

TỐI ƯU HÓA TIÊM ACID HYALURONIC LÀM ĐẦY VÙNG TRŨNG MẮT

BSCKII TRẦN VŨ ANH ĐÀO



NGÀY 08 THÁNG 12 NĂM 2023



2022 STATISTICS AT A GLANCE



Top 5 surgical procedures worldwide

absolute numbers and changes compared to 2021

1. Liposuction	2,303,929	procedures	+21.1%
2. Breast Augmentation	2,174,616	procedures	+29.0%
3. Eyelid Surgery	1,409,103	procedures	-2.6%
4. Abdominoplasty	1,180,623	procedures	+19.1%
5. Breast Lift	955,026	procedures	+22.2%



Top 5 non-surgical procedures worldwide

absolute numbers and changes compared to 2021

1. Botulinum Toxin	9,221,419	procedures	+26.1%
2. Hyaluronic Acid	4,312,037	procedures	-18.3%
3. Hair Removal	1,798,253	procedures	-2.1%
4. Chemical Peel	844,616	procedures	+57.9%
5. Non-Surgical Fat Reduction	778,716	procedures	+6.5%



Top 5 surgical procedures for women

1. Breast Augmentation	2,131,976	procedures	
2. Liposuction	1,937,995	procedures	
3. Eyelid Surgery	1,096,152	procedures	
4. Abdominoplasty	1,076,945	procedures	
5. Breast Lift	955,026	procedures	



Top 5 non-surgical procedures for women

1. Botulinum Toxin	7,850,924	procedures	
2. Hyaluronic Acid	3,740,777	procedures	
3. Hair Removal	1,517,217	procedures	
4. Chemical Peel	701,864	procedures	
5. Non-Surgical Fat Reduction	642,067	procedures	



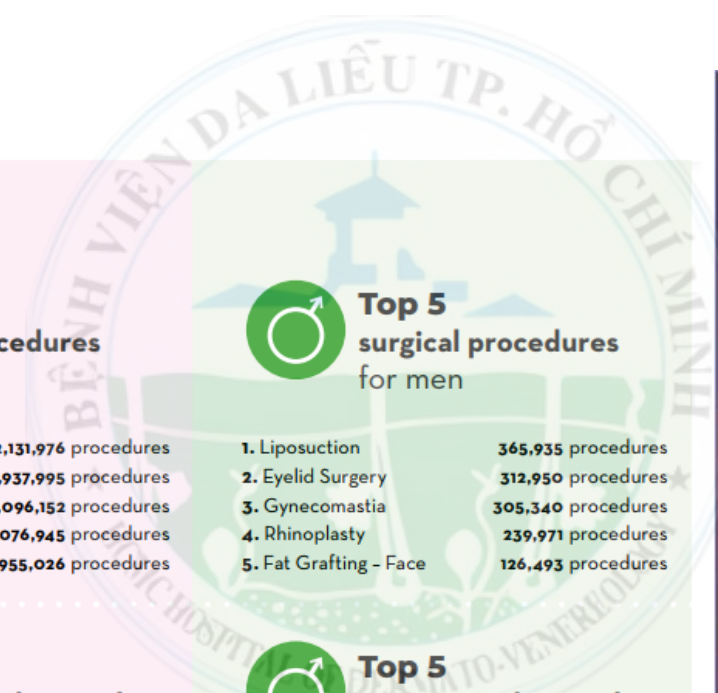
Top 5 surgical procedures for men

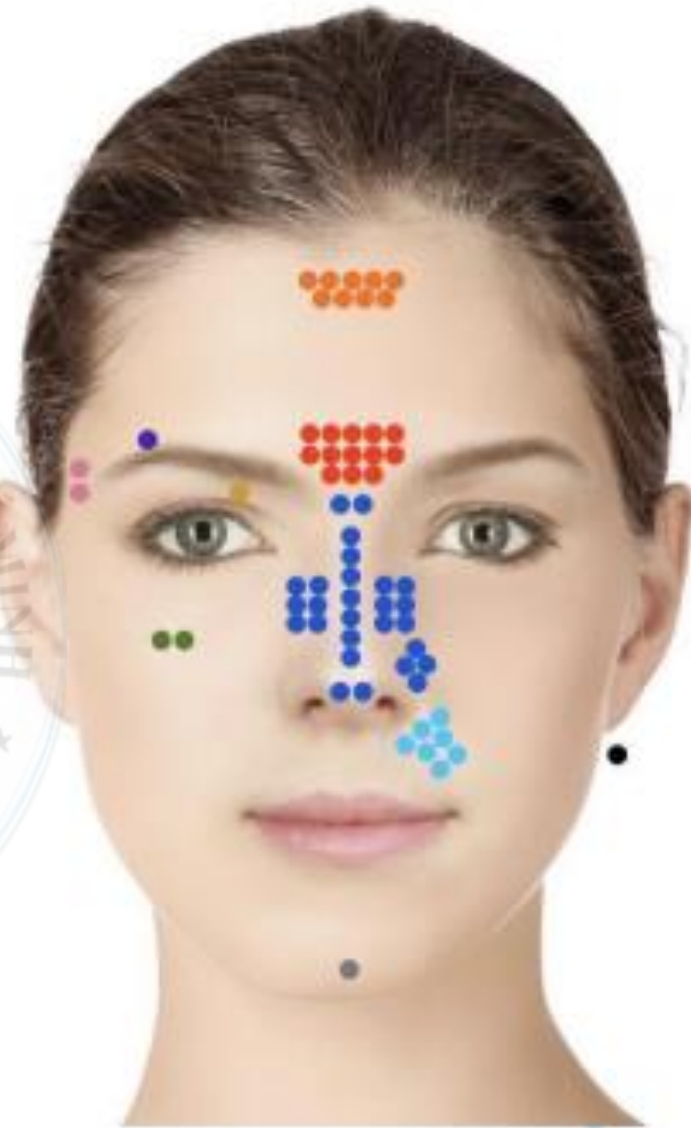
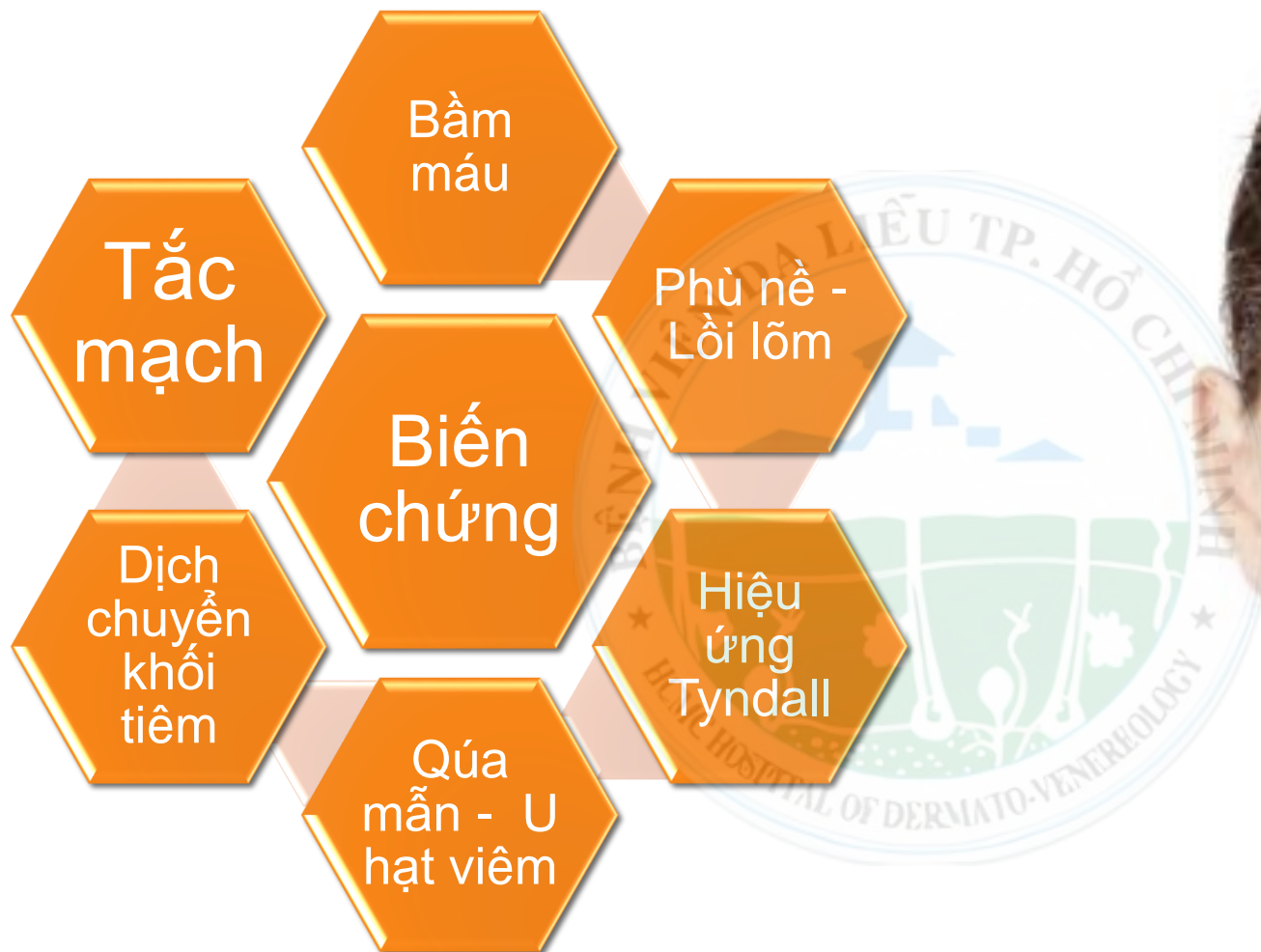
1. Liposuction	365,935	procedures	
2. Eyelid Surgery	312,950	procedures	
3. Gynecomastia	305,340	procedures	
4. Rhinoplasty	239,971	procedures	
5. Fat Grafting - Face	126,493	procedures	



