

Esthetic Solutions

Filler & Toxin

1. What is “Filler & Toxin”? _ Specification
2. When to “Filler & Toxin”? _ Indication
3. How to “Filler & Toxin”? _ Treatment techniques
4. Why “Filler & Toxin”? _ Case reviews

What is “Filler & Toxin”? _ Specification

What is HA (Hyaluronic Acid) :

- “Polysaccharides that constitutes ECM (extracellular matrix)”
- Binding water

What is HA filler (Hyaluronic Acid filler) :

- HA + Crosslinked BDDE (maintenance) + Lidocaine (pain-relieving)
- “Bio-Resorbable filler”
- Dissolved with hyaluronidase



What is Botox (Botulinum Toxin):

- neurotoxin botulinum toxin type A
- to temporarily block nerve signals that cause muscles to contract



When to "Filler & Toxin"? _ Indication

Pre-treatment

Labially protruded
Crowded & triangular shaped teeth

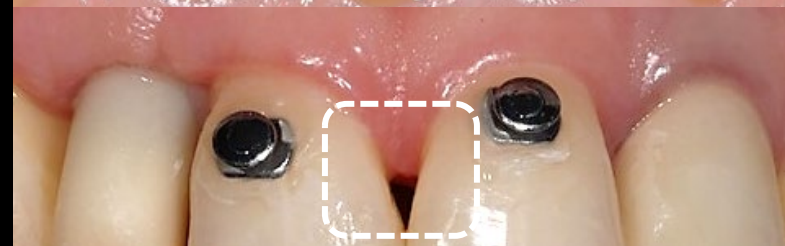


Alignment



Post-treatment

Gingival recession
Interdental papilla lose (Black triangle)



