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## INJECTION COSMETOLOGY IN DERMATOLOGICAL PRACTICE

Correction after inflammatory dermatoses (atopic dermatitis, seborrheic dermatitis, eczema, rosacea, acne):

- dehydrated skin,
- changes of microcirculation,

CTION

INTROD

- hyperpigmentation / depigmentation,
- scars (hypertrophic / atrophic).

We use a preparation containing high molecular hyaluronic acid (11 mg/ml or 18 mg/ml) and succinic acid (16 mg/ml).

Succinic acid normalized microcirculation and cellular energy exchanges, prevents damage of the cell genome, involvements in mechanisms of skin repair.

High molecular hyaluronic acid is an anti-inflammatory agent, it reduces the level of proinflammatory cytokines, leucocyte infiltration and hydratated skin.

AND METHODS

MATERIALS

20 women aged 30 to 40 years in the stage of remission of atopic dermatitis (2 patients), seborrheic dermatitis (7), rosacea (2), acne (7), eczema (2).

Preparation: sodium succinate (16 mg / ml) + hyaluronic acid (11mg / ml or 18 mg/ml), 2.0 ml per procedure.

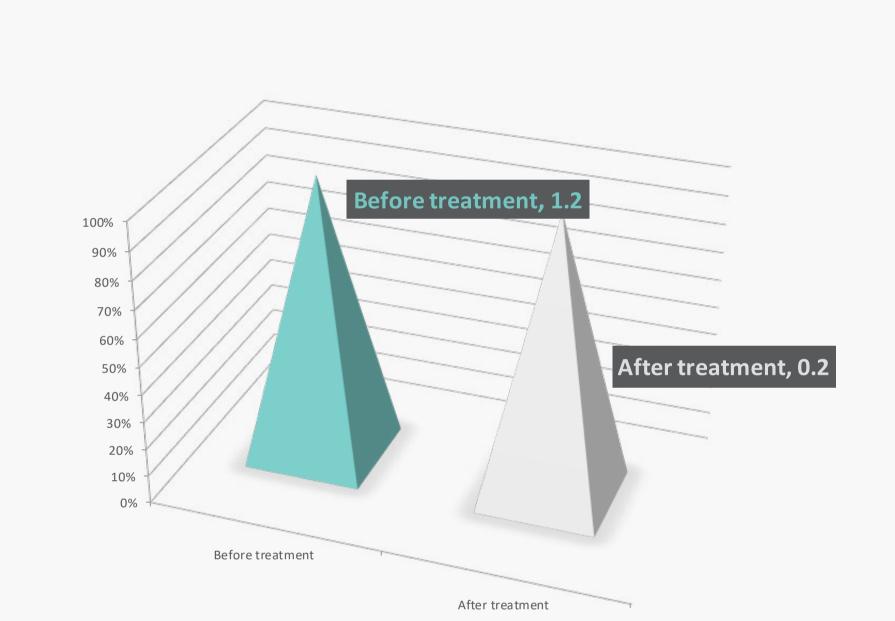
Technique: papular injections with a 30G needle.

Procedure: 1 every 2 weeks.

CONCLUSIONS

The protocol of using hyaluronic acid and sodium succinate has a good tolerance, promotes the acceleration of skin regeneration, restoration of normal skin hydration, normalization of pigmentation.

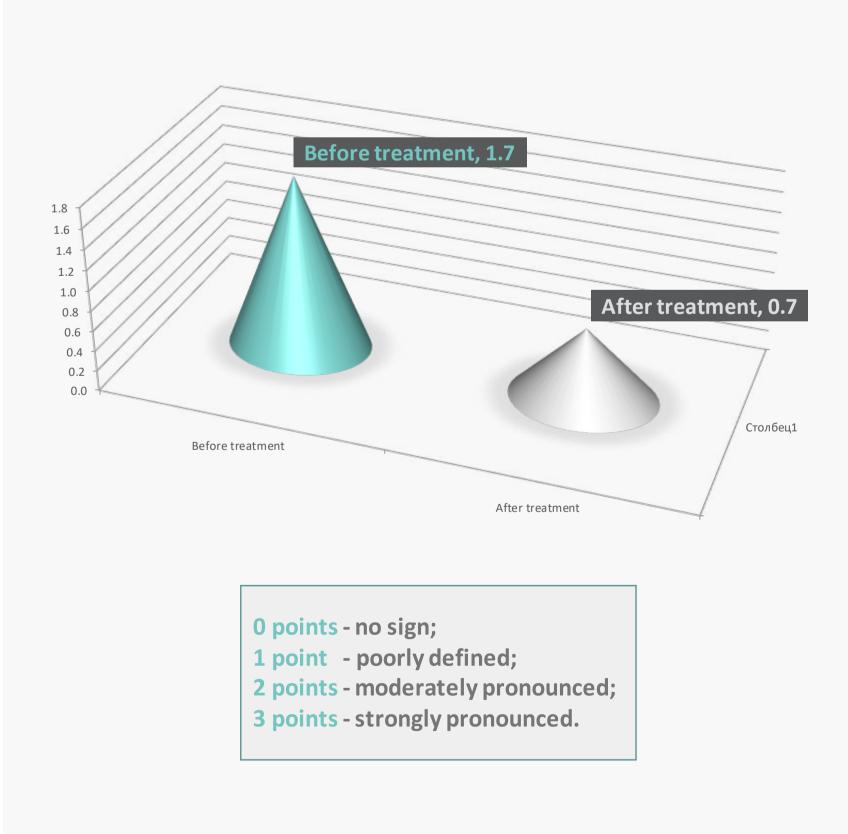
# GLOBAL AESTHETIC IMPROVEMENT SCALE PATIENT DOCTOR 2 points, 10% 3 points, 90% 2 points, 10% 3 points, 90% 3 points, 90%