Top 5 non-surgical procedures for men

1. Botulinum Toxin	1,370,495	procedures	
2. Hyaluronic Acid	571,260	procedures	
3. Hair Removal	281,036	procedures	
4. Chemical Peel	142,752	procedures	
5. Non-Surgical Fat Reduction	136,650	procedures	





Lựa chọn
BN

Kỹ thuật

Giải phẫu

Loại HA

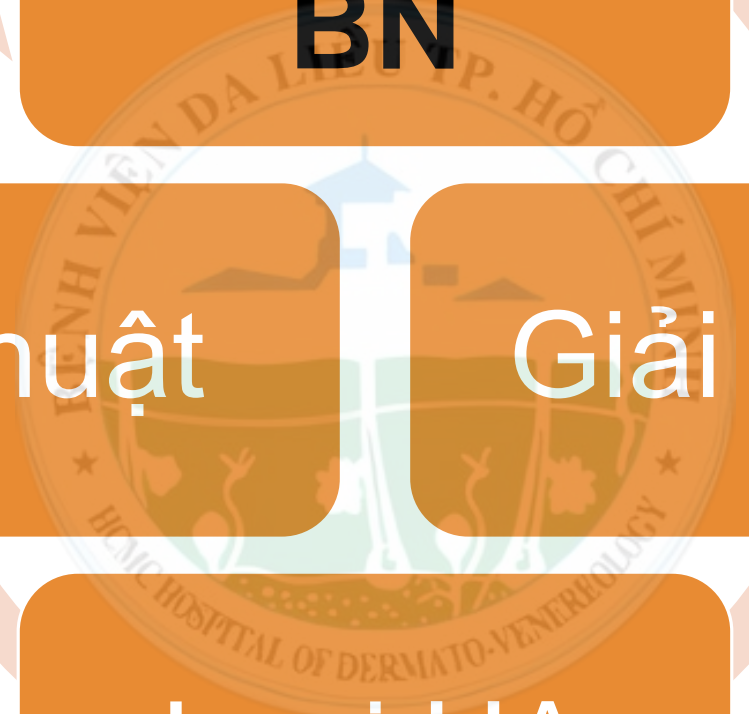


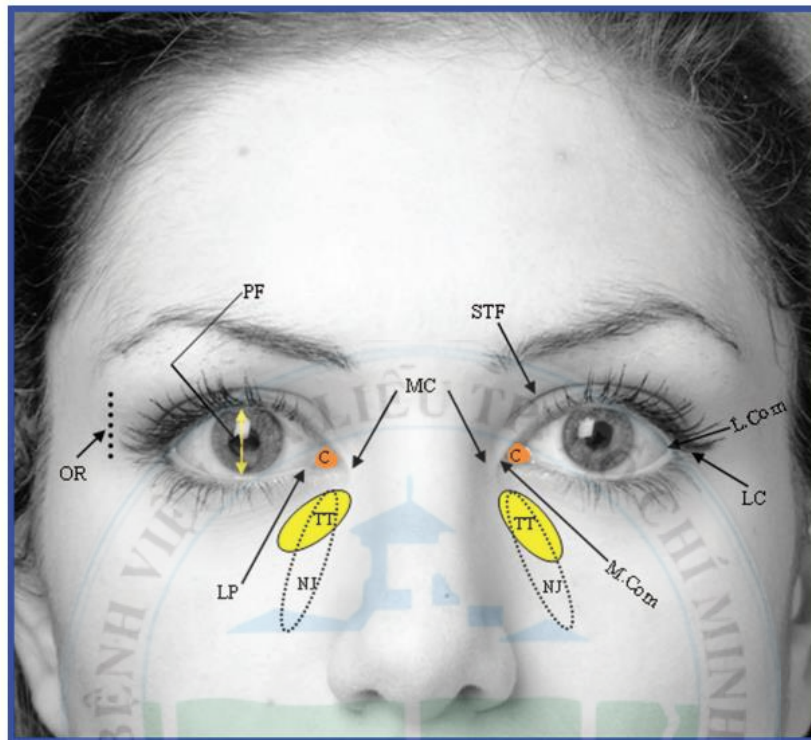
**Lựa chọn
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Kỹ thuật

