The Role of Cosmetic Fillers in Lip Rejuvenation

By Joshua Zeichner, MD, Director of Cosmetic and Clinical Research in Dermatology, Mount Sinai Doctors Faculty Practice

We may live in a “supersize me” society, but sometimes bigger isn't better. A perfect example is lip fullness. While large lips suit some faces, they may look unnatural on others.

The mouth plays an integral role in a youthful appearing face. Older patients often complain that lipstick is difficult to apply or doesn't look right. There are several reasons for this. As we age, there is a loss of soft tissue volume and bone mass in the lower face. Even naturally full lips can become thin, and already thin lips can almost disappear. Over the years, the corners of our mouths gradually turn downward, giving the appearance of a scowl or frown. The demarcation line between the lips and adjacent skin, known as the vermilion border, often loses definition. And finally, long-term pursing of the lips, for example, from smoking or drinking from straws, often coupled with sun damage, causes so-called “smokers’ lines” around the mouth. These are vertical wrinkles that look like spokes of a wheel and may cause lipstick to bleed or feather.
Noninvasive Body Contouring is a Safe, Effective Alternative to Liposuction

Mount Sinai dermatologists are now using FDA-approved medical devices for reducing unwanted fat. We asked two experts, Dr. Hooman Khorasani and Dr. Gervaise Gerstner, to describe their experiences with body-contouring technology. As Chief of the Division of Dermatologic and Cosmetic Surgery, Dr. Khorasani performs a wide range of advanced surgical and cosmetic procedures at Mount Sinai East 85th Street Skin and Laser Center. Dr. Gerstner is a member of the voluntary faculty of the Icahn School of Medicine at Mount Sinai with a private practice in New York City.

**QUESTION:** What do patients need to know about the new body-sculpting device that uses laser energy?

**DR. KHORASANI:** SculpSure® is a 1060-nm laser approved by the FDA in 2015 to treat stubborn, localized body fat. The treatment takes only twenty-five minutes and does not require anesthesia. The most popular sites are the flanks and outer thighs. SculpSure® delivers laser energy via tubes that attach to plates strapped to the skin, so the method is quite precise in terms of the location, duration, and amount of energy used. There is some heating discomfort, but most patients tolerate it very well. If needed, a second treatment is performed after six weeks, and the final result is seen by three months. Clinical studies showed about twenty percent reduction of fat in the treated areas.

**QUESTION:** How long does the fat-freezing technique take, and what are the usual results?

**DR. GERSTNER:** CoolSculpting® is the number-one body-sculpting procedure in my office. Typically a session takes sixty minutes, and results are seen within three months. During a treatment, the patient is connected to a hand-held device that sucks in and freezes a fat deposit to bring about cryolipolysis, or destruction of fat cells. For the first five minutes, there is a very cold, tight sensation, which subsides as the fat freezes. I’ve found that usually only one treatment is needed per body site, but a second session four weeks later is sometimes recommended. Often patients choose to treat several different areas to create a physique they could not achieve with diet or exercise. No surgery, no anesthesia, only mild discomfort, and zero downtime!
As one of forty-two students in the first four-year graduating class of the Mount Sinai School of Medicine, Dr. Edelson received his medical degree in 1972. According to Dr. Edelson, the scholarship he was granted as a student “undoubtedly had a significant impact on my desire to give back.” Following his internship at Beth Israel Hospital, he completed dermatology residency training at The New York Hospital of Cornell Medical College from 1975 to 1978. He started a solo private practice in 1978 and has practiced general and cosmetic dermatology ever since.

Over several decades, Dr. Edelson has achieved a reputation as one of the most experienced practitioners of cosmetic rejuvenation using dermal fillers. In 1982, he was a clinical investigator for the Collagen Corporation during the development of the first FDA-approved filler called Zyderm,® and he has pioneered a wide range of approved fillers since that time. An expert in the areas of hand recontouring and facial-volume restoration, Dr. Edelson teaches a monthly workshop for dermatology resident physicians. He is internationally recognized as one of the first to use the bolus technique of injecting calcium hydroxylapatite for hand rejuvenation and has published journal articles and textbook chapters on the subject.

Dr. Edelson has been elected to membership in the American Society for Dermatologic Surgery, the American Society of Cosmetic Dermatology and Aesthetic Surgery, the American Society for Laser Medicine and Surgery, the American College of Cryosurgery, the American Academy of Cosmetic Surgery, the American Academy of Dermatology and the New York Academy of Sciences.

Among Dr. Edelson’s other philanthropic activities, he was recognized by the Anti-Defamation League (ADL) at its annual meeting in June 2016 for committing to a generous legacy planned gift bequest to endow the ADL’s No Place for Hate® Making a Difference Award. Each year the award goes to a celebrity or public figure whose influence is dedicated to the movement against social injustice, hatred, bullying and bigotry. Lady Gaga accepted the ADL’s 2016 Making a Difference Award.

