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LITERATURE REVIEW

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Effectiveness and Safety of a Cross-linked Hyaluronic Acid Plus Mannitol Filler for the Correction of Nasolabial Folds in Chinese Subjects: A Randomized, Blinded, Controlled Study

Yan Wu, MD , Benjamin Ascher, MD , Zhiyong Yang, MD , Hongsen Bi, MD , Li Li, MD , Hongyi Zhao, MD , Hang Wang, MD , Jinming Zhang, MD , Sheng-Kang Luo, MD, PhD

Abstract

Background

Hyaluronic acid–based dermal fillers are commonly used to correct prominent nasolabial folds , a hallmark of aging.

Objectives

The study aimed to verify the effectiveness and safety of STYLAGE L filler vs a well-established comparator, Restylane, for correcting moderate-to-severe NLFs in Chinese subjects.

Methods

A 12-month, randomized, subject- and evaluator-blinded, controlled, parallel-group, noninferiority study was conducted across 8 hospitals in China. The primary endpoint was the percentage of Wrinkle Severity Rating Scale (WSRS) responders 6 months after last treatment. Secondary endpoints included Global Aesthetic Improvement Scale (GAIS) responders, subject satisfaction, device performance, and tolerance.

Results

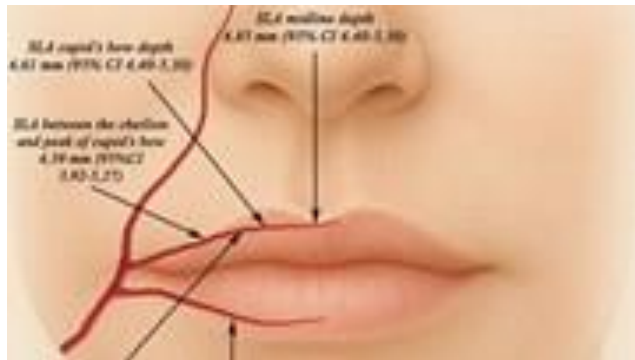
In total, 194 and 196 subjects were randomly allocated to the treatment (STYLAGE L) and control (Restylane) groups, respectively, and analyzed. In the primary endpoint analysis, noninferiority of STYLAGE L was demonstrated because the lower limit of the 95% CI was greater than -10% (difference in percentage of responders, 9.33%; 95% CI, 2.10%-16.56%). WSRS responder rates were statistically significantly higher in the treatment compared with the control group at 6 months (9.19%; 95% CI, 1.85%-16.54%; $P = .0157$), 9 months (19.75%; 95% CI, 10.97%-28.53%; $P < .0001$), and 12 months (11.36%; 95% CI, 2.64%-20.09%; $P = .0116$). GAIS responder rates were high in both groups throughout the study (>73%). Subject satisfaction was high. Both devices were well tolerated. Device performance scores were statistically significantly higher (ie, aspects were “harder”) for STYLAGE L vs Restylane.

Conclusions

The study demonstrated the noninferiority of STYLAGE L vs Restylane in correcting NLFs in Chinese subjects. Results up to 12 months suggest comparable safety and effectiveness.

Anatomical Depth of Labial Arteries in Dermal Filler Procedures: A Meta-analysis With Clinical Implications

Mateusz Trzeciak and others



Abstract

Lip augmentation procedures are popular in aesthetic medicine, and precise knowledge of labial arterial anatomy is essential for safe outcomes. The superior labial artery (SLA) and inferior labial artery (ILA) serve as critical anatomical landmarks for these procedures, and their positioning guides injection techniques. But despite their importance, there has been uncertainty about the precise depths of these vessels across different facial regions, creating potential risks during procedures. Therefore, the authors conducted a comprehensive meta-analysis to quantitatively compare arterial depths at 3 distinct levels of the SLA and evaluate average depths of both the SLA and ILA. Analysis of multiple arterial measurements (277, 218, 252, 414, and 295 arteries) at key locations—between the cheilion and Cupid's bow peak, at the Cupid's bow peak, and at the facial midline—revealed consistent average depths ranging from 4.59 mm (95% CI, 3.91–5.10) to 4.90 mm (95% CI, 4.57–5.61). These findings demonstrate that the vessels maintain relatively consistent depth beneath the vermilion surface, supporting safe injection guidelines of up to 3.5 mm in most lip regions and up to 4 mm in the superior vermilion. Although the SLA and ILA showed similar average depths, practitioners should consider using high-resolution ultrasonography before extensive augmentation procedures for additional safety.

