Caution in the Use of Soft Tissue Injectable Fillers in the Tear Trough Region

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I read with interest the article “Correction of Tear Trough Deformity With Novel Porcine Collagen Dermal Filler (Dermicol-P35),” which appeared in the May/June 2009 Supplement to Aesthetic Surgery Journal. I would like to congratulate the author, Dr. David Goldberg, on his successful use of this product in a challenging application. In his article, Dr. Goldberg reports excellent clinical results in 10/10 patients who received Dermicol-P35 injections in the tear trough region. I write this note from the perspective of an oculofacial plastic surgeon who has approximately 15 years of experience with dermal fillers. I continue to use fillers extensively in my own patients and also am frequently asked to evaluate patients who have experienced unsatisfactory outcomes or complications associated with dermal filler injections.

It has been my experience that the tear trough region is perhaps the least forgiving area in which to use injectable fillers. Lumpiness, contour abnormalities, persistent swelling, presence of easily palpable nodules, and discoloration are common complaints. Fortunately, most of these concerns can be easily and quickly addressed. For weeks or even months after injection, hyaluronic acid (HA) fillers can be easily modified via digital massage or, if necessary, injection of hyaluronidase solution, which will quickly remove the HA. I entirely agree with Dr. Goldberg that a potential disadvantage of HA fillers in the tear trough region is the Tyndall effect, a bluish discoloration created when product is placed very near the skin’s surface or the skin is especially translucent. However, this is not a serious problem and is readily managed either via cutaneous laser therapy or hyaluronidase injection.

I feel that an important point to be emphasized is that Dermicol-P35 is not readily modified after a relatively short period of time (less than one hour). This means that there is very little if any room for error when injecting the tear trough region with Dermicol-P35. This same argument can be applied to other fillers that cannot be easily modified well after injection. In my personal experience in treating this region, as well as my observations of patients treated by other excellent injectors, I have found that factors such as injection site swelling and bruising, injector judgment, exam room lighting, positioning of the patient’s head, and a host of other factors can lead to the need for late postinjection modification of filler placed in the tear trough region. I therefore urge caution when using non-HA dermal fillers in the tear trough area.

Disclosures

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Editor’s Note

Please note that Evolence was taken off the market in November 2009 by the manufacturer.

REFERENCES


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