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DR. dr. Ago Harlim, MARS, SpKK

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INTERNATIONAL SCIENTIFIC MEETING ON COSMETIC DERMATOLOGY

BOROBUDUR HOTEL | JAKARTA • JANUARY 31st, 2019

SK PB IDI No. : 0114/PB/A.4/01/2019

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SCIENTIFIC PROGRAMME

TEACHING CLASS (Hotel Borobudur)
Thursday, 31 Januari 2019

TIME	TCA	TCB	TCC
	SUMBA A	SUMBA B	SUMBA C
07.00 - 08.00	Re-Registration		
	Botulinum toxin	Chemical peel	Acne Scar
08.0 – 08.30	Injection technique for botulinum toxin Stanley Setiawan	Chemical peel for acne Nestor Torres	Development and Pathogenesis of Acne Scar Theresia Lumban Toruan
08.30 – 09.00	Danger area for botulinum toxin injection Edwin Djuanda	Chemical peel for pigmentation Nestor Torres	Topical Growth Factor for Acne Scar Lilik Norawati
09.00 – 09.30	Botulinum toxin injection complication Andreas Widiansyah	Chemical peel for aging Nestor Torres	Selective sebaceous gland electrothermolysis as a treatment for acne Silvia Veronica
09.30 – 10.00	COFFEE BREAK		
	Filler	Acne	Pigmentation
10.00 – 10.30	Improving Skin Elasticity with Hyaluronic Acid Era Jusi Nasution	Indonesian Acne Guidelines Irma Bernadette	Topical application for skin hyperpigmentation Sjarif M. Wasitaatmadja
10.30 – 11.00	Nasolabial Line Filler LisSurachmiati	Management severe acne GohCheeLeok	Adjuvant therapy for skin pigmentation Dwi RetnoAdiwinarni
11.00 – 11.30	Restoring Youth and Enhancing Cheek with Anterior Cheek Filler Era Jusi Nasution	Management Post acne sequele Peachy Lao	Systemic and comprehensive approach for skin pigmentation Cheong WaiKwong
11.30 – 12.30	LUNCH		
	Dermatologic Surgery	Dermatologic Laser	
12.30 – 13.00	Complication in Dermatologic Surgery : How to treat infection Susanti Budiamal	Laser and EBD for pigmented problem and Melasma Aryani Sudharmono	
13.00 – 13.30	Complication in Dermatologic Surgery : How to treat miscellaneous Larisa Paramitha	Laser and EBD for the Revision of Athropic Acne Scar David Sudarto Oeiria	
13.30 – 14.00	How I correct a chin siliconoma Ago Harlim	Laser and EBD for skin rejuvenation AmaranilaLalitaDrijono	

Mod. Dr Brahm U Pendit
Free Paper Oral Presentation

1. Patient Selection For Happy Lift™ (Revitalizing) And Skinfill™ Diamond Plus: An Important Consideration. Nelson Chang. Hong Kong.
2. The Efficacy And Safety Of Plant Oil Mixtures In The Treatment Of Xerosis With Pruritus Senilis For Elderly: Randomized Controlled Trial. Yulia Farida Yahya. Palembang.
3. Esthetic Approach To Severe HirsutismOf A Rare Hepatic Adrenal Rest Tumor In A 22-Year-Old Woman. Kartika Ruchiatan, Bandung.
4. Oral Cyclosporine Treatment In Alopecia Areata Multifocal Patchy Type: A Case Report, Prasta Bayu Putra, Yogyakarta
5. Combination Medium-Depth Chemical Peels With Jessner Liquid And Trichloroacetic Acid 35% In Patient With Favre-Racouchot Syndrome. Yogya Yuri. Bandung.
6. Combination Of Tranexamic Acid Intradermal Injection And Q-Switched Nd:Yag 1064 Nm Laser In Mixed Type Melasma. Sinta Murlistyarini. Malang.
7. The Effectiveness Of Combination Therapy With Topical, Systemic, And Pulsed-Dye Laser On Papulopustular Rosacea, Kartika Ruchiatan, Bandung
8. Two Case Of Face Skin Rejuvination With Laser Ablative And Microneedling. Khathreen Corry. Bali
9. Papular Eruption Associated With Epidermal Growth Factor Receptor Inhibitor.Hanif Sri Utami. Jakarta