Safety and Effectiveness of Two High- G' Soft Tissue Fillers for Chin Augmentation: A Prospective, Randomized, Comparator-Controlled, Evaluator-Blinded Trial

Andreas Nikolis and others

Abstract

Background

Chin is a crucial facial feature for overall attractiveness. Lower third imbalance can lead to signs of premature aging and loss of jawline contour. Effective chin augmentation with hyaluronic acid fillers has been demonstrated in the literature. Currently, however, no study has compared the safety and effectiveness of two high- G' fillers.

Objectives

Objective of this study was to examine each filler's effectiveness in the correction of chin retrusion through a prospective, randomized, comparator-controlled, evaluator-blinded trial.

Methods

The study compared the safety and effectiveness of HA_{SHA} (Restylane Shaype) vs HA_{VLX} (Juvederm Volux) for chin augmentation and correction of chin retrusion. A prospective, randomized, comparator-controlled, evaluator-blinded trial was conducted at a single research center. Forty participants aged 18 years or older with mild to severe chin retrusion were included and randomly allocated 1:1 to either HA_{SHA} ($n = 20$) or HA_{VLX} ($n = 20$). The primary study endpoint was to examine differences in parameters associated with determining chin shape. Secondary endpoints included adverse events and patient satisfaction.

Results

Of the 40 participants enrolled in the trial, 37 (92.5%) were female and 3 (7.5%) were male. Although an independent-samples t -test revealed no statistically significant difference in total volumes of filler used with HA_{VLX} (mean [standard deviation], 1.85 [0.69] mL) or HA_{SHA} (mean, 1.86 [0.89] mL, $P = .953$). When focused on the menton/pogonion injections, HA_{VLX} required 15.27% more product than HA_{SHA} (mean,

1.48 mL vs 1.27 mL, $P = .28$). There was a statistically significant difference in efficiency score for correcting labiomental angle, with the mean efficiency score being 2.57 [1.67] for HA_{SHA} and 1.50 [1.11] for HA_{VLX} ($P = .02$).

Conclusions

With no significant difference in overall volume utilized between HA_{SHA} and HA_{VLX}, HA_{SHA} injections required 15.27% less volume in the menton/pogonion to achieve visual correction. Additionally, HA_{SHA} demonstrated a significantly higher efficiency score for correction of nasomental angle. Secondary endpoints were not significantly different and demonstrated that both products are safe and effectively useful.

Efficacy and Safety of Microwave Energy–Based Device for Facial Rejuvenation: A Retrospective Comparative Study With High–Intensity Focused Ultrasound

Ha Jong Nam and others



Abstract

Background

Facial aging is characterized by soft tissue atrophy, subcutaneous fat redistribution, and dermal laxity, most pronounced in the lower face and submental region. High–intensity focused ultrasound (HIFU) is the benchmark for noninvasive lifting modality, whereas microwave energy–based devices (MEBDs) have recently emerged, targeting adipose tissue and dermis. Although MEBD has been validated in body contouring, evidence for facial efficacy and safety remains unclear.

Objectives

The study aimed to compare the efficacy and safety of MEBD and HIFU for facial rejuvenation in an East Asian population, emphasizing temporal improvement patterns, tolerability, and side effects.

Methods

Authors retrospectively analyzed 171 patients (MEBD: $n = 89$; HIFU: $n = 82$) treated at a single institution. MEBD used 7 and 3 mm handpieces for subcutaneous lipolysis and dermal tightening, guided by fat-compartment mapping. HIFU applied 600 shots at 3.0 and 4.5 mm depths targeting the dermis and superficial musculoaponeurotic system. Outcomes included blinded evaluator Global Aesthetic Improvement Scale (GAIS), Cutometer elasticity, Facial Aesthetic Surgery Outcome Questionnaire (FACE-Q) satisfaction, pain, and adverse events, assessed at baseline, 1 month, and 3 months.

Results

MEBD showed greater early improvements in GAIS, Cutometer parameters (R2, R5), and FACE-Q scores at 1 month, with lower pain (2.3 vs 4.7, $P < .001$) and fewer adverse events. By 3 months, HIFU surpassed MEBD in sustained GAIS, FACE-Q, and elasticity gains. Both modalities were safe, with only mild effects.

Conclusions

MEBD demonstrated rapid onset, superior tolerability, and lower complication rates, whereas HIFU provided stronger long-term lifting and elasticity improvements. These findings support complementary clinical roles and a compartment-based rationale for facial MEBD.

Efficacy and Safety of Microwave Energy–Based Device for Facial Rejuvenation: A Retrospective Comparative Study With High-Intensity Focused Ultrasound

Improved Infraorbital Hollowing in Chinese Adults Following Hyaluronic Acid-based Filler With Lidocaine (VYC-15L) Treatment

Nanze Yu and others



Abstract

Background

Infraorbital hollowing (IOH) is characterized by a sunken appearance of the lower eyelid. The soft tissue filler VYC-15L has been demonstrated to be effective in correcting IOH in US and European populations.