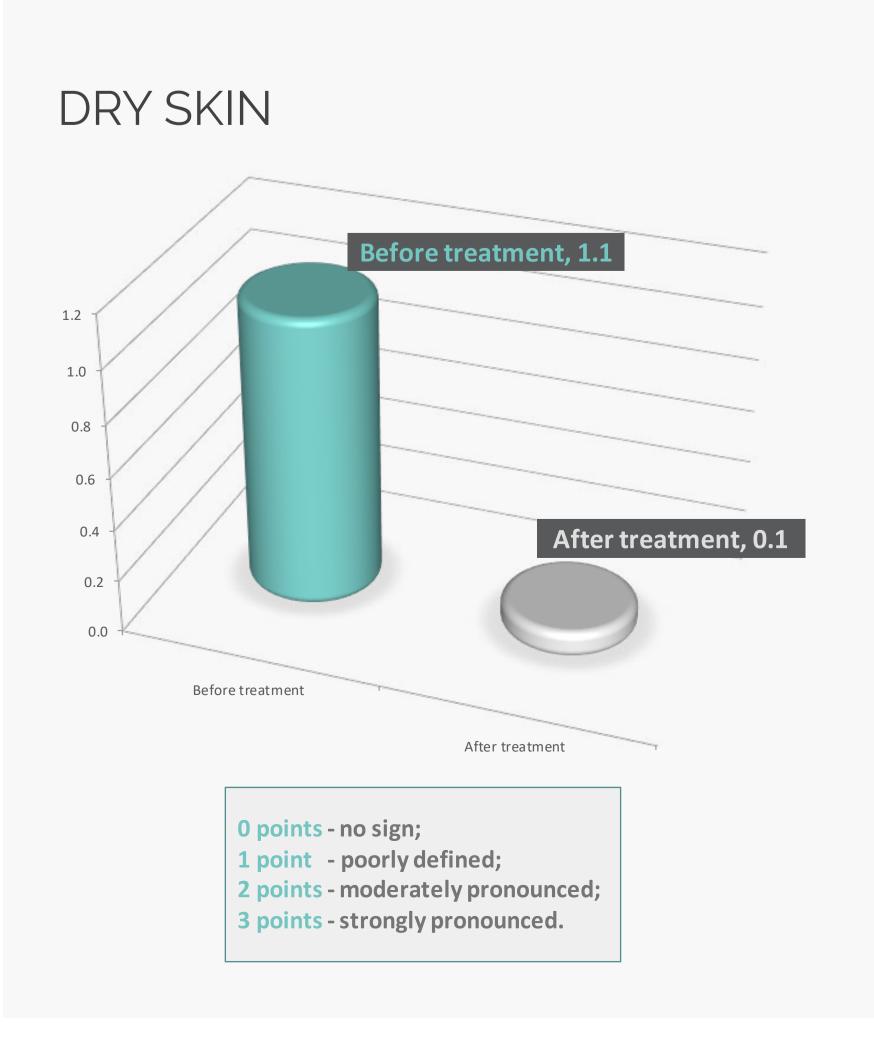


0 points - no sign;
1 point - poorly defined;
2 points - moderately pronounced;
3 points - strongly pronounced.