When to “Filler & Toxin”? _ Indication

Symptoms

Edentulous morphology
Malocclusion

Habitual clenching
Muscle strain

Vertical
Dimension
Reconstruction



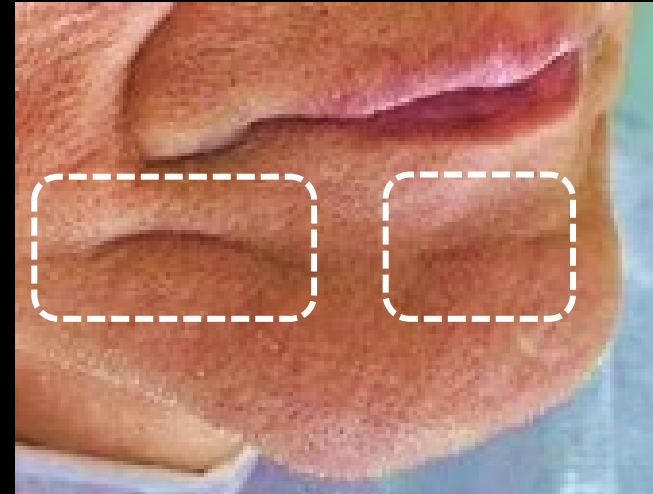
Negative outcomes

Face contour change

Mental crease
Muscle fatigue



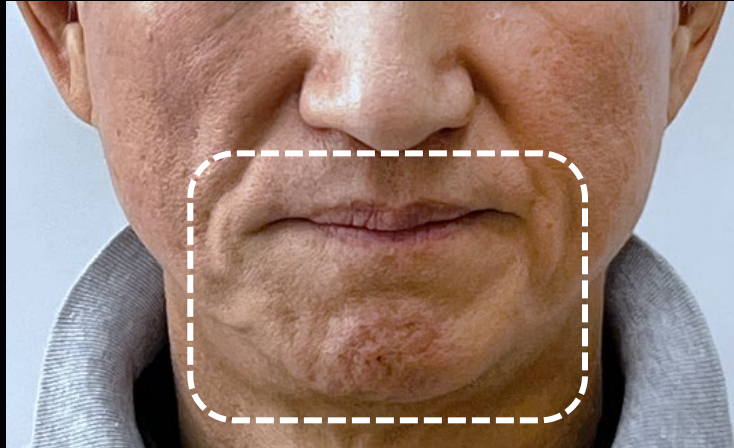
Aging



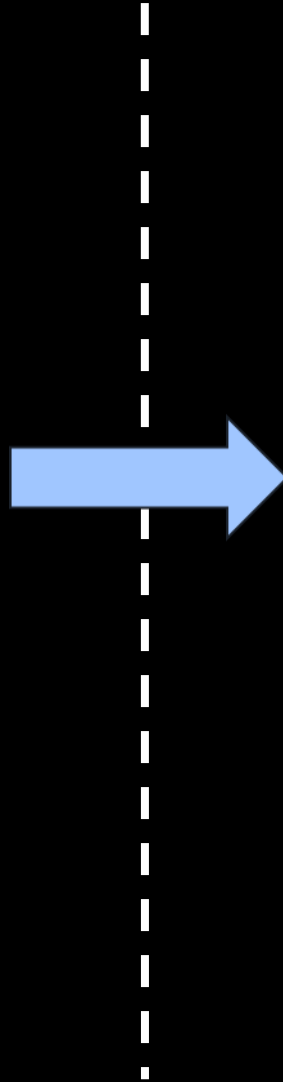