Dr. Edelson lives in Manhattan and has been fortunate enough to enjoy a second career as an actor. Because of his longtime friendship with Woody Allen and the director’s appreciation of Dr. Edelson’s talent for comedy, the dermatologist was given parts in eighteen of Allen’s films, including the current release “Café Society.” An impressive bit of trivia is that Dr. Edelson appeared in more Woody Allen films than any other actor, aside from the director himself. Dr. Edelson is always confident that his scenes won’t end up on the editing room floor. In jest he once alluded to his surgical skills: “Woody, please remember – if you cut, I’ll cut!” Since that time, somehow Dr. Edelson has always made it to the final cut.
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All of these factors must be considered when approaching the aging face. Identifying which issues need to be addressed will result in the best outcome. Fortunately, the development of cosmetic dermal fillers allows us to address each of the factors that cause lip aging. Currently, three hyaluronic acid fillers are FDA approved for use in the lips and lower face. Two have been used for several years: Restylane® Silk and Juvéderm® Ultra XC. The third, Juvéderm Volbella® XC, is brand new and expected to be available by the end of 2016. Advantages of the technology used in Juvéderm Volbella® XC include long duration – up to one year – and a smoother texture than other fillers.

The results of lip enhancement are usually very natural when volume is restored to where it was lost, but in other instances, adding more volume may appear outside of the norm. Too much definition along the lip border may give a “duck lip” appearance, while too much in the body of the lip may leave the patient looking “bee stung.” When considering lip rejuvenation, it is important to choose a doctor who understands the anatomy of the lower face and how to treat it appropriately. No two sets of lips are the same. Rather than picking out a pair of lips from a magazine, your best lips are the ones that suit your own face.

Disclosure: Dr. Zeichner is a consultant for Allergan plc, the manufacturer of Juvéderm® products mentioned in this article.

A patient of Dr. Zeichner before and one week after lip rejuvenation with Juvéderm® Ultra XC filler. Note the improvement of symmetry and the enhanced fullness that is balanced among the vermilion border, upper lip, and lower lip.

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More Than Eighty Years Ago, the Department of Dermatology Helped Save Refugees

By Douglas D. Altchek, MD, Clinical Professor of Dermatology, Department Archivist

During my regular early morning discussions before dermatology Grand Rounds with our late Chairman Emeritus, Dr. Samuel Peck, he described the heroic efforts of Mount Sinai Hospital and the Department of Dermatology to assist European physicians fleeing tyranny abroad. As early as 1933, Mount Sinai Hospital was seeking places in the hospital for refugee physicians, nurses, and researchers escaping religious hostility, bigotry and violence. Mount Sinai helped them obtain visas and provided stipends for their living expenses.

By the time World War II broke out, Mount Sinai had entered into an arrangement with the National Committee for the Resettlement of Foreign Physicians. Over the course of the war, Mount Sinai accepted more displaced physicians than any other hospital in New York. Two dermatology chairmen during that era, Dr. Peck and Dr. Isadore Rosen, helped facilitate the arrival of refugee physicians. From 1935 to 1945, many of them, including the internationally renowned discoverer of Churg-Strauss syndrome, Dr. Jacob Churg, worked in the Mount Sinai outpatient clinics that served indigent New Yorkers.

PHOTOS: (Upper) A European physician and his family arrive at Ellis Island, looking forward to a new life in New York City, in an undated photo; (Lower) Mount Sinai Outpatient Clinics during the 1930s provided employment for refugee physicians and nurses. Photos courtesy of Dr. Altchek, from his archival collection.

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A New Vitiligo Treatment Will Be Tested at Mount Sinai  By Grace Kimmel, MD

Vitiligo is a condition characterized by depigmented (white) patches on the skin caused by destruction of pigment-producing cells called melanocytes. It seems to occur as a result of a combination of genetic, autoimmune and environmental factors. In some individuals, vitiligo is associated with thyroid disease and other immune-mediated disorders. Current treatment options include topical corticosteroids and other topical medications, phototherapy using ultraviolet (UV) light, excimer laser treatments, afamelanotide implants combined with UVB, and occasionally oral corticosteroids. Because the currently available treatments can be unsatisfactory, our research is directed toward discovering a more effective remedy.

Enrollment of adult patients for a clinical trial of a new vitiligo treatment is about to begin. We'll be looking at the efficacy of combining narrow-band UVB phototherapy with an oral medication that works to decrease inflammatory mediators and is already FDA-approved for psoriasis treatment. Patients age 18+ who wish to enroll or learn more about the study are encouraged to call our Clinical Research Program at 212-241-3288.