1 (mild) at follow-up. Significant improvements were observed in baseline and follow-up photographs. The patient reported high satisfaction, and no adverse events occurred.

Conclusions:

Modified TTE using customized mapping with high and low fluence and higher energy accumulation on the more ptotic side allows personalized treatment for patients who need regenerative contouring. This approach effectively and safely addresses regenerative contouring and corrects asymmetry without the need for injectables. Further studies are warranted to explore this approach in greater detail.

References:

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Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

The personalized regenerative contouring approach using modified Treat-To-Total Energy (TTE) with high-intensity, non-focused parallel beam ultrasound offers a significant shift towards tailored treatments in aesthetic medicine. By customizing energy mapping with varied fluence levels to address individual facial asymmetries and volume deficits, this non-invasive technique presents a promising alternative to injectables for achieving natural-looking results and enhanced patient satisfaction. The approach enables precise tissue remodeling, potentially complementing other aesthetic procedures for comprehensive rejuvenation. Further studies are warranted to validate its efficacy and optimize treatment parameters for broader application (Oku, 2024).

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#11891

SUCCESSFUL TREATMENT OF RESISTANT ALOPECIA TOTALIS WITH TOFACITINIB

52 - Hair restoration

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Background/Objectives:

Alopecia Areata (AA) is one of the most common autoimmune diseases that causes non-scarring, patchy hair loss. The most severe type of Alopecia areata is alopecia totalis (AT). Affected patients have association of psychological disease and shown decreased quality of life. Despite the fact that there are several treatment options available for AA, most of them do not provide satisfactory results when it comes to AT. Despite the fact that there are a number of treatment options available for AA, the most of them do not provide satisfying results when it comes to AT. The disease is distinguished by the invasion of hair bulbs by activated T lymphocytes cells. The pathophysiology of alopecia areata reveals CD4 cell depletion. AA has hereditary correlations with genes of major histocompatibility complex (MHC). In recent years, multiple series, case reports, and small open-label trials have demonstrated the effectiveness of oral Janus kinase (JAK) inhibitors as a therapy for AT. One of the commonly used JAK inhibitor for the treatment of psoriatic and rheumatoid arthritis is tofacitinib. Here, we present a 21-year-old male patient who had effective treatment for Alopecia totalis with tofacitinib. The patient lost all of his but regained after six months of therapy, and there was no sign of a recurrence. The patient responded favourably to the therapy; by the fourth week, hair had begun to grow, and by the sixth month, complete regrowth had been achieved. There were no significant negative effects reported. For AT, tofacitinib may be a well-tolerated and effective therapy option; however, more research is required to determine its long-term effectiveness.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

Tofacitinib, a Janus kinase (JAK) inhibitor, originally approved for rheumatoid arthritis, has shown promise in treating resistant alopecia totalis, a severe and often treatment-refractory form of alopecia areata. Recent case reports and studies documenting successful regrowth of hair in such patients represent a potential paradigm shift in aesthetic and hair restoration practices. Existing Impact on Aesthetic Medicine/Surgery: Non-Surgical Hair Restoration Breakthrough:

- Tofacitinib offers a pharmacologic alternative to hair transplantation, particularly in patients who previously had no viable donor sites due to complete hair loss.
- Its success in restoring natural hair growth enhances patient satisfaction and reduces reliance on surgical or prosthetic solutions.

Expansion of Medical Aesthetics Scope:

- Dermatologists and aesthetic practitioners can now consider JAK inhibitors as part of their armamentarium, especially in cases where corticosteroids, minoxidil, or PRP (platelet-rich plasma) have failed.
- This introduces a precision medicine approach to aesthetic care, integrating immunomodulators for underlying autoimmune conditions affecting appearance.
- Improved Psychological Outcomes:
 - Given the profound emotional and social impact of alopecia totalis, a reliable medical treatment like tofacitinib addresses both aesthetic and psychological concerns, aligning with holistic trends in aesthetic medicine.
- Reduced Demand for Scalp Micropigmentation or Wigs:
 - Patients who previously resorted to cosmetic camouflage may now experience full hair regrowth, reducing the need for such procedures.
- Impending/Future Implications:
 - Integration into Standard Aesthetic Practice:
 - As more evidence accumulates, JAK inhibitors like tofacitinib may become standard non-surgical options offered in aesthetic clinics, particularly those specializing in hair loss.
 - Clinics may need to collaborate more closely with dermatologists or immunologists for prescribing and monitoring.
 - Shift in Hair Transplantation Criteria:
 - Patients once considered non-candidates for transplantation (e.g., with active or total alopecia areata) may regain enough hair or scalp health for surgery, possibly combining pharmacologic priming with FUE or FUT procedures.
- Regulatory and Safety Considerations:
 - Tofacitinib's systemic side effects (e.g., increased infection risk, liver enzyme elevation, malignancy risk) necessitate careful screening, patient selection, and monitoring, which may impact how aesthetic providers integrate it into practice.
 - Long-term use in aesthetic settings may require formal guidelines or cross-specialty referral models.
 - Personalized Aesthetic Medicine:
 - The emergence of treatments like tofacitinib signifies a move toward personalized immunologic profiling in aesthetic medicine—identifying patient-specific triggers and tailoring interventions accordingly.

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#11893

Anti-Aging Gum Treatment

62 - Anti-aging & integrative medicine

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Background/Objectives:

A smile is an important part of beauty and personality. Marilyn Monroe summed it up perfectly when she said, « A smile is the most beautiful makeup a woman can wear ». Modifying, transforming or restoring the smile is a common request for cosmetic and anti-aging surgeons. Numerous surgical and non-surgical techniques are described and used to treat peri-oral and oral tissues.

Like all tissues, oral and periodontal tissues are subject to daily stress and the effects of aging. They lose elasticity and support due to degradation of the collagen fibers that anchor the gingival tissues to the periodontal tissues. Aesthetically, the reduction in volume of the peri-dental gingival tissues creates visible interdental spaces that give an unsightly black appearance, which is a reason for consultation.

If left untreated, these tissue weaknesses can lead to attachment loss, gingival recession, the creation of food impact zones, gingival swelling often accompanied by spontaneous or induced bleeding, and tooth mobility. All of these signs are associated with oral discomfort and distress. Extra-oral signs may also appear, such as loss of muscle support and the development of perioral wrinkles or loss of vertical dimension leading to sagging of the lower third of the face.

A comprehensive, global and fully personalized treatment plan based on a clinical examination, radiological evaluations and biological laboratory tests allows for an accurate diagnosis. The anti-aging periodontal treatment focuses on nutritional and micronutritional rebalancing, as well as the correction of harmful habits such as stress. Local treatments, including laser therapy, are offered to the patient to prevent this aging process.

Again, the choice of laser is critical. At the local level, it is necessary to cleanse, heal and stimulate. Of course, different wavelengths are used and the action of several lasers is essential to achieve the best results.

