



# Fillers complications for HIV/AIDS lipoatrophy treatment

## *Complicações no preenchimento cutâneo para tratamento de lipoatrofia associada a HIV/AIDS*

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An article by Dr. Dornelas, and colleagues published in this Journal (Rev Soc Bras Cir Plást. 2012;27(3):387-91) provide physicians with remarkable evidence-based data on the management of patients with HIV/AIDS lipoatrophy. However it shows an elevated nodules formation rate of 12%. This finding is in conflict with an awarded study published by Dr. Gonella<sup>1</sup> showing a nodule formation rate of 0%. It is important to assert that both studies have similar design, and did not specifically state the average duration of time that their patients were monitored.

It must be considered that Life-expectancy increased in patients infected with HIV/AIDS with the advent of highly active antiretroviral therapy. Facial lipoatrophy is a common complication in these patients, eventually leading to stigma, segregation, and a negative impact in quality of life (QOL). An important study by the Division of Plastic Surgery, Federal University of Sao Paulo, detected improvement in the QOL of patients with HIV/AIDS and facial lipoatrophy when they were treated with PMMA<sup>2</sup>. Knowing this we must provide these patients with a safe and low-risk procedure.

Nodule formation is considered a serious dermal fillers complication, and it should be differentiated from foreign body granuloma. For nodules the treatment indicated by the literature is surgical removal, whereas for foreign body granuloma the indicated treatment is intralesional injection of corticosteroid crystals (triamcinolone, betamethasone, or prednisolone), which may be repeated in 4-week cycles until the right dose is found. This infiltration can be combined with antimitotic drugs (5-fluorouracil, or bleomycin), and antibiotics (xylytol, ceftriaxione, or ciprofloxacin) to treat the biofilm usually presented surrounding dermal fillers<sup>3,4</sup>.

Obviously the rate of irreversible complications using a permanent filler as PMMA is high. Because of this resorbable fillers have been studied to replace him. Hyaluronic acid has been shown to be a material with higher satisfaction on the part of patients, better predictability of results, and most importantly, with reversible complications<sup>5</sup>, and can be a safer treatment for HIV/AIDS lipoatrophy patients.

The Dr. Dornelas promising study and others like it will continue to expand our knowledge and enable physicians to safely modify practice strategies in a rational, evidence-based manner.

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