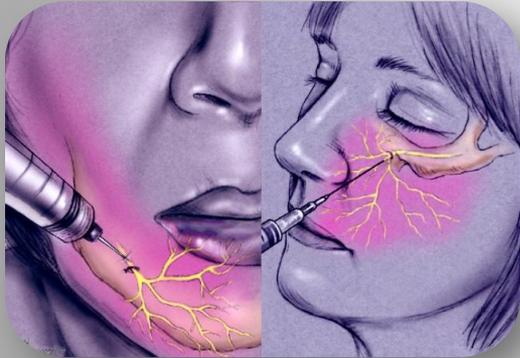


TREATMENT OF BACTERIAL INFECTION AFTER HYALURON FILLER APPLICATION

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Picture 1. swollen lips, purulent secretion



Picture 2. block anesthesia scheme by Teri j. Mc Dermott



Picture 3. after the therapy

Introduction: Correction of shape and size of the vermillion has become one of top three aesthetic procedures over the last decade. Apart from swelling, pain, pruritus, haematoma, bruising and granuloma which are easily resolved, one of the rare clinical complications are bacterial infections which demand clinical attention and treatment. The Aim of this report was to depict a bacterial lip infection treatment after hyaluron filler application.

Case presentation, a 50 year old woman came for a treatment of localized signs of bacterial infection, several days after application of hyaluronic filler in a medical private practice. She complained of pain, swelling and warm sensation in oral region. On the 1. visit signs of localized bacterial infection were obvious, swelling and purulent collections resembling micro abscess with several draining perforations were noted (picture1).

Therapy: First medical aid, disinfection, block anesthesia infraorbital and mental nerve, when contaminated wounds and skin abscesses, tissue distortion is avoided (across the vermillion border) so we decided for this approach picture 2. This technique circumferentially blocks innervation to the area *Latham, Martin 2014* . Incision of the lesions on the most fluctuant spots, drainage of thick purulent content, lavage with Saline solution 9g/ml and Iodine solution 10% were done with application of antibiotic paste Gentamicin 1mg/g and Etakridin lactate 0,1 % pack. Patient refused hyaluronidase treatment .

Antibiogram of the sample -staphylococcus spp. sensitive to beta lactamase inhibitors, at the next appointment i.v. amoxicilin with clavulanat 500mg/100mg, another draining and lavage of the wounds.

After third visit the swelling and the other signs of the bacterial infection were mild and purulent secretion was moderate, several days later patient recovered with minor sensation of discomfort in the lips which diminished after some time.

In the meantime residual of the filler in the syringe used to perform the procedure was examined and the same species of the bacteria was found which indicates of the contamination of the product in the production line.

Conclusions minimally invasive aesthetic procedures are very delicate area to deal with, although the measures of asepsis and antisepsis can be done properly caution is always number one priority especially when choosing the medical device in this case hyaluronic filler to perform the procedure.

Conflict of interest none declared