Dietary adjustments and the prescription of specially selected nutritional supplements ensure optimal and rapid healing.

This comprehensive patient care ensures that the regenerative results are quickly visible to the patient, which facilitates both treatment compliance and dialog with the health care team.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

These treatments help restore the harmony of lost tissue, both on the surface and deep within. The psychological impact is significant: the preservation of teeth and an attractive smile is a guarantee of well-being. These treatments help restore the harmony of lost tissue, both on the surface and deep within. The psychological impact is significant: the preservation of teeth and an attractive smile is a guarantee of well-being.

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#11894

Renew facial volume with biostimulator for modern men: updated protocol

44 - Treatment with Injectables (Botulinum toxin & fillers)

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Background/Objectives:

According to the International Society of Aesthetic Plastic Surgery (ISAPS) 2023 report, men accounted for 14.4% of global aesthetic surgical procedures. Motivations of appearance improvement include: Aesthetics enhancement and self confidence, career advancement and social media influence etc. (1-4)

Facial volume loss is a well-documented aspect of aging and can also be influenced by various external and medical factors. Causes include: 1. Natural aging process; 2. Environmental factors; 3. Lifestyle factors such as competitive exercises in men; and 4. Medical conditions and treatments such as the current trend of Ozempic use. (5)

And PLLA has been well documented for its use in improving facial volume. (6) Current new protocol has improved its use and proposed an easy-to-follow way to treat patients with facial volume loss.

Reference:

The beautification of men within skincare advertisements (ScienceDirect, 2023). Behaviors and Attitudes Toward Cosmetic Treatments Among Men (PMC, 2023). Physical appearance improvements increase prosocial behavior (ScienceDirect, 2024). Setting the bar: Divergent sociocultural norms for appearance (ScienceDirect, 2017) Facial Aging: A Quantitative Analysis of Midface Volume Changes over 11 Years. Boehm, Lucas M. M.D.; Morgan, Aaron M.D.; Hettinger, Patrick M.D.; Matloub, Hani S. M.D. *Plastic and Reconstructive Surgery* 147(2):p 319-327, February 2021. A Randomized Controlled Trial Evaluating Traditional versus Extended Techniques of Poly-L-Lactic Acid injection for the Aesthetic Improvement of the Temporal Fossae

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Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

Key take away of this presentation includes: 1. PLLA biostimulator does not make the patient fat if used properly. 2. PLLA biostimulator should not be used as a filler and it should not be injected in boluses.

Oral Presentation

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#11895

Botulinum Toxin – A New Role in Contouring: Expanding Horizons in Aesthetic Medicine

44 - Treatment with Injectables (Botulinum toxin & fillers)

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Background/Objectives:

Botulinum Toxin, long established for its efficacy in dynamic wrinkle reduction, is witnessing a paradigm shift in its applications—emerging as a minimally invasive tool for facial and body contouring. This presentation explores the evolving role of Botulinum Toxin in reshaping not just the face, but also key body areas to achieve refined aesthetic outcomes without surgical intervention.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

The session will delve into targeted applications including:

- Facial Contouring via masseter muscle reduction to slim the lower face and define the jawline, and brow reshaping for subtle elevation and symmetry.
- Neck Rejuvenation and Slimming through the precise treatment of platysmal bands, improving contour and reducing signs of aging.
- Shoulder Sculpting, or "Trap Tox", by relaxing trapezius hypertrophy, enhancing neck length and femininity of the shoulder line.
- Calf Slimming via chemodenervation of gastrocnemius muscles, ideal for patients desiring a leaner leg silhouette, especially in East Asian aesthetic preferences.
- Posterior thigh shaping by targeting hamstring overactivity in select cases.
- Ankle contour refinement through lower leg muscle modulation.
- Upper arm definition, particularly for individuals with bulky biceps/triceps due to muscular hypertrophy or athletic build.

Drawing on clinical experience, anatomical insights, and current literature, this talk will provide evidence-based protocols, dosing strategies, and safety considerations. Before-after case documentation will illustrate treatment potential and limitations. As Aesthetic Medicine advances beyond wrinkle management, Botulinum Toxin stands as a powerful adjunct for global contouring—delivering natural, harmonized body shaping results when administered with anatomical precision and artistic judgment.

Oral Presentation

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#11896

Pre-juvenation A Proactive Paradigm in Aesthetic Anti-Aging

51 - Regenerative aesthetics

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Background/Objectives:

The field of aesthetic dermatology is witnessing a pivotal shift from reactive to proactive approaches in managing skin aging. *Pre-juvenation*—a term gaining increasing clinical traction—represents an anti-aging strategy focused on **prevention over reversal**, aiming to **preserve youthful skin characteristics** and delay visible signs of aging. This model is especially relevant in younger demographics seeking early, subtle interventions to maintain skin vitality without dramatic transformations.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

Unlike traditional rejuvenation, which targets the correction of existing damage, pre-juvenation harnesses early interventions such as skin boosters, topical antioxidant and retinoid regimens, broad-spectrum sun protection, and customized home care protocols to fortify the skin barrier and enhance dermal resilience. Techniques like collagen banking through microneedling, platelet-rich plasma (PRP), low-dose neuromodulators ("baby Botox"), and light-based therapies (e.g., IPL, LED phototherapy) serve to stimulate fibroblast activity and prevent structural breakdown. Advancements in biostimulatory injectables, hormonal balance optimization, nutraceutical supplementation, and lifestyle-integrated skin wellness further support this integrative, preventive model. The goal is not merely aesthetic preservation but also the promotion of long-term skin health at the cellular and molecular levels. This presentation will explore evidence-based protocols, patient selection strategies, and longitudinal treatment planning essential for implementing pre-juvenation effectively. Emphasis will be placed on educating aesthetician practitioners about tailoring these interventions across diverse skin types and ages, ensuring a patient-centric, ethical, and sustainable aesthetic practice.

Oral Presentation

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#11897

Non-Vascular Complications of Fillers

44 - Treatment with Injectables (Botulinum toxin & fillers)

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Background/Objectives:

I believe that as the first-generation users of HA fillers we need to pave the path for the future of aesthetic industry. As a moral responsibility, we need to make the next generation aware of the perils of 'fillers', beyond the usual 'Vascular complications', which we do talk about often. I have observed that a lot more damage occurs due to this trend of using 'too much' and 'too often' while chasing unrealistic expectations.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

I have observed that a lot more damage occurs due to this trend of using 'too much' and 'too often' while chasing unrealistic expectations. Through my presentation, I would like the delegates to be aware and cautious to this 'growing trend'. I will deliberate on, how in my practice I am managing this 'syndrome'. Will be sharing few case studies and related picture of anatomy and aesthetic outcomes to drive home the point. When we are aware and are able 'to draw the line' ourselves, we may be able to bend the aesthetic trend to move towards a more realistic, safe and sustainable outcomes.