Giải phẫu

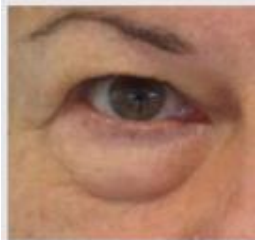
Loại HA





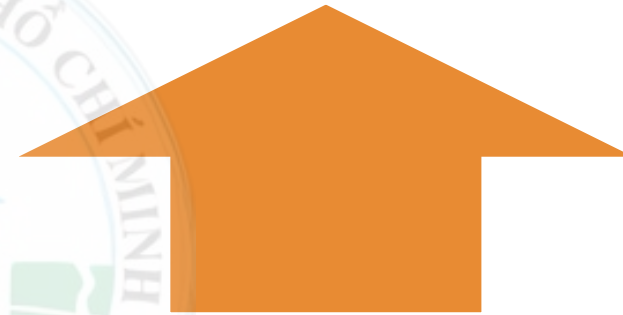
TT, tear trough; NJ, nasojugal groove; C, caruncle; MC, medial canthus; LC, lateral canthus; L. Com, lateral commissure; M. Com, medial commissure; STF, supra tarsal fold; PF, palpebral fissure; LP, lacrimal puncta; OR, orbital rim.

Phân độ Glogau	Tuổi	Nhăn	Màu da	Trang điểm
Nhẹ	28 – 35	Ít	Không	Không
Trung bình	35 – 50	Ít	Tăng sắc tố nhẹ	Nhẹ
Nặng	50 – 60	Nhăn tĩnh	Giãn mạch, tăng sắc tố	Thường xuyên
Nghiêm trọng	65 – 70	Nhăn nhiều	Lão hóa da nhiều	Dày, thường xuyên



Không phì đại cơ vòng mắt
Giới hạn trong vùng hõm lệ
Ít mỡ mi dưới
Chất lượng da và trương lực cơ
còn tốt