Wrinkles and folds
Volumetric shrinkage

HA filler application after prosthetic treatment

Dentium



Prosthesis design



HA filler application after prosthetic treatment

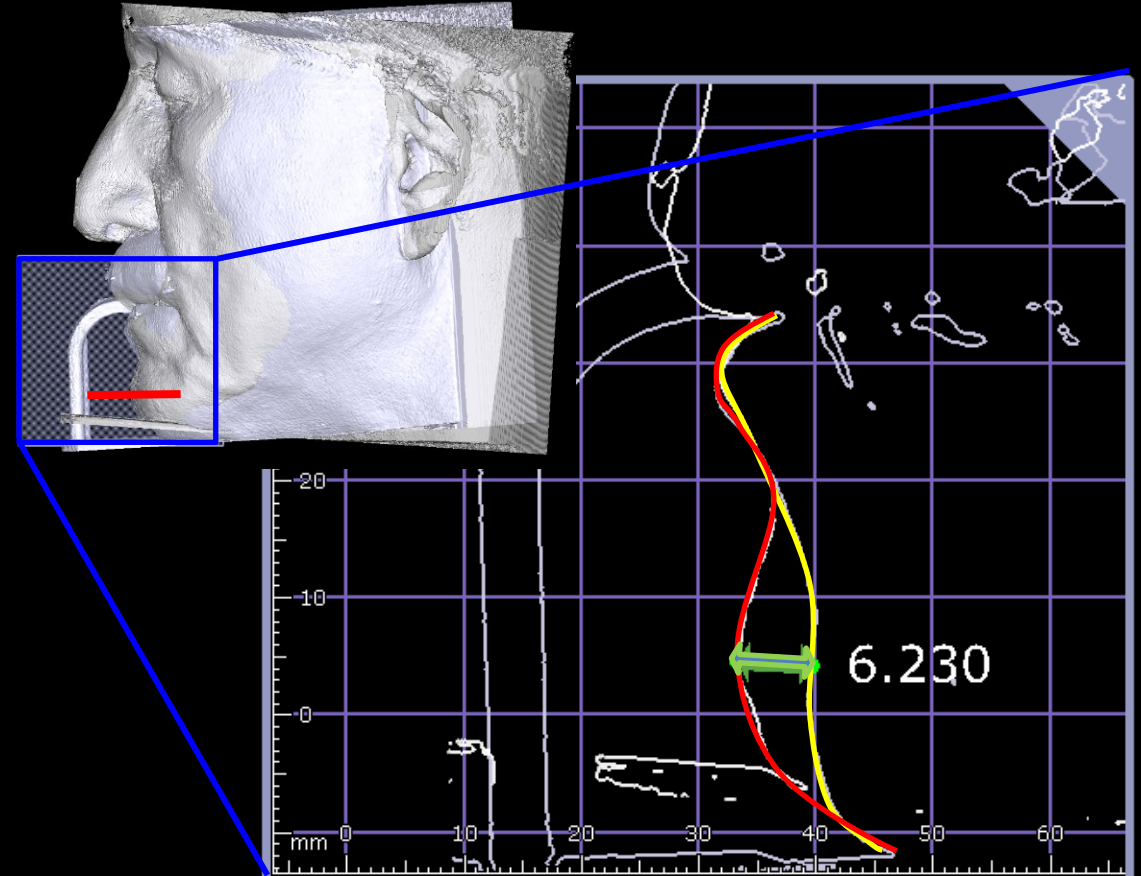
Dentium



Before



After

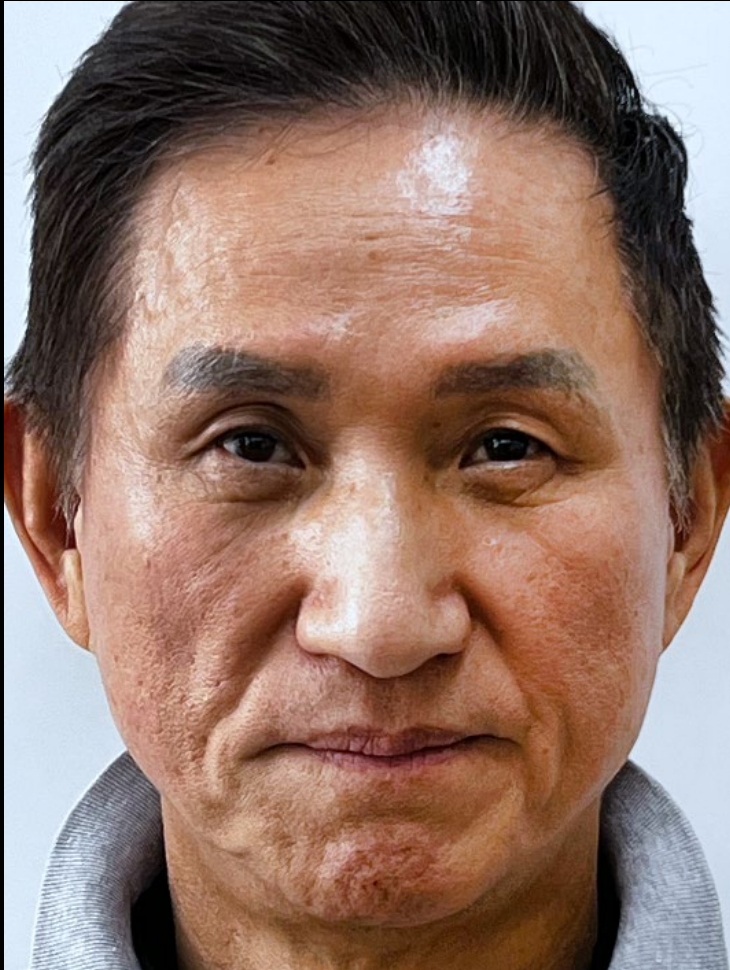


Before → After

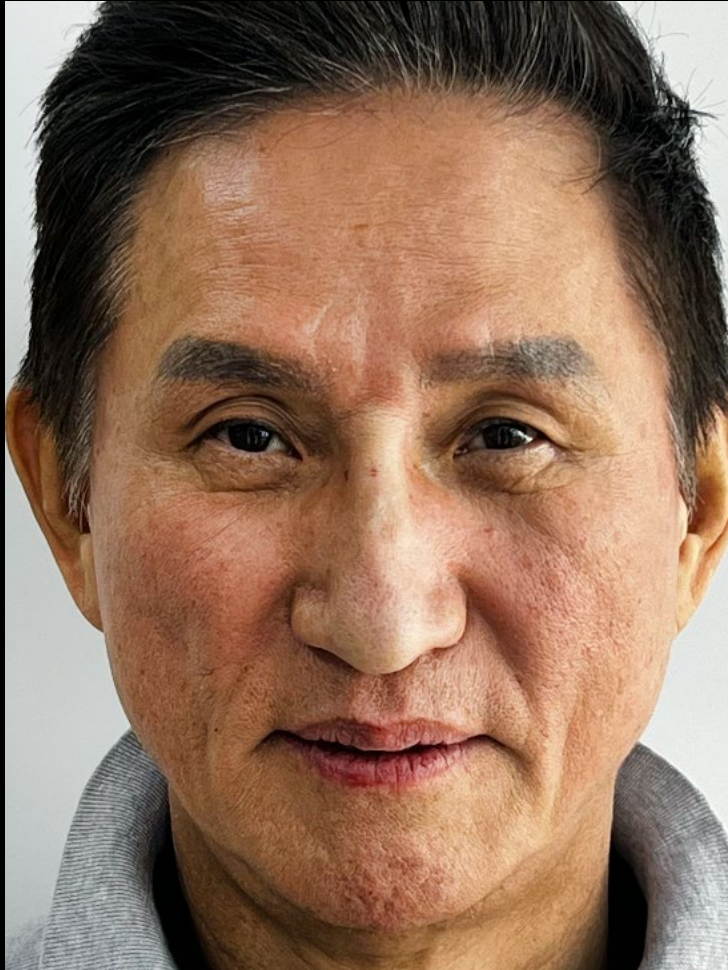
HA filler application after prosthetic treatment