CONTENT:

LUNCH SYMPOSIUM

From: **abstract iscod** abstract.iscod2019@gmail.com
Subject: Permohonan kesediaan menjadi pembicara ISCoD 2019
Date: 30 November 2018 16.17
To: agoharlim@yahoo.com

Kepada Yth.
DR. Dr. Ago Harlim, MARS, Sp.KK
di tempat

Dengan hormat,

Sehubungan dengan akan diselenggarakannya acara simposium dan pameran dermatologi kosmetik oleh Kelompok Studi Dermatologi Kosmetik Indonesia (KSDKI), bekerja sama dengan Perhimpunan Dokter Spesialis Kulit dan Kelamin Indonesia (PERDOSKI), IMCAS dan 5th APMED dengan tema ***"International Scientific Meeting on Cosmetic Dermatology (ISCoD)"*** pada tanggal 31 Januari – 2 Februari 2019 di Hotel Borobudur Jakarta. Bersama ini kami memohon kesediaan dokter untuk menjadi **pembicara** dalam acara tersebut pada:

"How I correct a chin siliconoma"
(Teaching Class A: Dermatologic Surgery)

Lembar pernyataan kesediaan menjadi pembicara dan *curriculum vitae* (CV) kami harapkan dapat dikirim melalui e-mail: **abstract.iscod2019@gmail.com** paling lambat tanggal **5 Desember 2018**.

Demikian surat ini dan atas kesediaan dan perhatian Dokter, kami ucapkan terima kasih.

Hormat kami,

Ketua Panitia

Dr. Abraham Arimuko, Sp.KK, MARS, FINSDV, FAADV
International Scientific Meeting on Cosmetic Dermatology (ISCoD)

Kelompok Studi Dermatologi Kosmetik Indonesia (KSDKI)
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How I Correct A Chin Silicoma

Ago Harlim

ISCOD 2019

Objectives* (describe the learning outcomes)

A special technique to make a better result in natural shape of chin and reduce the opportunity of granuloma recurrence caused by silicone injection

Introduction

Silicone liquid injection have been used for cosmetic for more than 40 years. Many complications have been reported such as granulomatous, inflammatory responses, migration, and discoloration of the tissue. In 1992, the FDA has banned silicone liquid injection for cosmetic uses. However, silicone injection is still being practiced illegally. Liquid silicone injected to chin cause granuloma, inflammation, and a witch looked like face.

Materials / method

Many methods has been used to remove the granuloma but excision were the best among all. We used knife to do the excision, only to the granuloma without damaging the skin.The Incision from under the skin in submental area and then we cut the excess skin for make better shape of chin. Using a knife to remove silicone granuloma is better that curretation, and for the inflammation we use corticosteroid injection.

Results

Combination knife with special technique and corticosteroid injection can make a better result in natural shape of chin and reduce the opportunity of silicone granuloma recurrence.

Conclusion

Granuloma on the chin can be removed by excision with special technique which result in aesthetic and low recurrence of granuloma.

Silicone

Injectable-grade silicone for medical use has been manufactured widely since the element has been known for its stable and inert characteristics [3, 4]. It includes the use of silicone oil, which has been utilized in the treatment of complicated retinal detachment and heavy silicone oil tamponade. The treatment seems to offer promising results, particularly on improving visual acuity as well as great results on some anatomical parameters; however, there are some concerns as it may cause several complications such as cataract, increased ocular pressure, heavy silicone oil emulsification, and mild inflammatory reaction [5, 6, 7].

Injectable-grade silicone has also been widely used in the form of silicone oil injection. Some studies have suggested that it may have an essential role in reducing the risk of developing diabetic foot ulcer due to its pressure-reducing properties; therefore, it can maintain plantar tissue thickness and alleviate symptoms of diabetic foot ulcer, which may be associated with foot biomechanics [8, 9].