Mô mỡ lỏng lẻo nhiều
Phù quanh mắt mạn tính
Mô đàn hồi kém
Tăng sắc tố



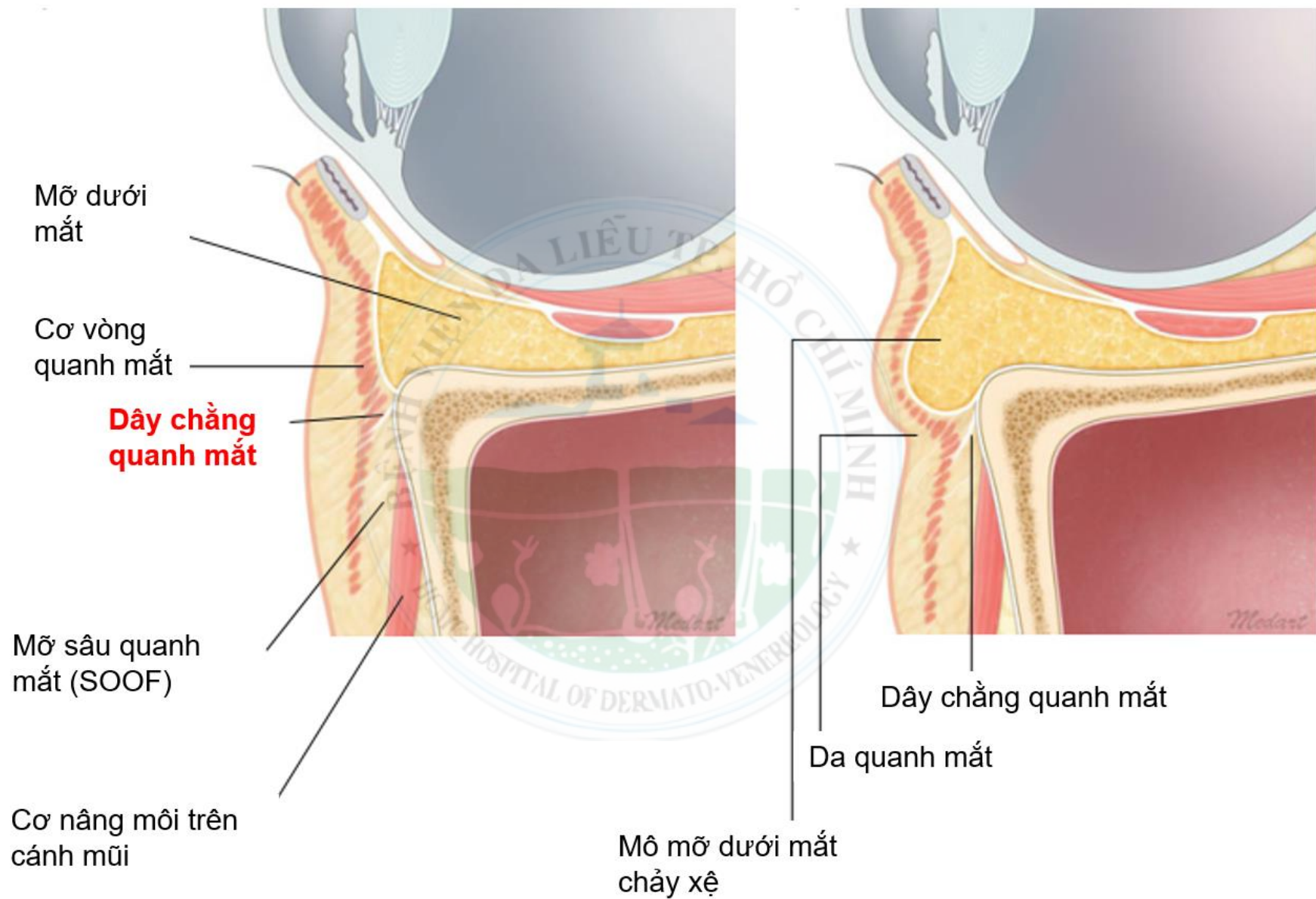
Lựa chọn
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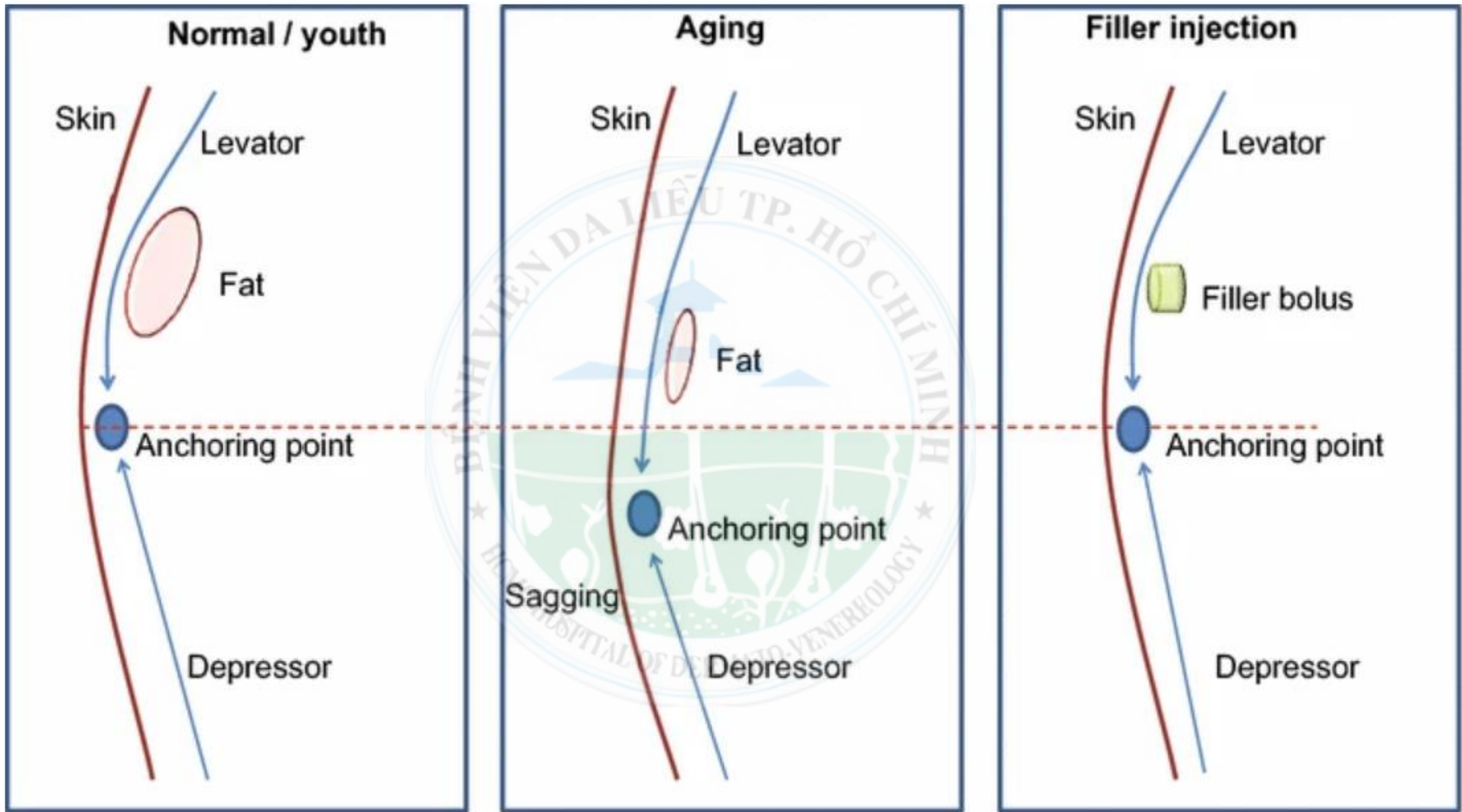
