

Study on Males Attending Cosmetic Centers

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by

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Contents

• Acknowledgement	I
• List of Abbreviations	III
• List of Tables	II
• List of Figures	V
• Introduction and aim of the work	1
• Review of literature	
– Chapter 1: Patient Assessment	4
Male Patients	5
Personality Disorders and Body Dysmorphic Disorder	6
The extent of change affects the outcome	8
Body dysmorphic disorder	9
Cosmetic Procedure Screening	11
– Chapter 2: Aging Process in Men	13
Definitions and Types of Aging	13
Pathogenesis of Aging	14
Gender Differences in Facial Features	15
Clinical Picture of Aging	16
Histopathology	21
– Chapter 3: Cosmetic Problems Facing Men	24
Acne Vulgaris	24
Acne Scars	28
Pseudofolliculitis Barbae	29
Male Pattern Hair Loss	32
Hyperhidrosis	36
Wrinkles	38
Gynecomastia	40
Obesity	43

Contents_(cont.)

- Chapter 4: Aesthetic Procedures for Men	46
Non-surgical Asthetic Procedures	47
o Botox	49
o Facial Augmentation and Fillers	51
o Facial Laser Resurfacing	51
o Dermabrasion	52
o Chemical Peels	
Facial Asthetic Surgical Procedures	53
o Blepharoplasty	53
o Otoplasty	54
o Face Lift	55
o Rhinoplasty	56
o Hair Transplantation	
Body Contouring Surgical Procedures	56
o Liposuction	57
o Removal of Breast in gynecomastia	
• Patients and Methods	59
• Results	66
• Discussion	85
• Summary and Conclusion	92
• Recommendations	95
• References	96
• Arabic Summary	

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List of Abbreviations

ASAPS	American Society of Aesthetic Plastic Surgeons
BDD	Body Dysmorphic Disorder
BIQ	Body Image Questionnaire
COPS	Cosmetic Procedure Screening
DHEA-S	Adrenal Androgen Dehydroepiandrosterone Sulfate
HRT	Hormonal Replacing Therapy
Mar	Marginal
Med	Median
MPHL	Male Pattern Hair Loss
NL	Nasolabial
P	Palpebral
PFB	PseudoFolliculitis Barbae
ROS	Reactive Oxygen Species
RSTL	Relaxed Skin Tension Lines
UV	Ultraviolet

List of Tables

Table (1)	Number and percentage of males and females undergoing cosmetic procedure	66
Table (2)	Number and percentage of each cosmetic procedure from total number of cosmetic procedures done for males	68
Table (3)	Number and percentage of males undergoing cosmetic procedures by dermatologists and plastic surgeons	70
Table (4)	Number and percentage of males undergoing cosmetic procedure in relation to their age	71
Table (5)	Number and percentage of males undergoing cosmetic procedures in relation to their social class and occupation	73
Table (6)	Psychological reasons for males undergoing cosmetic procedures	74
Table (7)	Reasons for males undergoing cosmetic procedures	76

List of Figures

Figure (1)	Changes observed in the external appearance of the face at different ages	19
Figure (2)	Four main facial lines show the direction of relaxed skin tension lines	20
Figure (3)	Norwood scale. Male pattern baldness classification	35
Figure (4)	Anatomy of the forehead and glabella (frontalis, procerus, and corrugator muscles)	48
Figure (5)	Number and percentage of males and females undergoing cosmetic procedures	67
Figure (6)	Number and percentage of males undergoing cosmetic procedure in relation to their age	72
Figure (7)	Psychological reasons for males undergoing cosmetic procedures	75
Figure (8)	Pseudofolliculitis-barbae	77
Figure (9)	Acne scars	78
Figure (10)	Wrinkles	79
Figure (11)	Wound Scar	80
Figure (12)	Obesity	81
Figure (13)	Hyperhidrosis with a positive starch and iodine test	82
Figure (14)	Gynecomastia	83
Figure (15)	Male Pattern Hair Loss	84

Introduction

According to the American Society of Aesthetic Plastic Surgeons (ASAPS), male patients received 8% of the cosmetic treatments performed in 2006. This figure represented nearly 1 million procedures of the total 11.5 million performed at year in men and women combine (*Werschler, 2007*). Since 1997, the number of nonsurgical procedures in men has increased by an incredible 722%. The majority of cosmetic procedures performed in men are nonsurgical (*Adams, 2010*).

Number and spectrum of patients seeking minimally invasive facial rejuvenation appears to be expanding. Facial aesthetic clinical practices used to treat almost exclusively women, but now an increasing number of men are requesting and undergoing treatment. Recognition of the unique needs of the male aesthetic patient has become important. Occupational and lifestyle considerations, together with differences in skin anatomy, warrant a customized approach; attention to those differences can help physicians create a treatment program that will optimize the satisfaction of their male patients and maximize positive outcomes (*Smith, 2007*).

Cosmetic surgical and non surgical procedures have the potential to significantly improve the sense of well-being and quality of life for male patients (*castle et al, 2006*).