Although it brings advantages, silicone injection may still develop some complications, either local or systemic complications. Local complications may include formation of palpable nodule surrounding injection site, arthralgia, fatigue, electrical neuropathy, and electrical sensation [10], while systemic complications may also occur in the form of lymphadenopathy, renal disease, and hepatic disease. It indicates that the injected silicone can migrate from injection site to other organs causing local and systemic complications. An animal experimental study in mouse model may explain the

pathogenesis of such complications. The study has demonstrated that macrophage of skin tissue may engulf the injected silicone and the silicone may be distributed through lymphatic circulation, ultimately causing accumulation in lymph nodes, adrenal glands, and the kidney, liver, and spleen as well as granuloma formation in the skin [11]. Complications due to silicone injection, particularly the granuloma formation may be dose-dependent. A study by Harlim has demonstrated that granuloma formation could be developed when there is a large amount of silicone exposure as the study only found a low level of silicone without any granuloma formation in the normal skin (Figure 1) [2].

Cultural changes have been encouraging people to pursue their passion on beauty and youth; therefore, cosmeticology has been rapidly growing. With technological advances, more mixed drug ingredients have been added to cosmetic products in order to beautify their customers. Thus, it may indirectly increase the use of topical cosmetics that usually contain silicone; therefore, it will lead to increase silicone uptake to the skin. It has raised a concern that the prolonged and continuous use of cosmetics will cause granuloma formation and other chronic inflammatory effects.

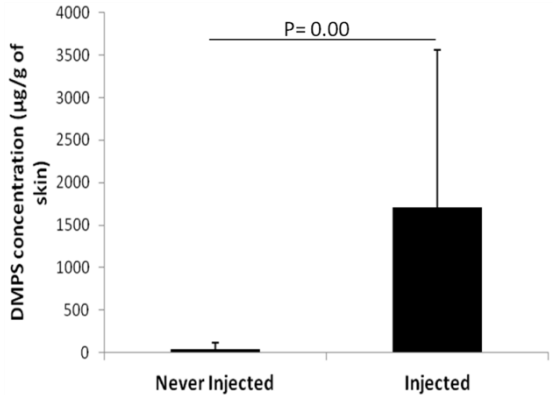


Figure 1. The level of silicon (Si) in normal subjects who had never received silicone injection (never injected) and in subjects with granuloma who had received silicone injection. (cited from A Harlim, et all) [2].

Diagnosis

Granuloma is a form of localized nodular inflammation, which is found in tissues [7]. On examination, there is a tumor-like mass or node of granulation tissue with active fibroblast growth and capillaries that contain epithelial-like macrophages surrounded by mononuclear cells, lymphocytes, and sometime multinucleated Datia cells present at the central core of granuloma [16].

On clinical point of view, silicone granuloma is characterized by the presence of complications of silicone. There are usually granuloma nodes, migrating silicone, wider nose, and signs of inflammation such as redness and swelling depending on the stage.

Management

The management of silicone-induced granuloma is often difficult due to migrating silicone and some of the silicone penetrating into the skin reaching the epidermis. In general, the management of granuloma can be categorized into two, i.e., surgical and pharmacological treatments. The management of nasal silicone granuloma is adjusted for the occurring complications. We must remove granuloma, which is under the skin; afterward, we perform excision of the excessive skin or implant insertion, creating a firmer and cosmetically more attractive skin. Remaining fibrosis or granuloma can be treated using steroid injection, and laser therapy is performed for redness.

Recommendation for surgical care

Granuloma formation occurs due to the presence of foreign body. Skin granuloma will cause a cosmetic problem; therefore, it should be removed.

Preoperative preparation

The preoperative preparation is similar to all kinds of skin surgery. A consultation prior to surgical procedure is necessary so that the doctor can perform both physical and psychological evaluation for the candidate. The patient should be informed about surgical procedure and the result may not be perfect as clean silicone injection can never be performed and there is a possibility of swelling. Patients with extreme high expectation will file their complaints in the future.