Oral Presentation

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#11898

Adipose Tissue Regeneration for Skin Rejuvenation

51 - Regenerative aesthetics

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Background/Objectives:

Age related morphological changes in the skin such as wrinkles, fat and bone resorption and skin dehydration are because of loss of elasticity and volume. Replacing the volume with fillers or fat, was the absolute certain way to deal with this, up until now.

However, the limitation of fat transfer (as fat was giving volume but not elasticity) and the not so aesthetically accepted appearance post fillers or the current desire for 'natural appearances', has opened the doors for 'biostimulators' to achieve a youthful appearance. These stimulators improve the fibroblast function and skin elasticity.

Through this lecture I would like the delegates to understand the concept of 'youthful appearance' over a 'young' appearance without using volumizing fillers. I will talk about the biostimulators I use in my office and the techniques of choosing the right combination for a given patient and their condition.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

This session explores the innovative approach of adipose tissue regeneration through the application of non-volumizing hyaluronic acid, growth factors, and polynucleotides in dermatological practice. Focusing on non-surgical methods, this presentation delves into the mechanisms by which these bioactive substances stimulate adipocyte proliferation and enhance tissue regeneration, thereby rejuvenating facial aesthetics. Emphasis is placed on the clinical application within dermatology clinics, detailing the procedural steps and patient management protocols. Discussions include the integration of advanced technologies and the customization of treatment plans to optimize outcomes while ensuring patient safety and satisfaction. By elucidating the efficacy and safety profile of this approach, the session aims to equip dermatologists with practical insights into incorporating adipose regeneration therapies into their clinical practice effectively.

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#11899

Remodeling the Neck using a Multi-Modal approach

45 - Combination treatments

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Background/Objectives:

Is an ageing neck a graveyard of aesthetic appearance? As one of the most neglected yet highly visible areas of the body, the neck often betrays age-related changes more quickly than the face. Common concerns in this region include skin laxity, wrinkles, platysmal bands, loss of volume, and textural irregularities. These issues can significantly affect a patient's overall aesthetic harmony, as the neck is inextricably linked to facial rejuvenation. This presentation will delve into a multi-faceted, combination approach for neck rejuvenation, utilizing Botox, dermal fillers, threads, laser treatments & energy-based devices in a synergistic manner to achieve superior, long-lasting results.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

Key Approaches to Neck Rejuvenation: Botox: Hyperactive neck muscles, particularly the platysma muscle, are responsible for the formation of prominent platysmal bands. Botox helps address neck creases caused by dynamic muscle movement, enhancing both the aesthetic and functional aspects of the neck. Fillers: Low molecular weight / Low G-prime fillers we can take care of the horizontal neck lines. These are Hyaluronic acid-based dermal fillers such as Restylane or Juvéderm and they help restore the neck appearance by taking care of the horizontal lines. Threads: Thread lifting is a non-surgical technique that provides immediate skin tightening and long-term collagen stimulation. Dissolvable PDO (polydioxanone) threads are inserted intradermally to stimulate collagen production and increase elasticity to the neck. Thread lifting is particularly beneficial for patients with mild to moderate neck sagging. Skin Boosters: such as Profhilo, Volite, SKINVIVE help in building up skin hydration and quality to provide youthful appearance of the neck. Lasers: Laser such as Q switch and Energy based devices such as Microneedling RF and HIFU help in building up the skin tone, reducing the submental fat (double chin) and skin texture. Integrated Treatment Plan: This presentation will focus on my approach of using these available treatment options in a combination that is appropriate for a given patient situation. I will discuss the rationale behind the multi-treatment approach, how to tailor it to different patient needs, and the sequencing of treatments to maximize outcomes. Case Studies and Results: To illustrate how I use several approaches together to achieve the desired results customized for each patient, I will present several case studies showcasing before-and-after results. By attending this session, participants will gain a thorough understanding of how to implement a multi-modal treatment approach for neck rejuvenation, enhance their clinical practice, and provide patients with safe, effective, and aesthetically pleasing results.

Oral Presentation

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#11900

Basics of Lasers

49 - Lasers, EBDs & Light

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Background/Objectives:

Lasers form an integral part of all our practices, and I remember buying my first laser where I blindly followed the company representatives. Only later did I realize the need to understand the basics and physics of lasers at large. Understanding the fundamentals and principles give us a better understanding of the functioning and upkeep of the device.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

Through this lecture I would like our delegates to revisit the specifications like wavelength, beam profile, intensity and chromophores. It's always a must to learn our basics to be able to use our devices accurately and to its best potential.

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#11901

Counseling for Aesthetic Procedures

73 - Marketing & Practice management

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Background/Objectives:

In today's world of growing distrust, wrong practices and quackery, retaining the establishing your patient's faith is extremely important. Counseling is one of the key skills that helps in achieving this objective. This being an intangible feature, it becomes important to break it down into pointers, so that the patient is at ease and the message is conveyed too. Through my talk, I would like to depict few essential counseling skills.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

We as practicing aesthetic physicians sometimes need to don the hat of a psychologists too. And it is extremely important to build that connect and rapport with your patient. I have identified 5 key concepts that has proved to be very effective in my practice for patient counseling, to gain their trust and deliver desired results on an ongoing basis. I will be deliberating about these 5 key concepts by giving examples that have worked in my own practice.

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#11902

Estrogen and the ER β Receptor: A New Frontier in Skin Aging and Aesthetic Practice

62 - Anti-aging & integrative medicine

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Background/Objectives:

Skin is an estrogen-responsive organ, and estrogen—particularly estradiol (E2)—plays a crucial role in maintaining its structural and functional integrity. The postmenopausal decline in estrogen is associated with accelerated cutaneous aging, including thinning of the epidermis, decreased collagen and elastin content, reduced vascularisation, and impaired barrier and repair functions. While estrogen receptor alpha (ER α) has historically received more attention, emerging data suggests that estrogen receptor beta (ER β) is the predominant receptor in human skin and a critical modulator of skin health. The objective of this presentation is to synthesise the latest evidence on E2 and ER β in skin biology and explore clinical implications for aesthetic medicine.

Methods:

A literature review was conducted using PubMed, Ovid, and Embase databases, focusing on studies published from 2000 to 2024. Keywords included: “estrogen AND skin,” “ER β AND skin,” “estradiol AND collagen,” and “hormone replacement AND aging.” In addition, clinical case comparisons are presented between two postmenopausal women of identical age but differing hormone exposure histories: one with early surgical menopause and no hormone therapy, and the other with late natural menopause and ongoing HRT use. Cutaneous changes were assessed through clinical photography, skin analysis, and patient history.

