

شبكة المعلومات الجامعية التوثيق الإلكتروني والميكروفيلو

بسم الله الرحمن الرحيم





MONA MAGHRABY



شبكة المعلومات الجامعية التوثيق الإلكتروني والميكروفيلو



شبكة المعلومات الجامعية التوثيق الالكتروني والميكروفيلم



MONA MAGHRABY



شبكة المعلومات الجامعية التوثيق الإلكترونى والميكروفيلم

جامعة عين شمس التوثيق الإلكتروني والميكروفيلم قسم

نقسم بالله العظيم أن المادة التي تم توثيقها وتسجيلها علي هذه الأقراص المدمجة قد أعدت دون أية تغيرات



يجب أن

تحفظ هذه الأقراص المدمجة بعيدا عن الغبار



MONA MAGHRABY



Evaluation of the Efficacy and Safety of Different Dilutions of Mesobotox in Mid and/ or Lower Face Rejuvenation: Interventional Study

Thesis

For Partial Fulfillment of Master Degree in **Dermatology**, **Venereology and Andrology**

By

Nesma Saber Abd El Rahman *M.B.B.Ch.*.

Under Supervision of

Prof. Dr. Samar Abdallah Salem

Professor of Dermatology, Venereology and Andrology Faculty of Medicine - Ain Shams University

Dr. Ahmed Abdelfattah Afify

Lecturer of Dermatology, Venereology and Andrology Faculty of Medicine - Ain Shams University

Prof. Dr. Wael Mohamed Seoudy

Professor of Dermatology, Venereology and Andrology Faculty of Medicine, Misr University for Science and Technology

Faculty of Medicine - Ain Shams University
2021



سورة البقرة الآية: ٣٢

Acknowledgment

First and foremost, I feel always indebted to **ALLAH**, the Most Kind and Most Merciful.

I'd like to express my respectful thanks and profound gratitude to **Prof. Dr. Samar Abdallah**Salem, Professor of Dermatology, Venereology and Andrology - Faculty of Medicine- Ain Shams University for her keen guidance, kind supervision, valuable advice and continuous encouragement, which made possible the completion of this work.

I am also delighted to express my deepest gratitude and thanks to **Dr. Ahmed Abdelfattah**Afify, Lecturer of Dermatology, Venereology and Andrology, Faculty of Medicine, Ain Shams University, for his kind care, continuous supervision, valuable instructions, constant help and great assistance throughout this work.

I am deeply thankful to **Prof. Dr. Wael**Mohamed Seoudy, Professor of Dermatology,
Venereology and Andrology, Faculty of Medicine, Misr
University for Science and Technology for Science and
Technology, for his great help, active participation and
guidance.

I would like to express my hearty thanks to all my family for their support till this work was completed.

Last but not least my sincere thanks and appreciation to all patients participated in this study.

Nesma Saber Abd El Rahman

List of Contents

Title	Page No.
List of Tables	·
Tist of Figures	iv
Tist of Abbreviations	vi
Introduction	1
Aim of the Work	4
Review of Literature	
Overview of Facial Wrinkles	5
Botulinum Toxin	41
Patients and Methods	59
Results	70
Discussion	
Summary	113
Conclusion	
Recommendations	116
References	117
Arabic Summary	

List of Tables

Table No.	Title	Page No.
Table (1): Table (2): Table (3):	Glogau classification scale	GAIS) 66 of the
Table (4):	Skin phototype distribution in three grathe study	roups of
Table (5):	Patient satisfaction in the three grou 1:7, 1:10 microBoNT-A dilution) afte 6 months of treatment of mid/low wrinkles	ps (1:5, r 1 and er face
Table (6):	GAIS scores in the three groups (1 1:10 microBoNT-A dilution) of the after one month	:5, 1:7, e study
Table (7):	Assessment of periorbital responsive microBoNT-A injection by Antecamera measurements in Group dilution)	ra 3D I (1:5
Table (8):	Assessment of midface responsive microBoNT-A injection by Ante camera measurements in Group dilution)	ase to ra 3D I (1:5
Table (9):	Glogau scale before and after 1 m microBoNT-A treatment in group dilution)	onth of I (1:5
Table (10):	Assessment of periorbital responsive microBoNT-A injection by Antecamera measurements in Group dilution)	nse to ra 3D II (1:7
Table (11):	Assessment of midface responsive microBoNT-A injection by Antecamera measurements in Group dilution)	ra 3D II (1:7

List of Tables (Cont...)

Fig. No.	Title Page	No.
Table (12):	Glogau scale before and after 1 month of microBoNT-A treatment in group II (1:7 dilution)	,
Table (13):	Assessment of periorbital response to microBoNT-A injection by Antera 3D camera measurements in Group III (1:10 dilution))
Table (14):	Assessment of midface response to microBoNT-A injection by Antera 3D camera measurement in Group III (1:10 dilution))
Table (15):	Glogau scale before and after 1 month of microBoNT-A treatment in group III (1:10 dilution))
Table (16):	Correlation of patient periorbital improvement by antera parameters with age and skin phototype in group I (1:5 dilution)	L ;
Table (17):	Correlation of patient mid-face improvement by antera parameters with age and skin phototype in group I (1:5 dilution)	L ;
Table (18):	Correlation of patient periorbital improvement by antera parameters with age and skin phototype in group II (1:7 dilution)	<u>l</u>
Table (19):	Correlation of patient mid-face improvement by antera parameters with age and skin phototype in group II (1:7dilution)	<u>.</u>

List of Tables (Cont...)