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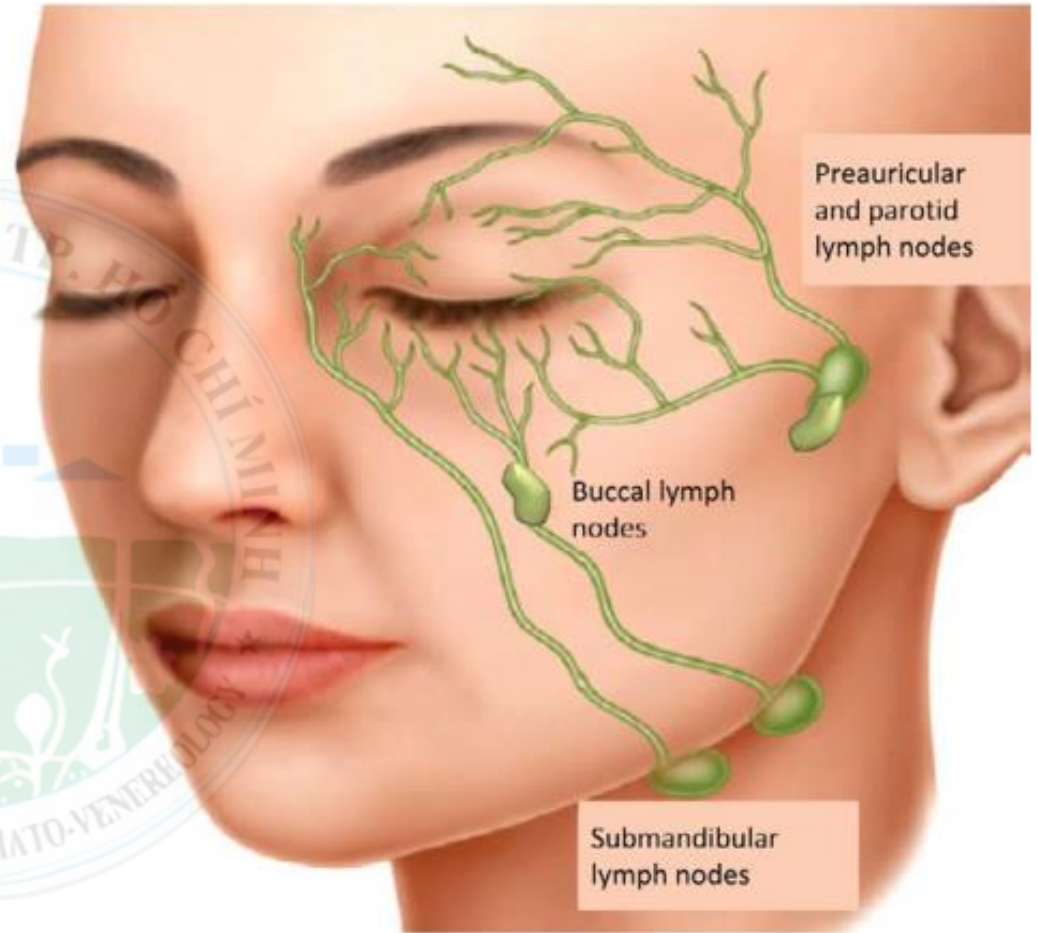
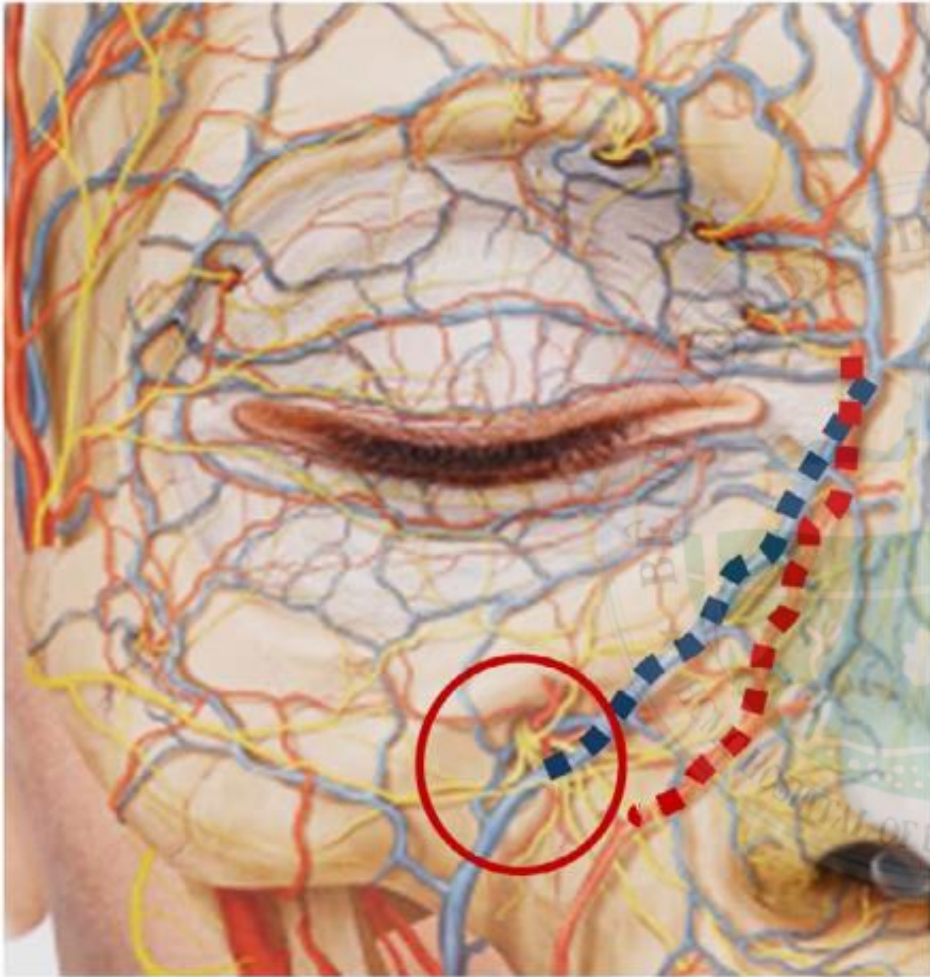
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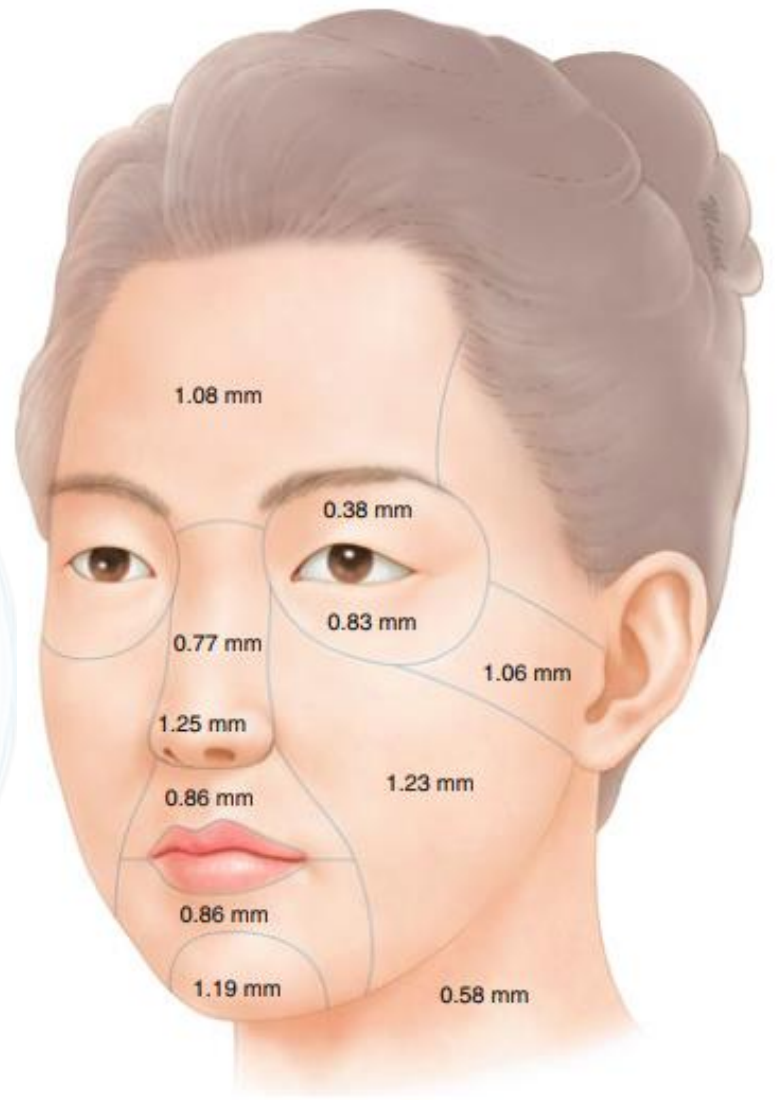


