



Comment on “Glabella impending skin necrosis: a case report”

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Sir,

We read with great interest the paper entitled: *Glabella impending skin necrosis: a case report* by Zambacos G. et al [1]. The paper debates a case report in which a female patient was treated with a dermal filler in the glabellar region. Following the injection, the patient reported a skin area marked by discoloration (whitening) that appeared at the area of distribution of the supratrochlear artery, due to vascular compromise caused by the filler. As in our previous report, the patient did not feel any pain during the injection [2, 3]. According to the literature, the absence of pain during vascular complications in dermal filler procedure is uncommon; therefore, the operator must be more meticulous in the inspection of the skin during and after the injection so that possible complications can be identified early. As stated in the authors' case report, the patient was treated immediately with hyaluronidase, which remains one of the fundamental elements in the treatment of vascular filler complications. Several studies have shown the ability of hyaluronidase to dissolve hyaluronic acid and allow it to break up [4]. The precise amount of effective hyaluronidase is still a matter of debate and we believe that further studies must be conducted on the use of this method. We agree with the authors that injectable filler-related vascular complications may be due to arterial or venous obstruction, such as intravascular injection or external pressure. In fact, we believe that a high dose of hyaluronidase should be used throughout the affected area, in order to dissolve the hyaluronic acid present around and inside the

vessels. In our protocol, we utilize around 40UU per cm² of the affected area [3].

Moreover, the times of use of hyaluronidase are not standard, and in our experience, the treatment must be carried out as soon as possible, i.e., within 48–72 h from the appearance of the adverse effects.

We agree with the rest of the protocol expressed by the authors (compresses with warm gauze, nitro-derived creams, aspirin, hyperbaric oxygen therapy, antibiotic creams), but in our management, we have also used antibiotic systemic therapy and corticosteroids. The use of systemic corticosteroids is a logical way to reduce perivascular edema and allow greater perfusion of the microcirculation.

We are united with the authors in affirming that National and International Societies should supervise and educate Professionals who use dermal fillers in order to reduce the appearance of adverse effects due to poor technical knowledge of the practice and inadequate knowledge of the anatomy.

Compliance with ethical standards

Conflict of interest Francesco Ciancio declare that he has no conflict of interest.

Patient consent This article does not contain any studies with human participants or animals performed by any of the authors.

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