Fig. No.	Title Page	No.
Table (20):	Correlation of patient periorbital improvement by antera parameters with age and skin phototype in group III (1:10 dilution)	91
Table (21):	Correlation of patient mid-face improvement by antera parameters with age and skin phototype in group III (1:10 dilution)	
Table (22):	Correlation of patient improvement by antera parameters with satisfaction and Glogau scale in group I (1:5 dilution)	
Table (23):	Correlation of patient improvement by antera parameters with satisfaction and Glogau scale in group II (1:7 dilution)	
Table (24):	Correlation of patient improvement by antera parameters with satisfaction and Glogau scale in group III (1:10 dilution)	
Table (25):	Side effects encountered in the three groups of the study	

List of Figures

Fig. No.	Title Page N	10.
Figure (1):	Effect of unilateral long-term sunlight exposure in 68 years old female during driving	6
Figure (2):	Features of aging face	7
Figure (3):	Triangle of youth vs pyramid of aging	8
Figure (4):	Facial thirds (Upper, middle and lower)	13
Figure (5):	Five layer model of the face	18
Figure (6):	Anatomical fat compartments	20
Figure (7):	Facial muscles	22
Figure (8):	Anatomic locations of the retaining ligaments of the face	24
Figure (9):	Fascia of the face	25
Figure (10):	Structure of botulinum neurotoxin showing both light and heavy chains	42
Figure (11):	Mechanism of action of botulinum neurotoxin	43
Figure (12):	Standard onabotulinumtoxinA injection technique	52
Figure (13):	Microbotulinum Toxin A technique	53
Figure (14):	Grid marked between the lateral eye angle, the mouth angle, the nostrils, and the tragus described in the treatment of wrinkles in	55
Figure (15):	Antera 3D camera	
Figure (16):	50 units type of insulin syringe used in the current study	64
Figure (17):	Areas for intradermal injection	
Figure (18):	53 years old female patient treated with microbotulinuim toxin A (1:5 dilution)	
Figure (19):	51 years old female patient treated with microbotulinuim toxin A (1:5 dilution)	98

List of Figures (Cont...)

Fig. No.	Title	Page No.
Figure (20):	52 years old female patient treamicrobotulinuim toxin A (1:7 dilution	
Figure (21):	50 years old female patient treamicrobotulinuim toxin A (1:7 dilution	
Figure (22):	54 years old female patient treamicrobotulinuim toxin A (1:10 dilutio	
Figure (23):	55 years old female patient treat microbotulinuim toxin A (1:10 dilutio	

List of Abbreviations

Abb.	Full term
AHAs	Alpha-hydroxyl acids
BTX	Botulinum toxin
C.Bot	Clostridium botulinum
<i>CGRP</i>	Calcitonin gene-related peptide
CNS	Central nervous system
CO_2	Carbon dioxide
CoQ10	Coenzyme Q10
Cu	Copper
DNA	Deoxyribonucleic acid
FDA	Food and Drug Administration
<i>GAIS</i>	Global aesthetic improvement scale
<i>GHK-Cu</i>	Glycyl L histidyl-L lysine Cu
<i>HA</i>	Hyaluronic acid
<i>HIFU</i>	High-intensity focused ultrasound
HS	Hidradenitis suppurativa
<i>IPL</i>	Intense pulsed light
$MicroBoNT ext{-}A\dots$	$Microbotulinum\ Toxin\ A$
<i>MRI</i>	Magnetic resonance imaging
MSCs	Mesenchymal stem cells
<i>N</i>	Number
ORL	Orbicular retaining ligament
<i>PHN</i>	Postherpetic neuralgia
<i>PLA</i>	Poly-L-lactic acid
<i>PMMA</i>	Polymethyl methac rylate
<i>PRP</i>	Platelet-rich plasma
<i>SD</i>	Standard Deviation
<i>SMAS</i>	Superficial musculoaponeurotic system
<i>SPSS</i>	Statistical package for social science
<i>TCA</i>	Trichloroacetic acid

List of Abbreviations Cont...

Abb.	Full term
TEWL	. Transepidermal water loss
<i>U</i>	-
UVA	. Ultraviolet A
UVB	. Ultraviolet B
UVC	. Ultraviolet C
<i>VEGF</i>	. Vascular endothelial growth factor
<i>Y</i>	. Years

INTRODUCTION

Facial ageing is a gradual process which could be due to intrinsic and extrinsic causes. It ultimately results in the appearance of gravity-induced tissue ptosis, wrinkles, epidermal and dermal atrophy, dryness, senile lentigo, flushing, telangiectasia, and enlarged pores (*Vashi et al.*, 2016).

The first signs of the aging face are visible in the third decade, when eye-brows start to descend as a result of increased skin laxity, gravitational force, and repeated contractions of the muscles in periorbital region (*Krutmann et al.*, 2017).

Progression of the ageing process in the following decades produces additional changes in facial soft tissues and bony landmarks, leading to alterations in facial proportions (*Ramos-e- Silva et al.*, 2013).

The upper third of the face of the mature person reveals the enlargement of the frontal bone, increased protrusion of the glabella, resorption of superomedial and inferolateral orbital rims and lateral translation of the orbits. Repeated contractions of the frontal muscles contribute to the development of dynamic and static rhytides on the forehead and glabella (*Gerth*, 2015).