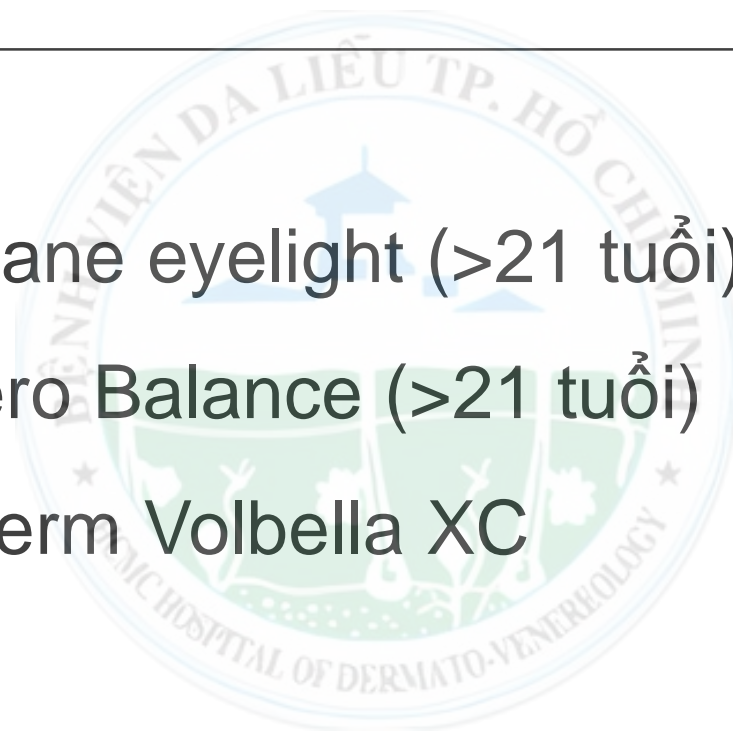
Fig. 1.5 Average skin thickness of the face (Published with kind permission of © Kwan-Hyun Youn 2016. All rights reserved)