Results:

Key findings include:

- Collagen loss: Estrogen deficiency leads to a 30% collagen reduction in the first 5 years post-menopause, followed by 1–2% annual decline (Brincat, 1987).
- Epidermal thinning: Estrogen loss results in up to a 10–15% reduction in epidermal thickness and diminished barrier function (Shah & Maibach, 2001).
- HA & hydration: Estrogen regulates hyaluronic acid synthesis via HAS2 expression; its decline is linked with reduced skin hydration and turgor (Verdier-Sevrain et al., 2006).
- ER β predominance: ER β is the dominant receptor in keratinocytes and dermal fibroblasts. Activation supports anti-inflammatory, antioxidative, and reparative skin pathways (Nilsson et al., 2001).
- Clinical case comparison: The HRT-treated subject had visibly improved skin elasticity, hydration, and reduced rhytides compared to the estrogen-deficient subject, despite identical chronological age and similar lifestyle.

Conclusions:

Declining estrogen levels—especially the loss of ER β -mediated signaling—play a key role in the structural and functional deterioration of skin during aging. Aesthetic clinicians must understand the hormonal influences on skin integrity to tailor treatment plans appropriately. ER β -selective modulation may represent a promising future strategy for skin rejuvenation that circumvents the risks associated with systemic hormone therapy. Incorporating hormonal context into aesthetic assessment and management can enhance patient outcomes and satisfaction.

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Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

Emerging evidence on estrogen's role—particularly via ER β , the predominant estrogen receptor in skin—has significant implications for aesthetic medicine. Declining estrogen levels drive key aging changes such as collagen loss, thinning, dryness, and delayed healing. Recognising and addressing hormonal status, especially in perimenopausal and postmenopausal women, allows clinicians to enhance outcomes of energy-based devices, injectables, and surgery. ER β -targeted therapies, including topical modulators and bioidentical hormones, represent a new frontier in aesthetic care, offering the potential to optimise skin condition, improve treatment efficacy, and personalise interventions at a molecular level.

Oral Presentation

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#11903

Dual Modality Approach To Acne Scars in Skin Of Colour

42 - Scars & acne

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Background/Objectives:

To evaluate the safety and efficacy of combined CO₂ laser and TCA 50% peel treatment in various types of acne scars in skin of colour.

To assess the degree of scar improvement across different scar types (icepick, boxcar, and rolling scars) following dual modality therapy.

To analyze the patient satisfaction and identify any adverse effects associated with the combined treatment approach.

To determine whether this integrated modality provides a comprehensive solution for mixed acne scars, enhancing overall treatment outcomes in skin of colour.

Methods:

A prospective case series involving 25 patients with skin of colour presenting with mixed acne scars (icepick, boxcar, and rolling scars) was conducted. Patients underwent combined treatment sessions wherein CO₂ laser resurfacing targeted rolling scars, while TCA 50% peel was applied specifically to icepick and boxcar scars. The treatment sessions were performed under standard protocols, with pre- and post-care instructions. Outcomes were assessed through clinical photography, scar grading scales, and patient satisfaction scores at baseline and follow-up intervals of up to three months.

Results:

The combined modality approach yielded significant improvements in scar appearance, with an average reduction in scar severity scores by 60%. Patients with rolling scars showed marked improvement following CO₂ laser resurfacing, while TCA peel effectively minimized the depth and appearance of icepick and boxcar scars. No significant adverse effects were observed, apart from transient erythema and mild post-inflammatory hyperpigmentation in some cases, which responded to conservative management. High patient satisfaction was noted across the cohort, with self-reported improvements in skin texture and scar visibility.

Conclusions:

The simultaneous use of CO₂ laser and TCA 25% peel in a single session is a safe and effective modality for managing diverse acne scars in skin of colour. This combined approach addresses the heterogeneity of scar types, providing comprehensive visual and psychological improvements. Further studies with larger cohorts and longer follow-up are recommended to validate these findings and optimize treatment protocols.

References:

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

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#11904

1726 with Air Cooling, and Real-Time Temperature Monitoring, Software- Assisted Power as a promising long-term for seborrhoeic eczema: A case report offering a new for a chronic disease management.

49 - Lasers, EBDs & Light

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Background/Objectives:

1726 with Air Cooling, and Real-Time Temperature Monitoring, Software- Assisted Power as a promising long-term for seborrhoeic eczema: A case report offering a new for a chronic disease management.

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Seborrhoeic dermatitis is a chronic inflammatory skin condition characterized by erythema, scaling, and itching, predominantly affecting sebum-rich areas such as the scalp, face, and upper trunk. It is a common disorder, with a prevalence of up to 5% in the general population and can significantly impact quality of life due to its visible symptoms and associated discomfort. The pathogenesis of seborrhoeic dermatitis is multifactorial, involving increased sebum production, colonization by the yeast *Malassezia furfur*, and an abnormal immune response.

Current treatments for seborrhoeic dermatitis include antifungal agents (e.g. ketoconazole), anti-inflammatory medications (e.g., corticosteroids), and keratolytic agents (e.g. salicylic acid). While these therapies can be effective, they often require long-term use and may be associated with adverse effects such as skin atrophy, irritation, or tachyphylaxis. Relapse is common upon discontinuation of treatment, highlighting the need for novel therapeutic approaches that are both effective and well-tolerated.

Androgens play a pivotal role in regulating sebaceous gland activity and sebum production, which are integral to the development of seborrhoeic dermatitis. Elevated androgen levels stimulate sebaceous gland hyperplasia and increase sebum secretion, creating an environment conducive to *M. furfur* proliferation [6]. Bicalutamide is a nonsteroidal antiandrogen that functions as a selective androgen receptor antagonist, primarily used in the treatment of prostate cancer. By inhibiting androgen receptor signaling, bicalutamide may reduce sebum production and modulate inflammatory responses in the skin.

Safety and Tolerability

Accure were well-tolerated, with adverse events. The most common side effect was mild erythema g up to 3 hours post-laser session. No serious adverse event was reported.

Discussion

The results of this Accure 1726 is a novel, effective and well-tolerated in the treatment of seborrhoeic dermatitis. Patients receiving bicalutamide showed significant improvements in clinical symptoms, including reductions in erythema, scaling, and itching,

Conclusion

Accure 1726 represents a promising therapeutic option for patients with seborrhoeic dermatitis with a long-term remission. Further research and investigation is required.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

The results of this Accure 1726 is a novel, effective and well-tolerated in the treatment of seborrhoeic dermatitis. Patients receiving bicalutamide showed significant improvements in clinical symptoms, including reductions in erythema, scaling, and itching. Conclusion Accure 1726 represents a promising therapeutic option for patients with seborrhoeic dermatitis with a long-term remission. Further research and investigation is required.