Objectives

The aim was to assess the safety and effectiveness of VYC-15L treatment in Chinese adults with moderate to severe IOH.

Methods

In this randomized, multicenter, 12-month study, the primary endpoint was the proportion of ≥ 1 -grade improvements on the Allergan Infraorbital Hollowing Scale (AIHS) according to the evaluating investigator (EI) at Month 3. Secondary endpoints included EI-based and participant-based assessments with the Global Aesthetic Improvement Scale (GAIS) and FACE-Q responses evaluated at Month 3. Safety was monitored throughout.

Results

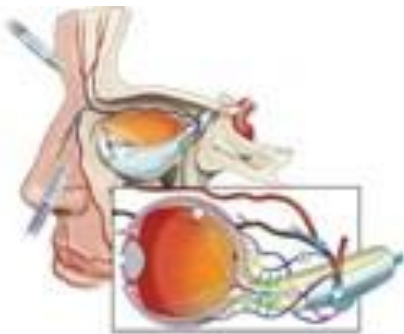
The primary endpoint was met with a 94.6% AIHS responder rate in the VYC-15L group vs 0.0% in the delayed-treatment control (DTC) group ($P < .0001$). Significant GAIS improvements in VYC-15L vs DTC participants were seen in EI-assessed (99.1% vs 0.0%) and participant-assessed (95.6% vs 5.7%) responder rates at Month 3 ($P < .0001$). The mean change in FACE-Q scores was greater in the VYC-15L group than the DTC group at Month 3 ($P < .0001$). Improvements from VYC-15L treatment were seen across all effectiveness measures through Month 12. Mean pain scores were 2.9. Most injection site reactions were mild and resolved within 14 days. Forty-six participants (28.8%) experienced treatment-emergent adverse events (TEAEs), including treatment-related TEAEs (1.7%), which were blepharospasm (0.8%) and injection site bruising (0.8%). No serious TEAEs were reported.

Conclusions

VYC-15L was effective and well tolerated for IOH correction in Chinese adults over up to 1 year.

Consensus Guidelines for the Management of Tissue Filler–Induced Vision Loss in the United Kingdom

Stafford Sansome and others



Abstract

Use of soft tissue fillers for aesthetic purposes has significantly increased, as has the number of associated complications. Vision loss is a rare but catastrophic complication

of injecting tissue fillers. The authors formed a UK multidisciplinary steering group in 2024 to develop consensus guidelines for the management of tissue filler–induced vision loss. The multidisciplinary steering group consisted of various specialists with significant expertise in aesthetics, emergency ophthalmology, oculoplastic surgery, and retina. Consensus statements were formulated by the group. Recommendations focused on immediate emergency measures, access pathways to specialist care, improved consent processes, and increasing awareness of vision–related complications. These guidelines aim to provide pragmatic, evidence–based steps for frontline clinicians to optimize patient outcomes for this rare but severe complication.

Breast Implant–Associated Anaplastic Large Cell Lymphoma (BIA–ALCL): Comparison of Manufacturers From UK National Data [Get access](#)

Richard Goodall and Simon Wood

Abstract

A number of critically important points are discussed in both “2022 Practice Recommendation Updates from the World Consensus Conference on BIA–ALCL” and a later article reflecting on these recommendations.^{1,2} The relative risks of breast implant–associated anaplastic large cell lymphoma (BIA–ALCL) associated with different manufacturers remain a contentious topic. In the latter article, data obtained from the United Kingdom's Medicines and Healthcare Products Regulatory Agency (MHRA; London, United Kingdom) are presented, which report the rates of BIA–ALCL per manufacturer as a proportion of the total number of implants sold as of September 30, 2022.^{2,3}

The author concluded from these data that there is no statistically significant difference in the “occurrence” of BIA–ALCL between the manufacturers of products sold in the United Kingdom.

This year, however, the MHRA has produced an updated document in which they state: “The MHRA is working to deliver greater transparency of medical device data. This will ensure that both patients and clinicians are better informed on the benefits and risks associated with breast implants when deciding on the option

that is right for them. Greater transparency includes providing a more detailed breakdown of the total number of confirmed reports of adverse incidents.”⁴ This updated MHRA document therefore provides not only longer-term data than the previous iteration in 2022, but importantly, more granular data relating to implant type (manufacturer, texturing [smooth/textured/polyurethane], and history of multiple implants). They state that as of December 31, 2023, 62 cases of primary BIA-ALCL have been reported related to 1,263,930 implants.