Dentium

Before



After



1 Month Later



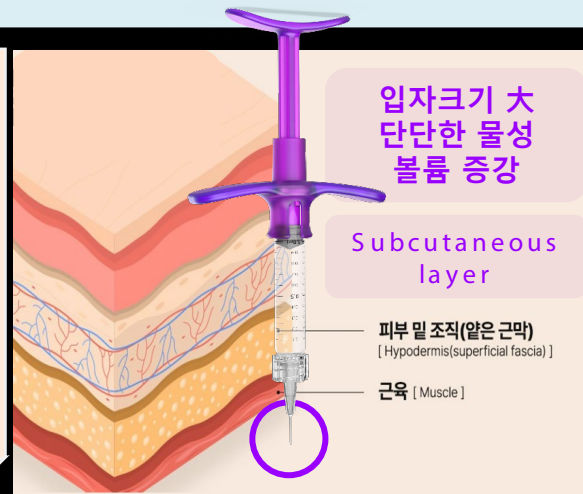
How to "Filler & Toxin"? _ Treatment techniques

Dentium

Monalisa High Elastic Volume

Bone-contact technique

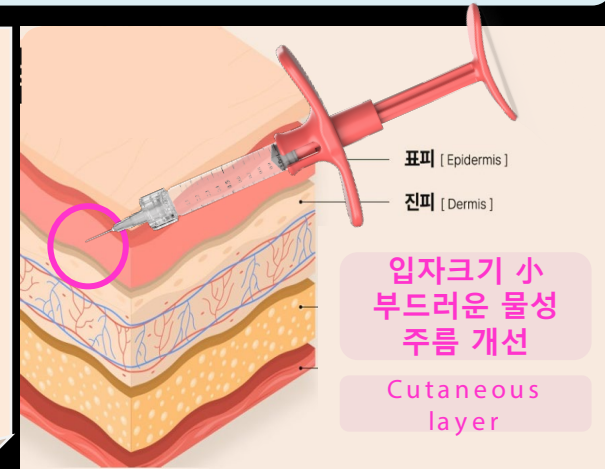
- Avoid anatomical hazards
- Minimize connective tissue damage
- Natural appearance
- Long-term stable