Men and women do not exhibit identical trends with regard to utilization of aesthetic procedures. In Canada, the most common invasive cosmetic procedures done for men are (rhinoplasty, eyelid surgery, liposuction, hair transplantation and breast reduction) and the most common non-invasive are (chemical peels, hair removal, Botulinum toxin A and filler injections, and microdermabrasion) (*Atkinson, 2008*).

Males undergo significantly fewer procedures than females except for surgical hair restoration and otoplasty. Each year, more men than women undergo hair restoration surgery and similar numbers of men and women undergo otoplasty procedures while more women than men undergo all other surgical and nonsurgical aesthetic facial enhancement procedures (*Ghali and Harris, 2007*).

Men and women have followed similar upward trends for botulinum toxin type A cosmetic treatments and similar downward trends for eyelid surgery. Men have otherwise seen sharper decreases in several procedures including cheek implants, rhinoplasty, and surgical lip enhancement. For laser skin

resurfacing, men exhibited a slight downward trend while the opposite was true for women (*Holcomb and Richard, 2005*).

Surgical procedures decreased while nonsurgical facial enhancement procedures increased in both males and females. Although historically considered to account for the minority of aesthetic surgery requests, males actually account for similar or greater numbers of requests for a limited number of aesthetic procedures. Despite a downward trend in aesthetic facial surgery procedures, there is a significant and rising trend of patients undergoing multiple surgeries at the same time or within the same year. Males are as likely as females to request multiple procedures. The 40 to 59 age group accounts for the largest percentage of services rendered in both the surgical and nonsurgical facial enhancement categories (*Holcomb and Richard, 2005*).

Aim of the Work

The aim of the study was to assess the prevalence of males visiting cosmetic centers seeking cosmetic procedures, to find the most frequent causes and the most common cosmetic procedures done.

Patient Assessment

The increased popularity of cosmetic procedures among virtually all demographics has compelled the identification of unsuitable candidates. A careful assessment of the patient's general demeanor and personality type is essential. In addition to the technical excellence, perhaps the most important predictor of a successful outcome is having the right motivation for a procedure. Proper assessment should lead to an informed opinion about a patient's psychological suitability for cosmetic procedure and the potential for a successful outcome (*Harth and Hermes, 2007*).

From the 1940's to the 1960's, most patients seeking cosmetic surgery were referred for psychiatric evaluation, as it was felt essentially that every patient seeking cosmetic surgery has a psychiatric problem (*Jacobson, 1990*). Depression was the most commonly diagnosed problem (*Phillips et al, 1991*).

As people generally seek cosmetic interventions to feel better about themselves, one would anticipate that cosmetically successful procedures would lead to enhanced self-esteem, mood, and social confidence. Studies spanning four decades have

reported that most people undergoing cosmetic interventions are satisfied with the result (*Glatt et al, 1999*).

Factors identified with unsatisfactory outcomes included being male, being young, suffering from depression or anxiety, having a personality disorder (as schizoid, paranoid, and depressive personality disorders), the patient expectation and body dysmorphic disorder (*Pecorari et al, 2010*).

Male patients

Although males are less likely than females to seek cosmetic surgery, men who seek it are responsible for a significant proportion of problems a surgeon experiences. For example, in contrast to females, male patients seem to lack a clear body concept and an in-depth awareness of their physical appearance. As a result, they often have difficulty articulating their objectives for cosmetic surgery (*Ferraro et al, 2005*).

Also, male patients are generally less psychologically stable and demonstrate more pathologic features. To avoid problems with males, it is believed that different aesthetic concepts have to be applied. For instance, in rhinoplasty, a more conservative approach with less resection and correction is advised (*Horch, 2004*). Other

reference declared that most male patients seeking cosmetic procedures appear to be psychologically healthy (*Edgerton et al, 1960*).

Personality Disorders and Body Dysmorphic Disorder

Patients with some personality types are not well suited for cosmetic surgery; these personality types are categorized according to the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV)* as personality disorder. They include schizoid, paranoid, histrionic, and depressive personality disorders (*Sarwer et al, 1998*).

- **Schizoid personality disorder**

Such patients often express vague reasons for wanting aesthetic surgery and are unable to supply precise goals for the procedure even after further questioning. The patient may request surgery because "it would be better to look that way." Characteristically, these patients avoid eye contact, show little emotion, and have difficulty relaxing during consultation with the physician. They make few, if any, spontaneous comments, and they answer questions without elaboration (*Ferraro et al, 2005*).

- **Paranoid personality disorder**

The individual with paranoid personality disorder is most commonly a young, unmarried male. Patients with this disorder can appear tense, guarded, and secretive. They are often argumentative or even belligerent and highly moralistic. During consultation, patients with paranoid personality disorder are likely to be overly concerned with keeping themselves all together and very business like. They may anxiously scan the room and have great difficulty relaxing and are often preoccupied with minor details and overcoming their suspicion (*Sarwer et al, 1998*).

- **Histrionic personality disorder**

Patients with histrionic personality disorder constantly seek reassurance, approval, or praise. They often have a style of speech that is highly impressionistic (*Ferraro et al, 2005*).

- **Depressive personality disorder**

Patients who have depressive personality disorder do not necessarily desire cosmetic surgery; rather, they may be prone to seek it believing that an enhanced physical appearance will improve their feelings about themselves. They have multiple