During the consultation, we must find out about coagulation disorder, either primary or secondary, either due to medication of pharmacological treatment or supplementation. The patients are advised to avoid food or medication that may prolong the bleeding time within 1 or 2 weeks prior to the procedure such as anticoagulants, aspirin, ginseng, garlic, cod liver oil, anticholesterol agent, vitamin E, warfarin, and Ginkgo biloba.

Curettage procedure of nasal silicone granuloma is similar to skin graft procedure, in which the covering skin must be viable. On curettage, the skin will be thinner, and it can be necrotic if there is poor vascularization. Other issues that should come into our consideration are alcohol intake, smoking habit, metabolic disorder, and poor nutrition. Blood pressure and diabetes mellitus must be well-controlled [17, 18, 19].

Informed consent

When a skin surgeon decides to perform a surgical procedure, both doctor and patient must consequently understand the impact, risk, and advantages of the procedure. First, the doctor needs to explain the diagnosis and the procedure that will be performed. Treatment of nasal silicone injection is a combination of medical therapy and cosmetic procedure because when it is left untreated, there will be changes such as migration, granuloma, and continuous inflammation. The risks and the advantages of the procedure should be emphasized. Moreover, the procedure during the surgery and the expected result after surgery need to be explained. Possible risks that may develop such as infection and its prevention including the use of antibiotics must also be explained. Patients must know other probable risks such as bleeding, crooked nose, wound scar that probably occurs, asymmetrical nostrils, an implant impression on the skin, granuloma or fibrosis that cannot be cleaned up, persistent redness of skin color, and other modalities of treatment that need to be carried out after the surgical procedure. It should also be explained that the results probably may be imperfect, particularly for patients with unrealistic wish. Results of discussion and patient's consent are written on an informed consent form, which is subsequently signed by the doctor and patient.

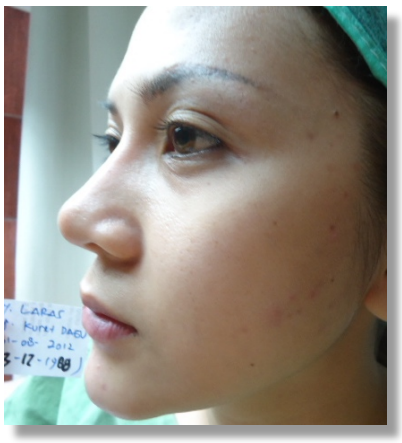
Technique and procedure

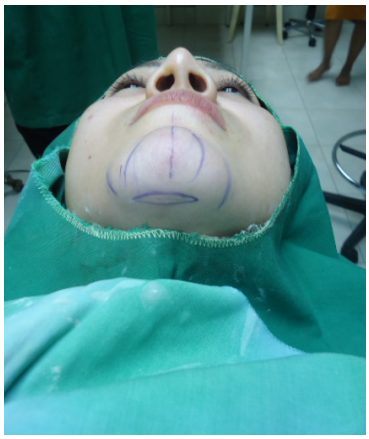
Every granuloma in the skin that causes cosmetic problem must be removed. Granuloma at inflammatory phase must also be removed to prevent the extension of inflammation. Local or general anesthesia could be used for procedures of skin excision, granuloma curettage. Instruments that must be prepared included minor surgery set, which can be equipped with curettage kit for cases that need curettage.