Oral Presentation

Submitter

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#11905

Calm the Flush - the use of incobotulinum toxin in facial flushing

44 - Treatment with Injectables (Botulinum toxin & fillers)

Mcchord K¹

¹Merz Aesthetics, Perth, Australia

Background/Objectives:

We know that Botulinum Toxin Type A has been a game changer for our muscles but what can it do for our skin?

Rosacea is a complex condition, often misunderstood and overlooked. This can contribute to many negative psychological consequences for our patients.

Botulinum Toxin works by inhibiting neuropeptide release which can inhibit vasodilatation. It can also reduce the inflammatory cascade, modulate sebaceous activity and interrupt autonomic pathways to cutaneous flushing. In addition, by cleaving SNARE proteins, thus reducing Cathelicidin LL-37, it stabilises erythema and vascular homeostasis.

Our demographic includes many caucasian (celtic), Fitzpatrick Type I-III skin types, therefore photodamage, redness and erythema is a common presenting complaint in all ages.

We trialled incobotulinum toxin (40u hyperdiluted 1:1) injected intradermally using manual injections, stamping device and mesotherapy gun (HYCOOX).

Methods:

We selected 3 patients who were resistant to medical treatment of rosacea. Their therapy had included topical and oral regimens. These patients varied in severity on IGA global assessment scale from 0-3. The age range was 26 to 61 years. These patients also had reported changes in QoL..

Patients had full medical history and clinical imaging taken at baseline then week 2-4. Various filters were used, including pigmentation and vascular. Patients were invited to fulfil a small survey (Likert scale) rating pain score, efficiency and efficacy of treatment.

Results:

Patient 1- Female 27 years - moved to Australia from Ireland, developed erythema in butterfly rash distribution. Investigated to exclude SLE. Injected 40u hyperdiluted 1:1 with meso device (aquagold). Patient 2 - Male 34 years - treatment resistant rosacea, currently taking accutane. Under care of Dermatologist. Injected with 40u hyperdiluted manual injections intradermally. Patient 3 - Male 61 years - treatment resistant erythema/rosacea, stopped socialising due to self esteem. Injected with 40u hyperdiluted via meso gun (HYCOOX)

Conclusions:

All 3 patients had objective and self-reported beneficial outcomes in skin quality, vascularity, luminosity, texture and tone. There was no significant difference in outcomes regarding method of injection. All patients reported improvement in confidence and self esteem. Clinical imaging provided images to support this subjective measurement. Preferred method of injection from practitioner was manual injections (ease of use and time). Preferred method of injection from patient was meso device (less pain)

References:

Cesar Gonzalez Ardila, Laura A. Colorado Franco, Manuel Franco, Andrea Galeano, Angie Julieth Holguin Molina, Julio R. Amador, Marco Rocha, A Case Series of a Novel Approach in the Treatment of Rosacea: Use of Botulinum Toxin and Intense Pulsed Light for the Treatment of Erythematotelangiectatic Rosacea, *Journal of Cosmetic Dermatology*, 10.1111/jocd.16774, **24**, 1, (2025). Dayan SH, Ashourian N, Cho K. A Pilot, Double-Blind, Placebo-Controlled Study to Assess the Efficacy and Safety of IncobotulinumtoxinA Injections in the Treatment of Rosacea. *J Drugs Dermatol*. 2017 Jun 1;16(6):549-554. PMID: 28686772. He G, Yang Q, Wu J, Huang Y, Zheng H, Cheng H. Treating rosacea with botulinum toxin: Protocol for a systematic review and meta-analysis. *J Cosmet Dermatol*. 2023; 23: 44-61. doi:10.1111/jocd.15962. Katia H. Takahashi, Thais O. Utiyama, Edileia Bagatin, Fabiola R. Picosse, Fernando A. Almeida Efficacy and safety of botulinum toxin for rosacea with positive impact on quality of life and self-esteem. *Pharmacology and Therapeutics* - Report. 21 January 2024. Luque A, Rojas AP, Ortiz-Florez A, Perez-Bernal J. Botulinum Toxin: An Effective Treatment for Flushing and Persistent Erythema in Rosacea. *J Clin Aesthet Dermatol*. 2021 Mar;14(3):42-45. Zhang H, Tang K, Wang Y, Fang R, Sun Q. Use of Botulinum Toxin in Treating Rosacea: A Systematic Review. *Clin Cosmet Investig Dermatol*. 2021 Apr 30;14:407-417.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

Suggestion of recommendation to include botulinum toxin type A in treatment of rosacea/facial flushing and erythema in cosmetic consideration of management. However, given the small sample, this could be reproduced in much larger scale. A future addition, may be to add IPL intermittently to treatment plans for optimal outcome.

Oral Presentation

Submitter

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#11906

Calm the Flush - the use of incobotulinum toxin in facial flushing

44 - Treatment with Injectables (Botulinum toxin & fillers)

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Background/Objectives:

We know that Botulinum Toxin Type A has been a game changer for our muscles but what can it do for our skin?

Rosacea is a complex condition, often misunderstood and overlooked. This can contribute to many negative psychological consequences for our patients.

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All 3 patients had objective and self-reported beneficial outcomes in skin quality, vascularity, luminosity, texture and tone. There was no significant difference in outcomes regarding method of injection. All patients reported improvement in confidence and self esteem. Clinical imaging provided images to support this subjective measurement. Preferred method of injection from practitioner was manual injections (ease of use and time). Preferred method of injection from patient was meso device (less pain)

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Cesar Gonzalez Ardila, Laura A. Colorado Franco, Manuel Franco, Andrea Galeano, Angie Julieth Holguin Molina, Julio R. Amador, Marco Rocha, A Case Series of a Novel Approach in the Treatment of Rosacea: Use of Botulinum Toxin and Intense Pulsed Light for the Treatment of Erythematotelangiectatic Rosacea, Journal of Cosmetic Dermatology, 10.1111/jocd.16774, 24, 1, (2025). Dayan SH, Ashourian N, Cho K. A Pilot, Double-Blind, Placebo-Controlled Study to Assess the Efficacy and Safety of IncobotulinumtoxinA Injections in the Treatment of Rosacea. J Drugs Dermatol. 2017 Jun 1;16(6):549-554. PMID: 28686772. He G, Yang Q, Wu J, Huang Y, Zheng H, Cheng H. Treating rosacea with botulinum toxin: Protocol for a systematic review and meta-analysis. J Cosmet Dermatol. 2023; 23: 44-61. doi:10.1111/jocd.15962. Katia H. Takahashi, Thais O. Utiyama, Edileia Bagatin, Fabiola R. Picosse, Fernando A. Almeida Efficacy and safety of botulinum toxin for rosacea with positive impact on quality of life and self-esteem. Pharmacology and Therapeutics - Report. 21 January 2024. Luque A, Rojas AP, Ortiz-Florez A, Perez-Bernal J. Botulinum Toxin: An Effective Treatment for Flushing and Persistent Erythema in Rosacea. J Clin Aesthet Dermatol. 2021 Mar;14(3):42-45. Zhang H, Tang K, Wang Y, Fang R, Sun Q. Use of Botulinum Toxin in Treating Rosacea: A Systematic Review. Clin Cosmet Investig Dermatol. 2021 Apr 30;14:407-417.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

Suggestion of recommendation to include botulinum toxin type A in treatment of rosacea/facial flushing and erythema in cosmetic consideration of management. However, given the small sample, this could be reproduced in much larger scale. A future addition, may be to add IPL intermittently to treatment plans for optimal outcome.

