## DR. MARY LUPO DISCUSSES ALTERNATIVE USES FOR COMMON INJECTABLES

New Orleans, LA - Mary P. Lupo, M.D., Board Certified Dermatologist and Clinical Professor of Dermatology at Tulane Medical School, presented "Injecting Outside the Lines: How to Rethink Where You Inject" at the 25th Tulane Dermatology Meeting and All That Jazz in New Orleans on April 27. With more than 28 years of practicing in the field of dermatology, Dr. Lupo shared her knowledge, experience and techniques with injecting in unexpected ways.

Dr. Lupo said the first step to creating a natural, younger-looking face is to take a global approach to facial rejuvenation: look at the face as a whole to determine which type of injectable will work best for each patient. While neuromodulators (e.g. Botox and Dysport) are normally used on the upper one-third of the face to correct a wrinkle that is caused by the movement of the muscle and fillers (e.g. Juvederm, Restylane, Perlane, Radiesse, Sculptra and Belotero) are commonly known to improve the skin's thickness, facial lines and folds on lower two-thirds of the face, Dr. Lupo has found that typical injection areas do not always provide the best results for every patient.

While it is a common procedure to correct the nasolabial folds by injecting directly into the fold, Dr. Lupo pointed out that a direct injection into the problem area may create a disproportional lower face. By avoiding the nasolabial folds and lip area and injecting laterally across the upper portion of the face closer to the cheek bones and eyes, the lower portion of the face will be "lifted," reducing the severity of the nasolabial folds. She also found that layering or combining fillers is a great way to enhance results. For example, combining deeper "reshaping" fillers with spot gel fillers or deeper viscous filler with diluted gel fillers gives the face an even, natural-looking appearance. She also noted that using filler under the muscle is a great way to get the "lifted" effect.

Over the years, Dr. Lupo has found that combining fillers with neuromodulators or combining different neuromodulators is optimal for some patients. For example, when a patient's lip corners are pulled down by certain chin muscles and dimples form on parts of the chin, Dr. Lupo uses neuromodulators to relax the dimples created by the muscles in the chin and fillers are used to fill any depressions. Because every patient is unique, she has found that reconstituting neuromodulators differently or combining various proportions of neuromodulators creates the perfect solution for some patients.

While neuromodulators and fillers are most commonly used for wrinkles, lines and folds on the face, Dr. Lupo has found use for these injectables in other places. She has used neuromodulators to treat redness, flushing, rosacea, acne, scars and seborrheic dermatitis, while using fillers to improve problems on the nose, hands, chest, neck and earlobes. Dr. Lupo also found that combining neuromodulators and fillers helps with brow shaping and certain types of asymmetry rehabilitation.

All of the procedures mentioned in Dr. Lupo's presentation were based on her personal experience and opinion. She recommends all board certified dermatologist receive the proper education and training before performing any procedures. She highly recommends that all patients choose a physician trained in an accredited residency program who has then passed the certifying exam and who is practicing within the scope of care of that specialty.