

Očesna plastična kirurgija, Thursday, May 15 2025, 18:00-19:00

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Chairs: Gregor Hawlina and Levin Vrhovec

OR-022

Devastating ocular complication of dermal fillers: case report and review of literature

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PURPOSE: Dermal filler injection is commonly used to improve facial contours and lines. Although considered minimally invasive it can lead to devastating ocular complications. Our objective is to review severe ocular complications of soft tissue filler injection.

METHODS: Cases of the most severe ocular complications after filler injections were reviewed from the literature and the archive of the Eye Hospital, University Medical Centre Ljubljana.

RESULTS: More than 500 cases of blindness have been reported in the literature since the start of the use of dermal filler injections. The sites that were highest risk were the nose, forehead and glabella. Depending on which artery is occluded, vision loss can be caused by ophthalmic artery occlusion (OAO), generalized posterior ciliary artery occlusion with relative central retinal artery sparing (PCAO), central retinal artery occlusion (CRAO), branch retinal artery occlusion (BRAO), anterior ischaemic optic neuropathy (AION), or posterior ischaemic optic neuropathy (PION). Periocular complications include ptosis, ophthalmoplegia and skin necrosis. Improvement of visual acuity is extremely rare while periocular symptoms usually recover. The most common treatments were subcutaneous hyaluronidase, systemic steroids, and intraarterial thrombolytic therapy, however none were significantly associated with visual improvement. A female patient treated at UMC Ljubljana, who suffered from ophthalmic artery occlusion, ptosis, ophthalmoplegia and skin necrosis after self-injection in the glabellar area, is reviewed.

CONCLUSION: Although dermal filler injections are considered safer and more easily controlled than conventional surgery, caution is necessary when performing nasal augmentation or glabellar wrinkle correction to avoid the branches of the internal carotid artery and patients should be advised of the possible complications.

Najhujši očesni zaplet po aplikaciji dermalnih polnil: prikaz primera in pregled literature

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NAMEN: Injiciranje dermalnih polnil je pogosto uporabljana tehnika za izboljšanje obraznih gub in kontur. Čeprav velja za minimalno invaziven poseg, pa ima redko lahko zelo hude očesne zaplete, ki se končajo s slepoto. Naš namen je pregledati pogostnost in značilnosti najhujših očesnih zapletov injiciranja dermalnih polnil.

METODE: Pregled primerov najhujših očesnih zapletov po injiciranju dermalnega polnila iz literature in arhiva Očesne klinike, Univerzitetnega kliničnega centra Ljubljana.

REZULTATI: Od pričetka uporabe dermalnih polnil je opisanih več kot 500 hudih očesnih zapletov, pri katerih je prišlo do slepote. Mesta injiciranja z največjim tveganjem so nos, čelo in glabella. Izguba vida je povezana s prizadeto arterijo, in sicer gre lahko za okluzijo oftalmične arterije (OAO), generalizirano okluzijo posteriornih ciliarnih arterij z relativno ohranjeno centralno retinalno arterijo (PCAO), okluzijo centralne retinalne arterije (CRAO), okluzijo veje retinalne arterije (BRAO), anteriorno ishemično optično nevropatijo (AION) ali posteriorno ishemično optično nevropatijo (PION). Periokularni zapleti vključujejo ptozo, oftalmoplegijo in nekrozo kože. Medtem ko periokularni simptomi običajno izzvenijo, je izboljšanje vidne funkcije redko. Najpogostejše oblike zdravljenja so bila subkutana aplikacija hialuronidaze, sistemski kortikosteroidi in intraarterijska trombolitična terapija, vendar nobeno ni bilo pomembno povezano z izboljšanjem vida. Prikazan je primer pacientke, zdravljene na Univerzitetnem kliničnem centru Ljubljana, ki je utrpela okluzijo oftalmične arterije, ptozo, oftalmoplegijo in kožno nekrozo po samoinjiciranju polnila v predel glabele.

ZAKLJUČEK: Čeprav velja, da je injiciranje dermalnih polnil varnejše in lažje nadzorovano kot klasične estetske operacije, je potrebna previdnost, da se izognemo vejam notranje karotidne arterije, predvsem pri posegih v predelu nosu in glabelarne gube; bolnike pa je treba opozoriti na možne zaplete.