Oral Presentation

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#11907

Novel Transepidermal Delivery of Liquid Polycaprolactone Using a Plasma Pretreated, Electroporation-Assisted Jet Injector

82 - Innovation & Tech

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Background/Objectives:

This presentation introduces a novel approach for the transdermal delivery of **liquid polycaprolactone (PCL)**. Our method utilizes a **modified jet injector** that incorporates two key advancements. First, a preliminary **plasma pretreatment** is applied to transiently increase the permeability of the skin barrier. Second, the jet injector is **electroporation-assisted**, enabling more efficient and targeted delivery. This innovative system delivers a new **liquid nano-PCL formulation**, designed to overcome the common drawbacks of traditional injection methods, such as **pain and bruising**, while promoting **superior epidermal and dermal regeneration**.

A significant advantage of our new jet injector is its integrated **electroporation function**. Guided by a specialized conduit, this feature **minimizes drug loss and maximizes absorption** compared to conventional jet injectors. Additionally, our liquid PCL formulation differs from traditional carboxymethylcellulose (CMC)-type PCL by dispersing more uniformly in water, which allows for **easier dilution and more efficient delivery**. In this presentation, we will detail this innovative liquid PCL administration method using our novel jet injector and report on the promising **clinical outcomes** observed.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

The individual components (plasma pretreatment, electroporation, jet injectors) are not entirely new to aesthetic medicine. Plasma is used for skin tightening and rejuvenation (e.g., Plasma Pen), and electroporation is recognized for enhancing topical drug delivery. This new system ingeniously combines these established principles for synergistic benefits.

Oral Presentation

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#11908

Contribution of Diathermocontraction of Facial Muscles in Non-Surgical Face Lifting: A Clinical Evaluation

49 - Lasers, EBDs & Light

Professor Lebbar N¹

¹University of Genoa Italy, Genoa, Italy

Background/Objectives:

Background : Non-surgical facial rejuvenation techniques have gained significant attention due to increasing patient demand for minimally invasive procedures. Diathermocontraction—a technique that uses radiofrequency (RF) or high-frequency currents to induce thermal contraction of facial muscles—presents a novel approach to facial lifting by targeting the underlying musculature rather than solely focusing on the dermis and subcutaneous tissues.

Objective: To evaluate the efficacy and safety of diathermocontraction in improving facial contour, muscle tone, and overall lifting effect in patients seeking non-invasive facial rejuvenation.

Methods:

A prospective clinical study was conducted on 30 patients aged 35–60 years exhibiting signs of facial laxity. Each patient underwent a series of diathermocontraction sessions targeting key facial muscle groups. Outcomes were assessed at baseline, immediately post-treatment, and at 1- and 3-month follow-ups using standardized photographs, 3D imaging analysis, and physician- and patient-reported global aesthetic improvement scales (GAIS).

Results:

Significant improvement in facial firmness and contour was observed in 86% of participants at 1 month, with sustained effects noted at 3 months. The most pronounced lifting effects were seen in the midface and jawline regions. No major adverse effects were reported; transient erythema and mild discomfort were the most common side effects.

Conclusions:

Diathermocontraction of facial muscles demonstrates promising results as a safe and effective modality for non-surgical face lifting. By directly enhancing muscle tone and inducing localized tissue tightening, this technique may serve as a valuable adjunct or alternative to other non-invasive aesthetic procedures.

References:

Histological and ultrastructural evaluation of the effects of a radiofrequency-based nonablative dermal remodeling device: a pilot study. Brian D Zelickson 1 , David Kist, Eric Bernstein, Douglas B Brown, Sergey Ksenzenko, Jay Burns, Suzanne Kilmer, David Mehregan, Karl Pope Arch Dermatol 2004 Feb;140(2):204-9. doi: 10.1001/archderm.140.2.204 An Anatomical Approach to Radiofrequency-Assisted Facial Rejuvenation: Beyond the Treatment Gap.Stein MJ, Vranis NM, Aston SJ.Aesthet Surg J. 2025 Jan 16;45(Supplement_1):S1-S9. doi: 10.1093/asj/sjae232.PMID: 39817791 Nonsurgical nonablative treatment of aging skin: radiofrequency technologies between aggressive marketing and evidence-based efficacy.Atiyeh BS, Dibo SA.Aesthetic Plast Surg. 2009 May;33(3):283-94. doi: 10.1007/s00266-009-9361-9. Epub 2009 May 13.PMID: 19437070 Review Use of a neuromuscular electrical stimulation device for facial muscle toning: a randomized, controlled trialSuzane Kavanagh 1 , John Newell, Michael Hennessy, Neil SadickJ Cosmet Dermatol 2012 Dec;11(4):261-6. doi: 10.1111/jocd.12007.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

The only treatment targeting the muscles actually was the botulinum toxin. actually targeting the muscles is the new trend in aesthetic medicine to achieve a natural volumization and non invasive face lifting avoiding any down time or side effects

Oral Presentation

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Presenter

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#11909

Treatment of periorbital hyperpigmentation: sharing experiences in Southeast Asia patients.

51 - Regenerative aesthetics

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¹HCMC Hospital of Dermato-Venereology, Ho chi minh, Vietnam

Background/Objectives:

Backgrounds:

Periorbital hyperpigmentation (POH) refers to a common and multifactorial challenge in aesthetic dermatology. The complicated etiology of POH results in a variety of modalities to optimize patient's satisfaction. Classification of POH is divided into 4 categories: pigmented, vascular, structural and mixed subtypes. However, there was no consensus guideline about treatment of periorbital hyperpigmentations yet. In this case series report, we try to evaluate minimal invasive treatments including topical medication, injectable filler, laser therapy, plasma-rich platelet in POH. Safety issues are the utmost concern besides efficacy. The aim of the treatment should be based on individual conditions, treating the primary cause of hyperpigmentation as well as contributing factors.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

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#11910

Combination of Non-Crosslinked Hyaluronic Acid and Platelet-Rich Plasma (PRP): A Rational Approach to Facial Rejuvenation and Hair Loss Treatment

51 - Regenerative aesthetics

Professor Lebbar N¹

¹university of Genoa, Genoa, Italy

Background/Objectives:

Background: Non-crosslinked hyaluronic acid (HA) and platelet-rich plasma (PRP) are each widely utilized in aesthetic medicine for their regenerative and bioactive properties. HA provides hydration and supports extracellular matrix (ECM) integrity, while PRP delivers autologous growth factors that stimulate cellular proliferation, angiogenesis, and tissue repair. The combined application of these two biocompatible agents may offer synergistic benefits in facial rejuvenation and androgenetic alopecia.