Monalisa High Elastic Rose

Needle-up technique

- Intradermal angle (10~15°)
- On superficial layer
- Maintain smooth appearance
- Less invasiveness



Before injection

Premedication with antibiotics and NSAIDs

Facial cleansing

Disinfection with alcohol

Topical anesthesia with ointment

Local anesthesia with infiltration injections



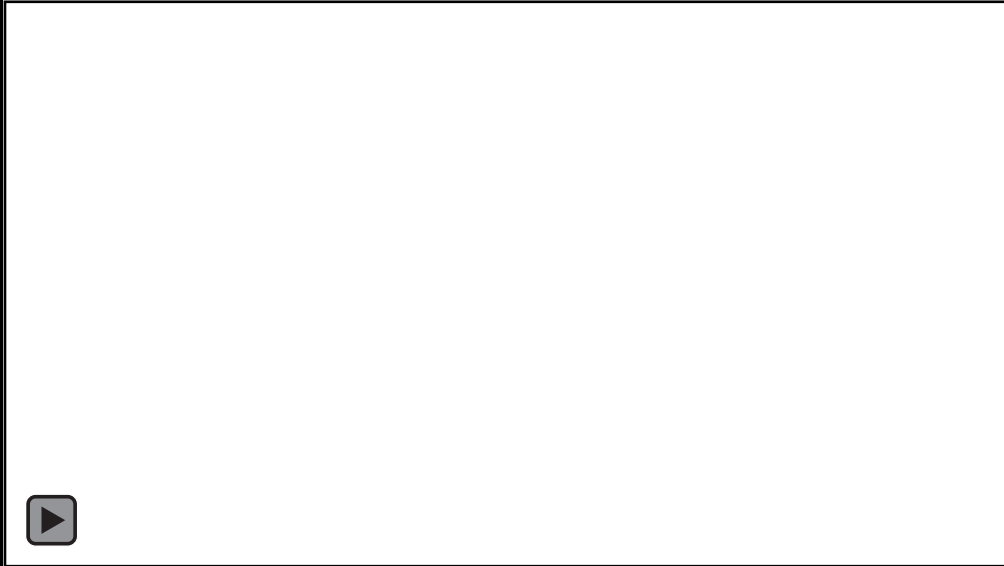
Post injections

Broad-spectrum antibiotics and NSAIDs

Avoid heats, strenuous exercise and nicotine

Check-up every 3 days

If any unusual signs appear, visit the clinic



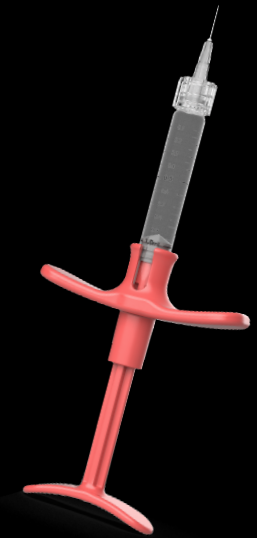
Bone contact technique

- Long-term stable
- Avoid anatomical hazards
- Minimize connective tissue damage
- Natural appearance



Needle-up technique

- Intradermal injection (on superficial layer)
- Maintain smooth appearance
- Less invasiveness



Nasolabial folds & Marionette lines

Intra-oral

- Intraoral: bone contact at buccal "Bone Contact technique" apex, canine fossa pressure "Canine fossa pressure"
- Aim: soften deep crease, restore youthful contour



Nasolabial folds & Marionette lines

Peri-oral "Needle-up technique"

- Superficial injection
- 3~5mm upwards from nasolabial folds
- 0.5-1cc



Fine wrinkles

Peri-oral “Needle-up technique”