2023: Restylane eyelight (>21 tuổi)

2023: Bolotero Balance (>21 tuổi)

2022: Juvederm Volbella XC

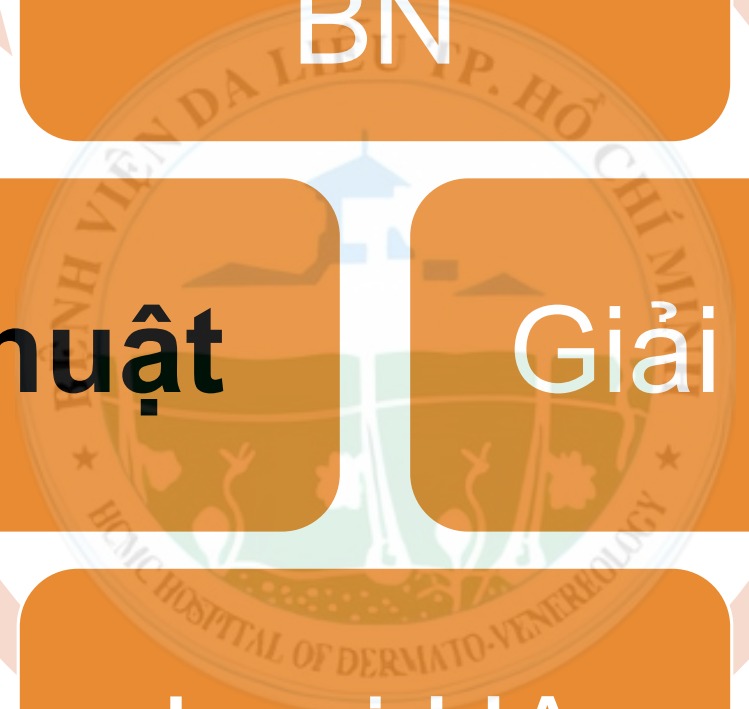


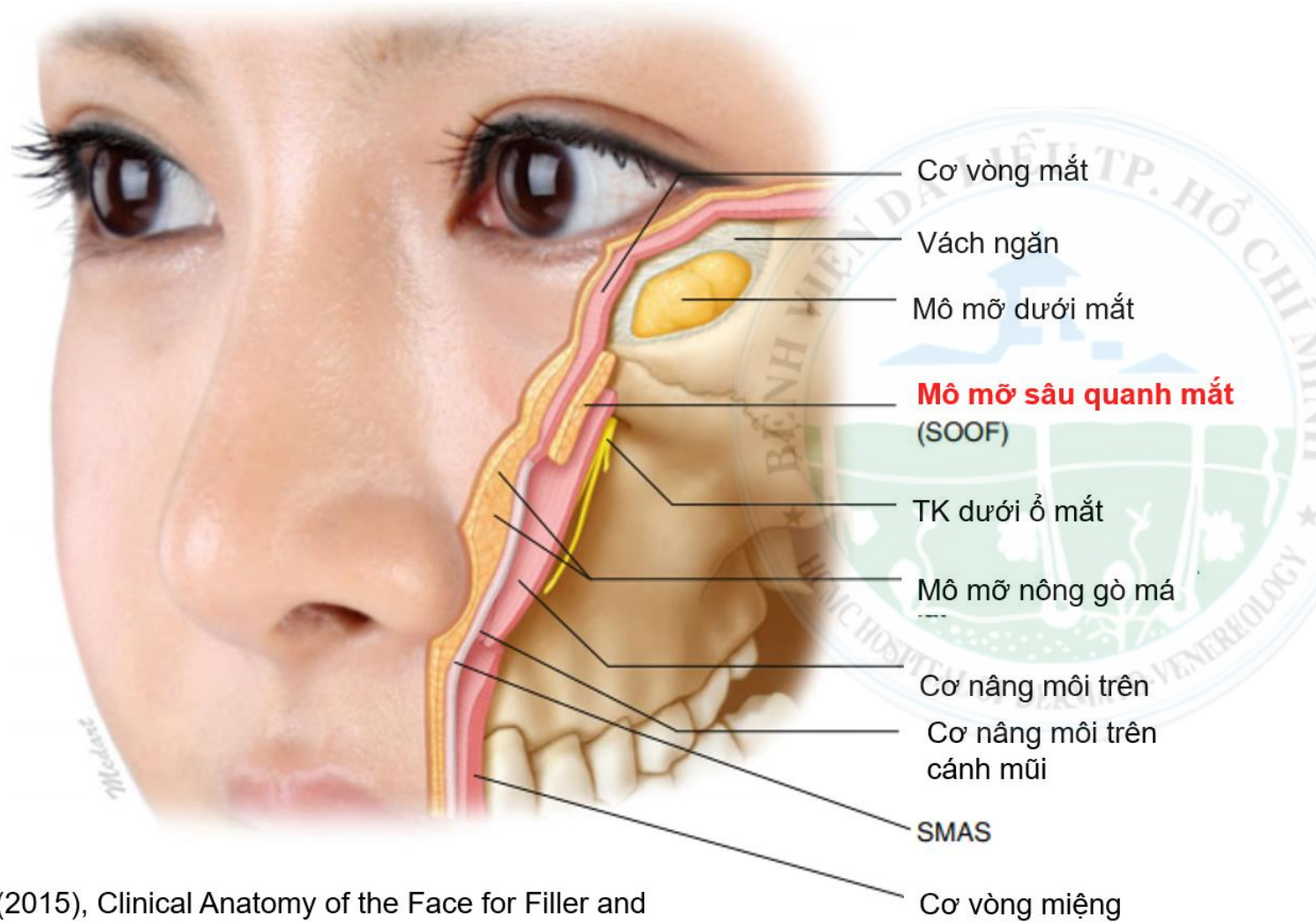
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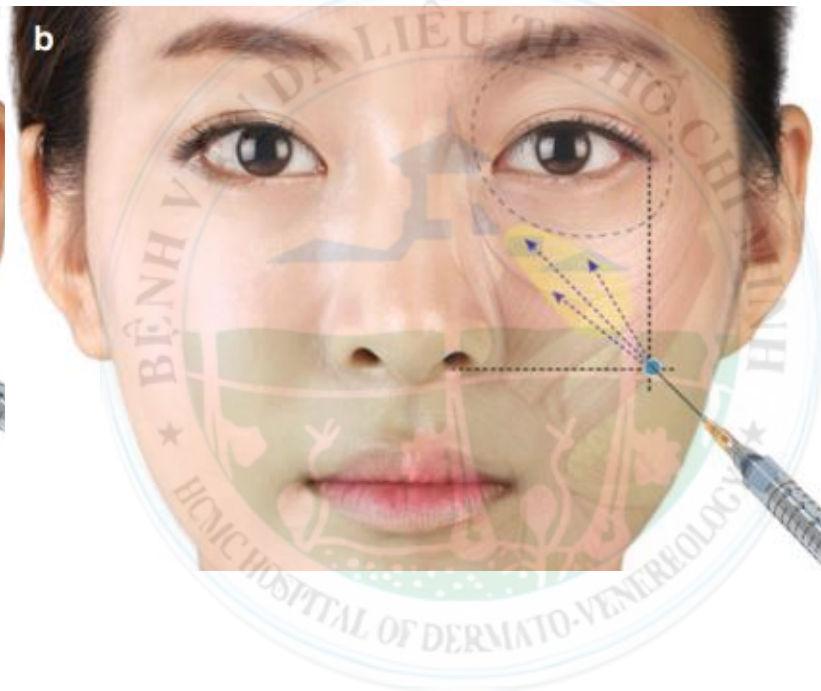
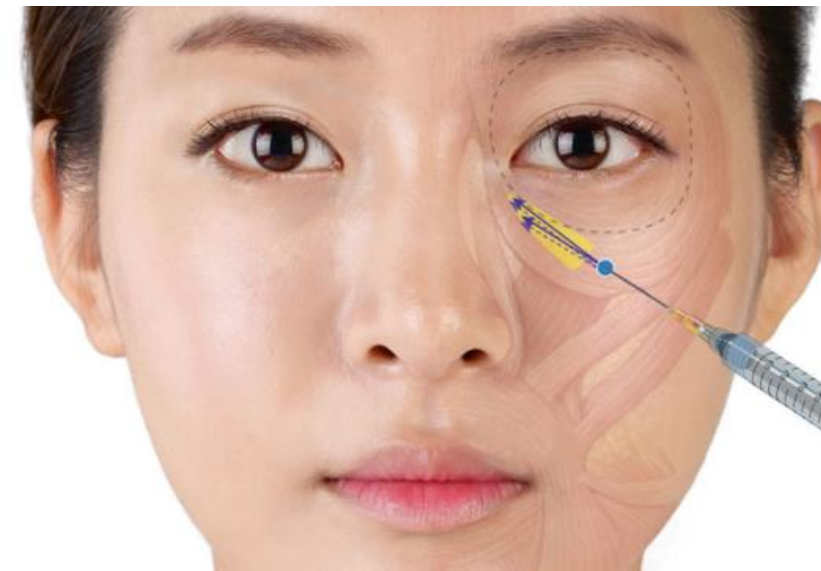
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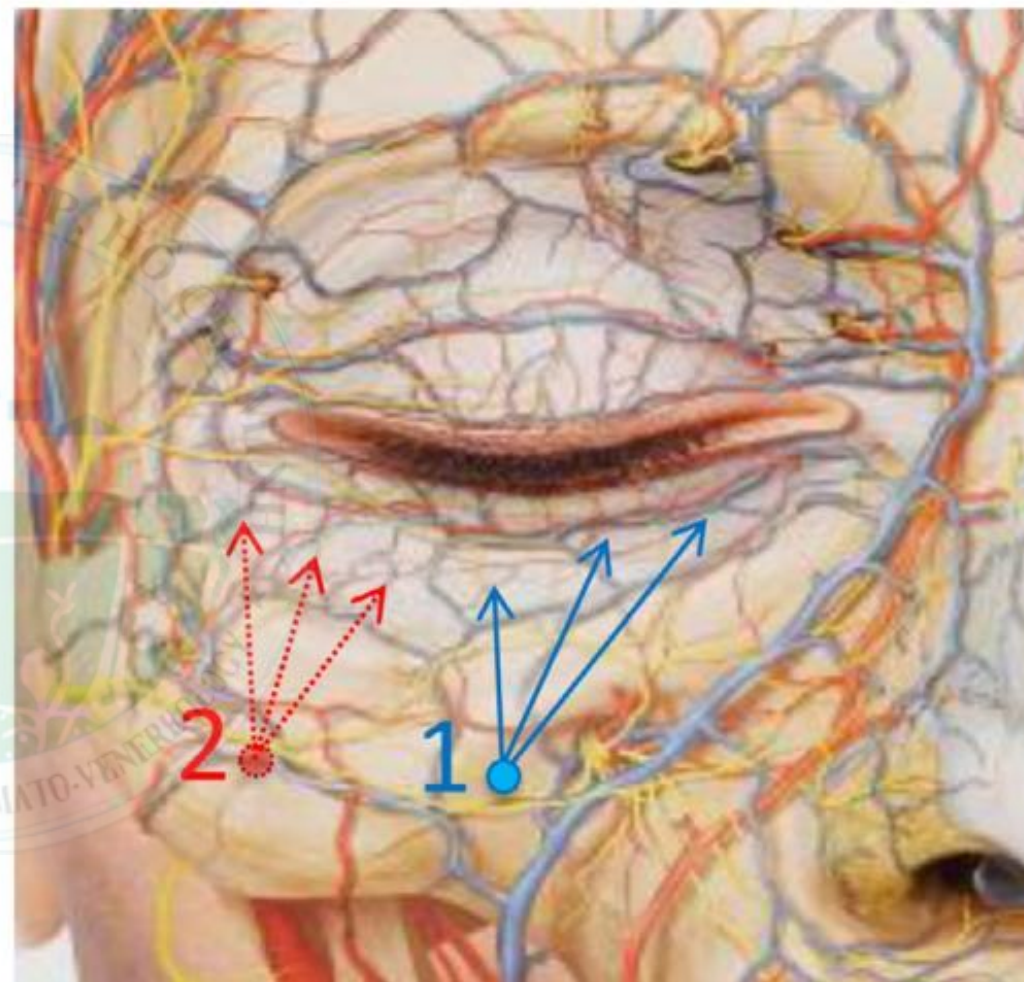
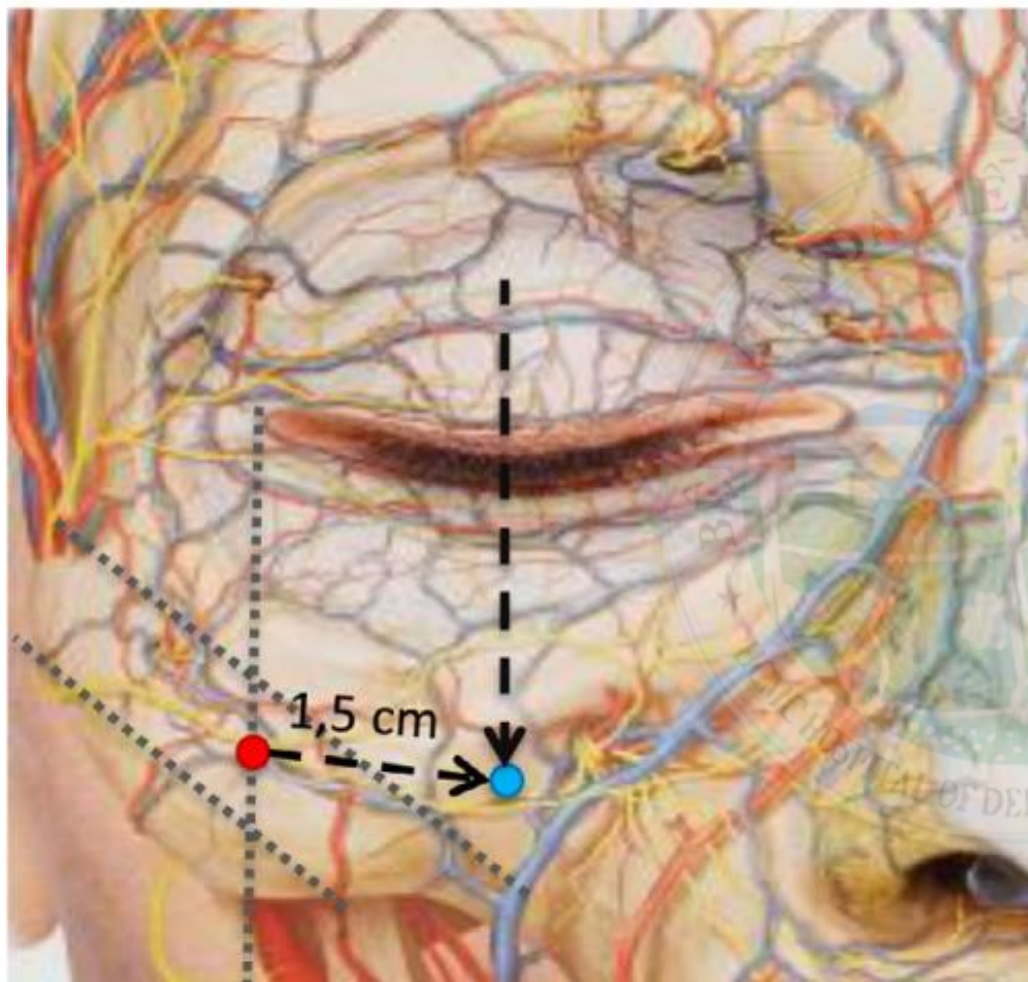
Loại HA