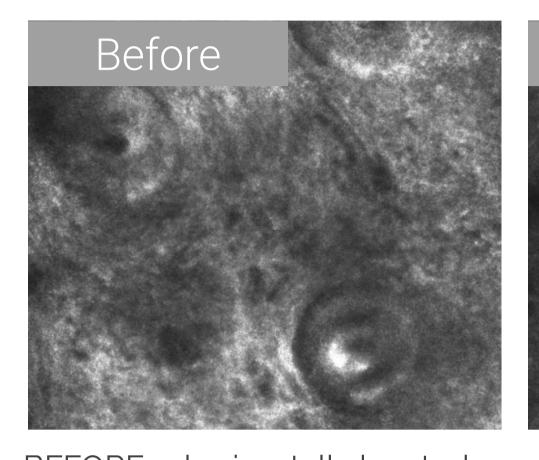
#### PIGMENTATION

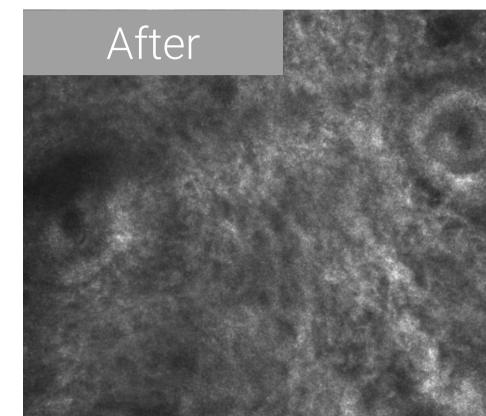
TELANGIECTASIA





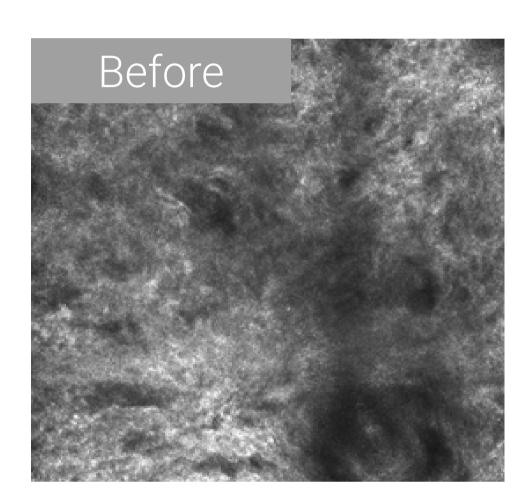
#### CONFOCAL SCANNING LASER MICROSCOPY



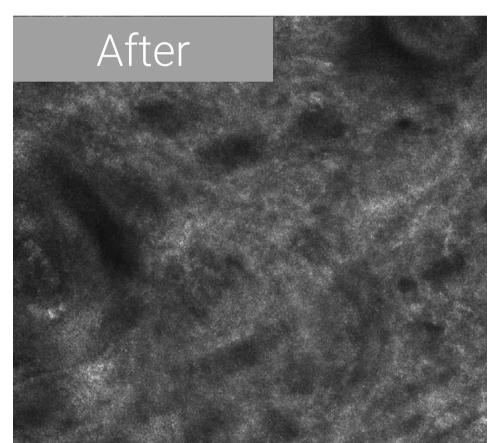


BEFORE: a horizontally located considerably expanded vessel.

AFTER: there is a marked narrowing of previously dilated vessels, both the smallest and larger, including the papillae of the dermis. The general structure of the upper dermis has a more homogeneous appearance with a normal arrangement of fibers

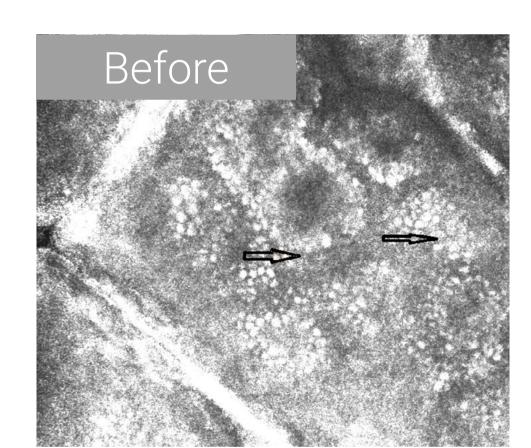


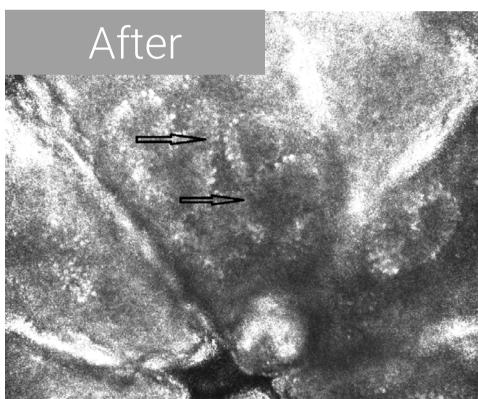
and vessels.



BEFORE: fibrosis and inflammatory infiltration.

AFTER: a significant decrease in the number of fibrous fibers, almost complete disappearance of infiltration.





BEFORE: small irregular accumulations of melanocytes, a decrease in the total thickness of the skin, hyperkeratosis, changes in the structure of the skeleton of the dermis in some areas as a decrease in the number of normal fibrous structures, a reduced thickness of cell layers, and a decrease in microcirculation.

AFTER: reduction of hyperpigmentation sites, regression of hyperkeratosis phenomena, more uniform distribution of dermal fibrous structures, improvement of microcirculation.

#### CLINICAL CASES