- Superficial injection
- Injection volume depend on severity of fine lines



Chin & Jaw contour

Dentium

Bone contact technique

- With jawline reconstruction for balanced profile
- Superficial injection, ~2 cc total
- linear threading along contour



Forehead & Frown line

Dentium

Bone contact at frontal sinus

Fill depressed volume, linear or fanning technique

**Caution: inject slowly,
low volume per pass**

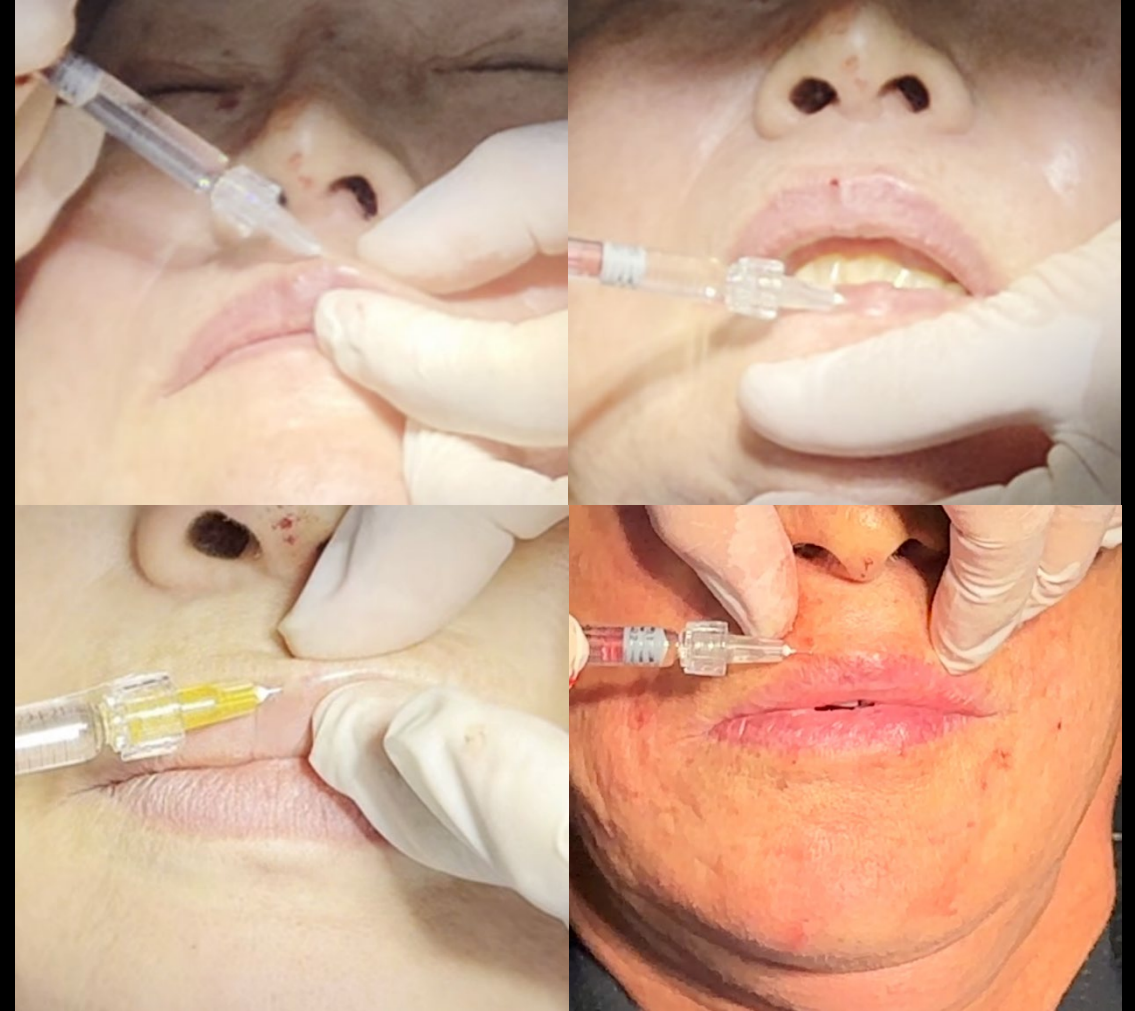


Labial contour

Dentium

**Subdermal injection along
vermilion border**

**Small aliquots to avoid
overcorrection**



Nasal contour

Dorsum: bone contact on nasal bone, linear threading

Tip: intraoral or perioral approach, small bolus injection

Caution: avoid vascular compromise (dorsal nasal artery)