Kim (2015), Clinical Anatomy of the Face for Filler and Botulinum Toxin Injection





Tear Trough Filler Techniques Utilizing Hyaluronic Acid: A Systematic Review

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Catherine Reilly, B.A.
Mahin Alamgir, M.D.
Hassan Galadari, M.D.

Somerset, N.J.; New York, N.Y.; and
Al Ain, United Arab Emirates

Background: Hyaluronic acid soft-tissue augmentation fillers are commonly injected into multiple areas of the face, including the tear trough. Despite well-documented risks, there is no standardized, evidence-based approach to inject filler in this area, be it using a hypodermic needle or a microcannula. The authors, therefore, sought to establish a preference between the two methods to facilitate progression toward standardization and prevention of adverse events.

Methods: This is a systematic review of articles discussing hyaluronic acid tear trough injection techniques performed in vivo and related outcomes. Searches were conducted across The Cochrane Library, PubMed, Scopus, Web of Science, and Embase to yield relevant articles published before February of 2020. All selected articles incorporated discrete patient cases and were analyzed by a variety of variables assessing evidence strength, outcomes, technique, and patient safety.

Results: After appraisal, 42 articles met eligibility criteria: 20 using needles, 12 using cannulas, and 10 focusing on adverse events. Level III was the most commonly awarded evidence grade, corresponding to retrospective, nonexperimental descriptive studies. **There were no statistically significant differences in reported aesthetic results, patient satisfaction, or incidence of adverse events across the needle-based and cannula-based articles.** Some technique trends, such as targeted anatomical plane and needle position, emerged in subsequent articles.

Conclusion: Given that there were no statistically significant differences in patient safety or outcomes, an evidence-based preference for needle or cannula injection into the tear trough cannot be made at this time. Current inconsistencies make tear trough injection procedures difficult to replicate, making standardization based on avoidance of adverse events not feasible. (*Plast. Reconstr. Surg.* 149: 1079, 2022.)

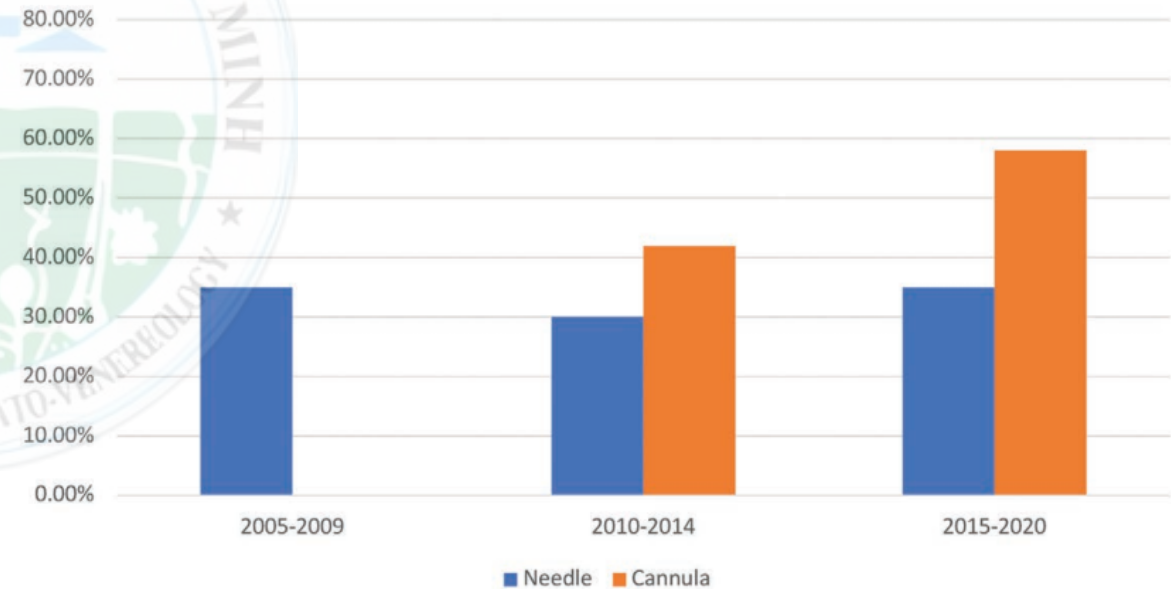


Fig. 2. (Above) Prospective versus retrospective study type for needle-based and cannula-based articles. (Below) Temporal breakdown of included articles by published year.



-
- Tiêm sâu, sát xương
 - Canula 25G, kim 28G, 19mm
 - Tiêm chậm, ít di chuyển
 - $\leq 0,5\text{ml/bên/lần}$ tiêm, tiêm dặm thêm sau 30 ngày