Preoperative Planning

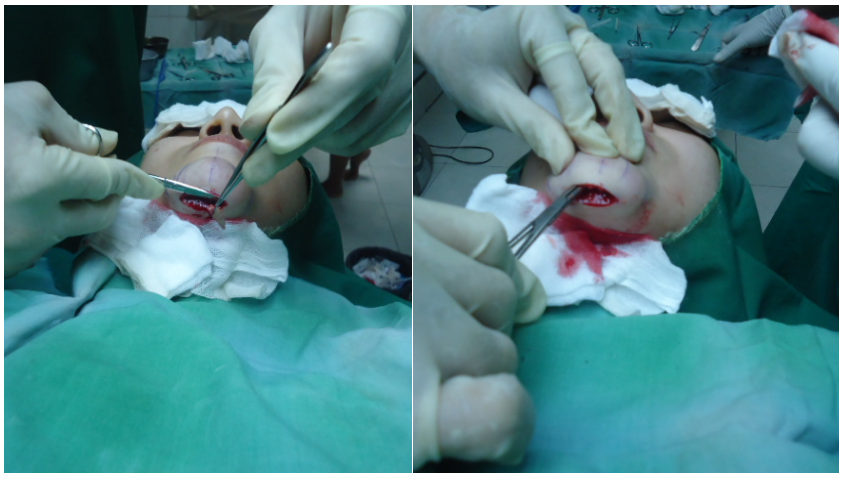
The management of silicone-induced granuloma depends on the affected area; however, basically a doctor will first make a design planning. Next, the doctor will perform procedures according to the design or images and following the plan that has been discussed with the patient.

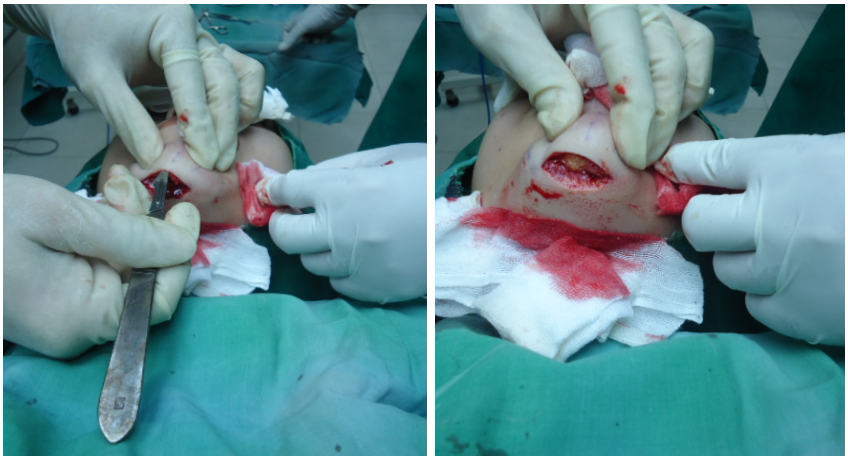
Depending on the occurring complication, we evaluate whether we need to remove the excessive skin from dorsal chin after perform curettage