Objective: To evaluate the rationale, mechanisms, and clinical outcomes of combining non-crosslinked HA and PRP in facial rejuvenation and hair restoration protocols.

Methods:

A comprehensive review of current literature and clinical observations was conducted. In addition, a prospective observational study was designed involving 30 patients (15 facial rejuvenation, 15 scalp treatment for early-stage hair loss). All participants received intradermal injections of a mixture of non-crosslinked HA and autologous PRP in a standardized protocol. Clinical outcomes were assessed using validated aesthetic scales, patient satisfaction surveys, digital dermoscopy (for hair density), and cutaneous hydration measurements over 3 months.

Results:

The combination treatment demonstrated improved dermal hydration, elasticity, and skin radiance in facial applications, with no adverse events. In scalp applications, increased hair density and reduced telogen effluvium were observed within 8–12 weeks. The synergistic effect appears to be attributed to enhanced cellular bioavailability of growth factors in a hydrated ECM environment, favoring neocollagenesis, fibroblast activation, and follicular stimulation.

Conclusions:

The integration of non-crosslinked HA with PRP presents a rational, safe, and effective bioregenerative strategy for non-surgical facial rejuvenation and early-stage hair loss. Further controlled trials are warranted to optimize protocols and confirm long-term efficacy.

References:

Redaelli A, et al. (2010) *Face and neck revitalization with hyaluronic acid and platelet-rich plasma: A new synergy*. J Cosmet Dermatol. 9(1):23–29. [PMID: 20367663] Sciafani AP. (2011) *Safety, efficacy, and utility of platelet-rich fibrin matrix in facial plastic surgery*. Arch Facial Plast Surg. 13(4):247–251. [PMID: 21768490] Gentile P, et al. (2015) *Autologous platelet-rich plasma versus topical minoxidil 5% in androgenetic alopecia: A comparative study*. BioMed Res Int. 2015:1–10. [PMID: 25861305] Mapar MA, et al. (2022) *Combination of platelet-rich plasma and hyaluronic acid for the treatment of androgenetic alopecia: A randomized clinical trial*. Dermatol Ther. 35(10):e15751. [PMID: 36094752] El Taieb MA, Ibrahim AK. (2020) *Combined injection of PRP and HA vs PRP alone in alopecia areata: A split scalp study*. J Cosmet Dermatol. 19(12):3206–3212.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

PRP combined with non cross linked HA is very efficient to treat the tear trough deformity the dark circles and gives a global glow to the face, i have been using it with excellent results since several years for patients aiming to have a conservative autologous treatment. However the use of the combination on hair loss is recent and appears to be more efficient that using the prp alone.

Oral Presentation

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#11911

The role of regenerative medicine in aesthetic dermatology

41 - Pigmentation

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Background/Objectives:

The growing interest in maintaining a youthful appearance has prompted an accelerated development of noninvasive and minimally invasive aesthetic approaches for skin rejuvenation and regeneration. Regenerative medicine had been defined as three pillars: the use of cells and/or tissue fractions, bio-cues and regenerative scaffolds. Regarding the use of cells therapy, in recent years, human mesenchymal stem cells (hMSCs) from different sources has emerged as a promising strategy for the treatment of cutaneous diseases. However there are many problems to solve including quality and efficacy of cells to get the optimized results. Among many modalities of bio-cues, platelet rich plasma had been used the most with clinical data proving safety and efficacy. Moreover, exosomes played as a rising star to apply in many aspects of aesthetic dermatology, such as wound healing, hair growth, hyperpigmentation and anti-aging. These therapies showed potential development, but need more clinical evidence in the future. Last but not least, possess the potential to stimulate regeneration of all the different structural components of the tissue. By using biomaterials that inhibit a chronic inflammatory response, averting fibrosis and enhancing physiological tissue regeneration, this treatment could help to support skin barrier, regenerate tissue, neocollagenase and immune activity.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

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#11912

The key to success: combining therapies for hair loss treatment and transplants. Introducing an innovative approach: Platelet-Rich Plasma (PRP) and non-crosslinked Hyaluronic Acid.

52 - Hair restoration

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²Medical office Dr. Reith, Munich, Germany

Background/Objectives:

In the field of treating hair loss and enhancing the outcomes of hair transplants, research has demonstrated that combination therapies are more effective when they operate through distinct mechanisms. These therapies encompass minoxidil, finasteride, low-level laser therapy, and PRP (platelet-rich plasma). Concurrently, efforts can be made to mitigate potential side effects.

Studies have revealed that the combination of PRP and non-cross-linked hyaluronic acid yields superior results compared to monotherapy in the context of wound healing, osteoarthritis, and burns. This finding extends to female hair loss, where studies indicate that PRP alone is less effective than in male patients. However, when combined with hyaluronic acid, notably improved outcomes are observed.

In the donor region following hair transplants utilizing the single-harvest technique, the combination of PRP with hyaluronic acid not only results in smaller scar diameters but also prevents the typical shock loss. This suggests that the combination of PRP and hyaluronic acid can positively impact both wound healing and hair regrowth.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

Androgenetic Alopecia treatment options with controlled studies are limited to Finasteride, Minoxidil, Low Laser Light Therapy, and PRP. These medications don't work indefinitely or equally well for everyone, and side effects, even if suggestive, make them unsuitable for many. To get the best results, combine these treatments while reducing side effects. The combination of PRP and non-cross-linked HA compound demonstrated a beneficial effect on FPHL, with no significant adverse events observed. To reduce scarring in single hair transplantation procedures and enhance microcirculation, it is recommended to administer Platelet-Rich Plasma (PRP) along with Hyaluronic Acid (HA) in the donor site following extraction.

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#11913

Next-Gen Aesthetics: Combining Thread and Regenerative Therapies for Dynamic Facial Areas

45 - Combination treatments

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Background/Objectives:

Background: Rejuvenation of dynamic facial areas, specifically the infraorbital region and nasolabial folds, presents significant challenges when relying solely on traditional dermal filler monotherapy. Common complications include the formation of palpable irregularities, an unnatural appearance, and the undesirable migration of filler material. These issues arise from the complex interplay of underlying anatomical structures, such as retaining ligaments, and the constant movement inherent to these zones. To overcome these limitations, a shift towards comprehensive, multimodal treatment strategies is imperative. Polydioxanone (PDO) threads offer a foundational approach by providing immediate structural support and, critically, by stimulating neocollagenesis over approximately six months, thereby strengthening critical retaining ligaments like the orbicularis retaining ligaments in the periorbital area and contributing to long-term volumetric improvement. Furthermore, the strategic selection of dermal fillers, particularly those with dynamic properties suited for areas of high mobility, is essential to ensure natural integration with facial expressions. Complementary biostimulatory agents such as Platelet-Rich Plasma (PRP) and Polynucleotide (PN) further enhance tissue regeneration and skin quality, offering additional avenues for comprehensive rejuvenation.

