

An Upside-Down World

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How many times have you been to a medical meeting, read a journal article, or seen in the lay press the quote “Toxins in the upper face and fillers in the lower face”? It is an ubiquitous quote. There is no need to provide a list of references. I have heard it at every meeting I have been to in the last 8 years. We all have. And it is dead wrong.

I think this common belief started out innocently enough. The first article on toxins concerned their use in the glabella¹ and the application of this technique quickly spread throughout the upper face. Similarly, clinical trials for the first approved hyaluronic acid filler examined its use in the nasolabial folds,² which quickly spread throughout the lower face. Fortunately I was not prejudiced by these ideas. I began cosmetically injecting toxins in 1991 before any publications or conventional wisdom existed. I made my first injection into the glabella, but within a year, I had injected every mimetic muscle in the face, including my favorites: the depressor anguli oris, the mentalis, the orbicularis oris, and the platysma. I also have a bit of an international practice and spend more than 100 days out of the country per year. At times, I have held up to 10 different medical licenses. As a result, I started injecting hyaluronic acid fillers in 1999 and quickly began using them in my favorite location, the orbit. I have long thought that the orbit primarily ages by relative volume loss, which is something traditional blepharoplasty made worse by cutting out fat, muscle, and skin, and throwing them away. It is another reason I have come to loathe the idea of filling the tear trough. It is a narrow way to look at the aging lower lid. At a minimum, the tear trough needs to be addressed in addition to the lower lid, but we also should consider the upper lid, the triangle (at the lateral canthus), the temples, and the forehead for good measure.

With all this being said, do I wish the average injector would start filling up the upper face and weakening

the lower face? Absolutely not. Do not be confused. The reason why these seeming contradictions make sense can easily be understood if we consider the midface in recent history. A few years ago, a lot of dermatologists began to fill the midface. I never jumped on the midface-lifting bandwagon that became wildly popular in the plastic surgery world approximately 10 years ago. I was constantly asked, “What sort of midface-lift do you do?”, and when I replied, “I don’t,” eyes would roll and there were sighs all around. I thought the midface aged primarily through deflation, not gravitation. I still do. Then Joel Pessa, who writes the best papers in plastic surgery, showed us the soft tissue changes³⁻⁵ in the midface to go along with his brilliant work looking at skeletal changes and the orbit.⁶⁻⁸ The unintentional result? A relative army of strange people walking around our major cities with cheeks not found in nature. Think golf balls or quail eggs stuffed in their cheeks and you will get the picture.

There will always be practitioners in our industry—core doctors and noncore doctors—who lack the one thing that cannot be taught: judgment. Their driving force is the bottom line, and they have no time for thoughtful consideration of the shape of the face since their patients, like their injectables, are commodities. I do not relish the idea of these injectors weakening lower faces and filling upper ones. Hordes of people who drool and look like E.T. is not an outcome I look forward to. But for the careful and thoughtful injector, softly relaxing the muscles whose purpose is to help gravity pull the lower face to the floor and filling fat compartments that prematurely lose volume will have tremendous benefits.

If you still do not believe me, just picture the inverted triangle of youth. We have all seen the image of the wide youthful upper face that narrows to the chin and the fallen older face that has a wide base and narrow top, with the appropriately oriented superimposed triangles. If the older face looks so decrepit because of its narrow top and wide bottom, why are we adding volume to that wide bottom and neglecting the top?

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