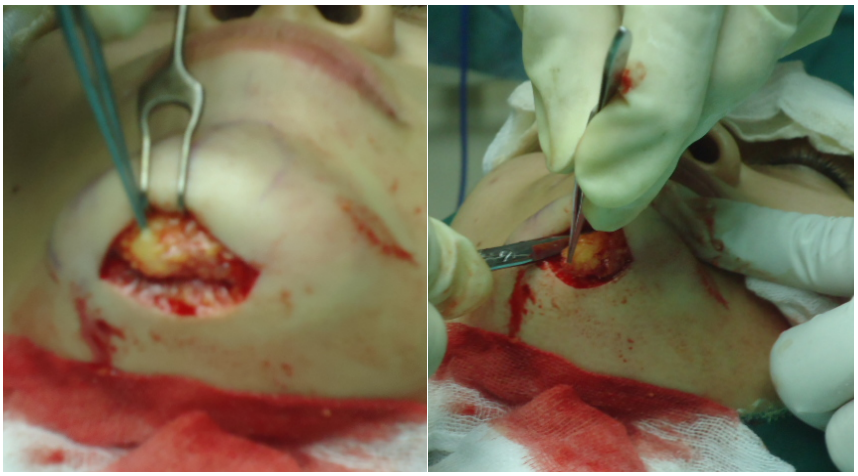


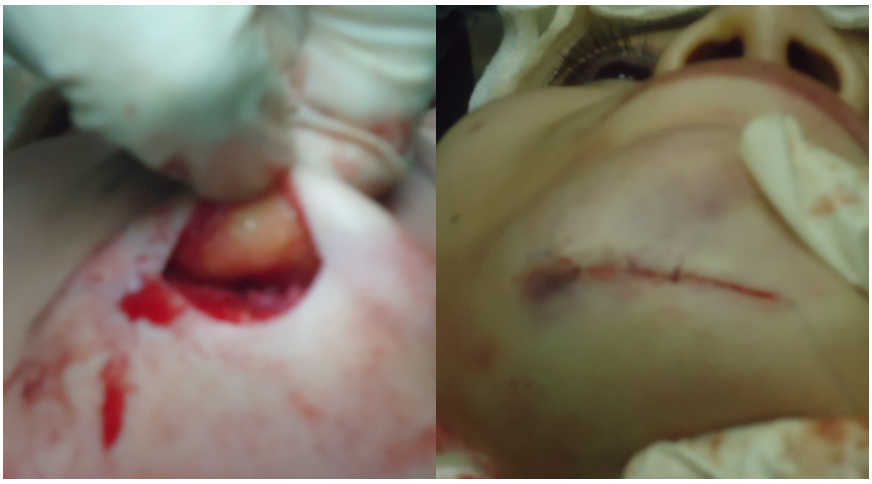
First, We have to make the boundary of granuloma and make the design of excision area just Under the submental crease





You have to cut the granuloma with knife jut under the skin, you have carefully this time because the knife can cut the the skin above. After that you can see the granulloma already separated from skin





After take out the granuloma by knife, and curettage on the lateral part , we can stitching it

Postoperative Management

1. Use nasal splint or gauze for a week to prevent splint displacement.
2. Prescribing antibiotics for 5–7 days.
3. Prescribing analgetics every 4–6 hours as necessary.
4. Prescribing anti-inflammatory drugs for 5–7 days.
5. Normal saline solution for the chin to overcome postsurgical nasal congestion.
6. To reduce swelling, apply cold compress to periorbital within the first 48 hours.
7. When sleeping, the patient should keep the head elevated approximately 45°.
8. If there is a seroma, we can remove it by suctioning using syringe during the follow-up visit.
9. Avoid any trauma for 2 weeks.
10. Remove the stitches on day 10–14.
11. Have a normal diet, but avoid foods that cause excess lip movement such as apples and corn on the cob for 2 weeks after surgery.

Adjunctive Therapy to Overcome Other Complications

The principle of therapy in managing patients with granuloma due to silicone injection is preventing the development of inflammation as it will cause extention of damage.

Evacuation of silicone-induced granuloma should be performed since the liquid silicone in the tissue is persistent and will continuously induce immune response. Although the granuloma has been excised, the remaining silicone, which has migrated to all direction and has been absorbed in the skin, cannot be removed, and therefore, it may cause recurrent granuloma. The remaining inflammation, both granuloma and fibrosis, requires further treatment.

For granuloma or fibrosis that cannot be removed by surgical procedure, other modalities are required to treat the remaining fibrosis and inflammation that can still be seen on the skin, i.e., skin redness and telangiectasia.

Fibrosis and remaining granuloma

Some case reports suggest that to treat silicone-induced granuloma, intralesion injection can be used as well as topical treatment of pimecrolimus, which is applied two times daily for 3 months. Topical imiquimod can be used for 8 weeks as well as minoxillin, allopurinol, and oral prednisone at the dose of 30 mg/day [22, 23]. Results of those treatment have not been satisfying although intralesion injection of triamsinolone is more significant for treating the occurring inflammation [24].

Granuloma and remaining fibrosis may also be treated with subdermal injection of triamcinolone acetonide at a dose of 10 mg/ml or a combination of triamcinolone acetonide and 5-fluorouracil. Steroid injection can be performed at the earliest within 2 weeks after wound closure.

The injection is performed once or twice weekly as many as five to seven times. The dose depends on the amount of remaining granuloma and fibrosis, and usually it is at dose of 0.2–0.4 cc per injection.

Etanercept, which works on TNF-α receptor and Fc-IgG1 binding, has been reported providing good result for silicone granuloma [25, 26, 27]. The administration of this drug at the dose of 50 mg

twice weekly or 25 mg of subcutaneous injection two times a week has offered relatively satisfying results [27].

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