Summary: This abstract advocates for a multimodal approach combining PDO threads with selected dermal fillers, PRP, or PN for superior, natural, and long-lasting rejuvenation of dynamic facial areas. This strategy effectively addresses diverse concerns, from structural laxity and volume deficit to skin quality, while mitigating complications associated with single-modality treatments.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

This presentation has significant implications for the practice of aesthetic medicine and surgery. Its impact stems from advocating a shift away from single-modality treatments, particularly for dynamic facial areas like the infraorbital region and nasolabial folds. Historically, these areas have been challenging due to the high risk of unnatural results, lumps, and filler migration when using fillers alone. The implications for practitioners are: **Emphasis on Multimodality:** It promotes a more holistic and nuanced approach, encouraging the use of a combination of techniques (PDO threads, dynamic fillers, PRP, PN) rather than relying on one. This requires practitioners to be proficient in multiple modalities and understand their synergistic effects. **Improved Patient Outcomes:** By combining structural support (threads) with volumization (fillers) and regenerative therapies (PRP/PN), the approach aims to deliver more natural-looking results, reduce complications like filler migration and lumpiness, and achieve longer-lasting effects. **Personalized Treatment Plans:** The abstract highlights that the choice of complementary treatment (fillers, PRP, or PN) depends on the "different problems of the undereyes." This reinforces the need for thorough patient assessment and highly individualized treatment plans, moving away from a "one-size-fits-all" approach. **Enhanced Safety and Efficacy:** By strengthening ligaments and providing structural support, threads can potentially improve the safety profile of filler injections in these dynamic areas, reducing the risk of undesirable outcomes. The biostimulatory effects of threads, PRP, and PN also contribute to long-term tissue health and sustained aesthetic improvement. **Evolution of Training and Education:** This paradigm shift necessitates updated training and education for aesthetic practitioners to master the combined techniques, understand the nuances of material selection (e.g., dynamic fillers), and develop expertise in comprehensive facial assessment. In essence, the abstract signals a move towards more sophisticated, integrated, and patient-centric aesthetic treatments, promising better and more sustainable results for challenging facial areas.

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#11915

Unlocking Longevity Begins with Early, Accurate Cancer Detection

62 - Anti-aging & integrative medicine

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Background/Objectives:

Traditional diagnostic methods often identify cancers at advanced stages, limiting therapeutic options and negatively impacting survival outcomes. High false-positive rates in conventional screening further contribute to overtreatment and patient anxiety. Recent advances in liquid biopsy technologies—specifically the detection of circulating tumor cells (CTCs)—offer a promising, non-invasive approach for identifying cancer at its earliest, most treatable stages. This presentation will explore how cutting-edge innovations in diagnostic testing are reshaping the future of longevity, with a focus on early cancer detection through proprietary CTC filtration technologies. We will highlight findings from a recent study conducted by Cancer Check Labs (CCL), in collaboration with the Comprehensive Blood & Cancer Center (CBCC), Christus Health, and Onco Filtration, Inc. The study successfully identified CTCs in patients with Stage 0 ductal carcinoma in situ (DCIS) and Stage 1 invasive breast cancer using an advanced liquid biopsy platform designed to isolate viable tumor cells from peripheral blood samples.

Key Points:

- The Current Diagnostic Landscape: Overview of the \$114.8 billion cancer diagnostics market (2023) and the critical role of early detection in extending health span and survival.
- Breakthroughs in Liquid Biopsy: Examination of CTC detection assay, including its methodology, analytical advantages, and early clinical validation.
- Clinical and Research Implications: Integration of liquid biopsy into standard care pathways, challenges in adoption, and opportunities for future research to expand the impact on patient longevity.

Audience Takeaways:

- Insights into state-of-the-art advances in liquid biopsy for early-stage cancer detection.
- Understanding the clinical applications and transformative potential of CTC based diagnostics.
- Exploration of future research directions and their implications for extending patient longevity and improving quality of life.

Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

This abstract highlights a major advancement in cancer diagnostics: liquid biopsy using circulating tumor cell (CTC) detection for early cancer identification, even at Stage 0. While not directly about aesthetic medicine, this technology has significant *impending implications* for the field. It could lead to:

- Enhanced pre-operative safety: Aesthetic surgeons could utilize these tests for routine screening, identifying early, asymptomatic cancers in otherwise healthy patients before elective procedures. This minimizes risks and ensures patients are truly healthy for surgery.
- Integration into "longevity" practices: As aesthetic medicine increasingly focuses on overall wellness and anti-aging, offering advanced early cancer screening aligns with the goal of extending health span and improving quality of life.
- New ethical considerations: Aesthetic practitioners might face challenges regarding incidental cancer findings, the emotional impact on patients, and the need for clear referral pathways to oncology.

In short, this breakthrough allows for proactive, non-invasive cancer detection, which could transform aesthetic medicine by making patient assessment more comprehensive, emphasizing holistic longevity, and introducing new ethical responsibilities for practitioners.

Oral Presentation

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#11916

Celebrities, Influencers, Models or Real Clients: Who is best the ambassador for your clinic?

73 - Marketing & Practice management

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Background/Objectives:

In today's practice - marketing thru the help and collaboration of influencers, models, celebrities and real patients can help boost the reach of the clinic service and brand. But which are really effective, cost efficient and can be an excellent advantage to the clinic's branding. In my 8 year clinic marketer history I will be sharing my experience and success stories while collaborating with them.

To know the type of influencers

To know the advantage and advantages of each type of influencers

To learn the best approach how to deal and maximise marketing efforts of each

To learn what type of influencers can work best with your clinic branding

To learn contracts, demands and restrictions

To learn to learn and avoid yourself from abusive demands of collaborators

Methods:

Sharing my experience, sample of situations, solutions, presentation, videos and photos.

Results:

Doctors, clinic owners and marketers will learn how to choose the best influencers depending on their clinic branding and marketing goal. Collaborate successfully and bring in actual clients coming from these collaborations.

Conclusions:

Choosing the right type of influencers can give a reputable clinic image, bring-in the right clients and gain wider market reach.

References:

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Clear explanation of its existing or impending impact and implications on the practice of aesthetic medicine / surgery:

In today's industry, it is important to collaborate and show quality of work by the help of influencers. Choosing influencers can be an advantage to your market and reputable reach, or a liability and cost in your practice.