Surgical Concept _ Toxin

Dentium

Botulinum Toxin : TMD 치료 병용



Intra-oral Approach of Lateral Pterygoid

Indication: VD (vertical dimension) reconstruction

Palpation (site): 3rd molar bucco-apex area

Palpation (method): check muscle tenderness

Injection (site): 3rd molar bucco-apex area

Injection (method): induce patient to clench

“ Jaw Relaxing ”

- Muscle tension 감소
- 증상 management
- Jaw opening

“ Intraoral approach – Lateral pterygoid ”

- Remove discomfort
- Reduce muscle activity

“ 관절낭 주사 ”
귀에서 1.5cm 전방

- Pain-relieving
- Reduce symptoms



Masticatory muscle

Lateral pterygoid

- ✓ Intraoral approach
- ✓ Palpation: bucco-apex area of 3rd molar
- ✓ Injection: induce patient to clench

Masseter

- ✓ Male: 40 units / Female: 20 units
- ✓ Palpation with clenching

SCM

- ✓ 10 units
- ✓ Injection on superior aspect of SCM

Temporalis

- ✓ 5 units
- ✓ Palpation with clenching



Facial muscle

Dentium

Depressor anguli oris

- ✓ Prior to HA filler injection

Orbicularis

- ✓ To relieve eye wrinkles

Mentalis

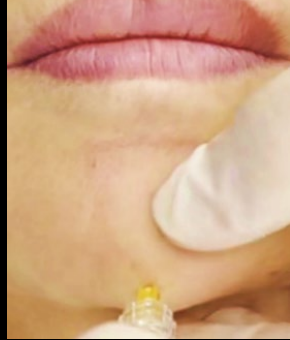
- ✓ 2–5 units per side (total 4–10 units)

Procerus

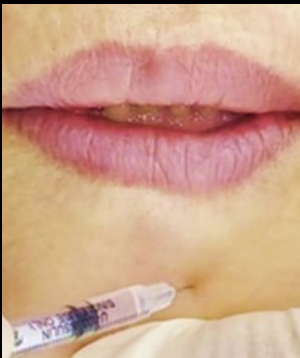
- ✓ 4–8 units at frown-line



Injection point & recommended dose _ HA Filler ^{Dentium}

Tx Plan	Intraoral	Perioral					
✓ Volume shrinkage ✓ Gingival recession ✓ Marionette wrinkle ✓ Facial contour							
Injection point	Nasolabial folds & Marionette lines	Nasolabial folds & Marionette lines	Nose dorsum	Nose tip	Forehead & Frown line	Lip contour	Chin contour
Specific remarks	✓ Bone contact on buccal apex ✓ Canine fossa pressure	✓ Superficial injection ✓ 3~5mm upwards from nasolabial folds ✓ 0.5-1cc	✓ Bone contact on nasal bone	✓ Both intraoral and perioral approach are achievable	✓ Bone contact on frontal sinus ✓ On depressed volume	✓ Subdermal injection	✓ With jawline reconstruction ✓ Superficial injection ✓ 2cc
Recommended product	MONALISA High Elastic Volume	MONALISA High Elastic Volume	MONALISA High Elastic Volume	MONALISA High Elastic Volume	MONALISA High Elastic Rose	MONALISA High Elastic Rose	MONALISA High Elastic Volume

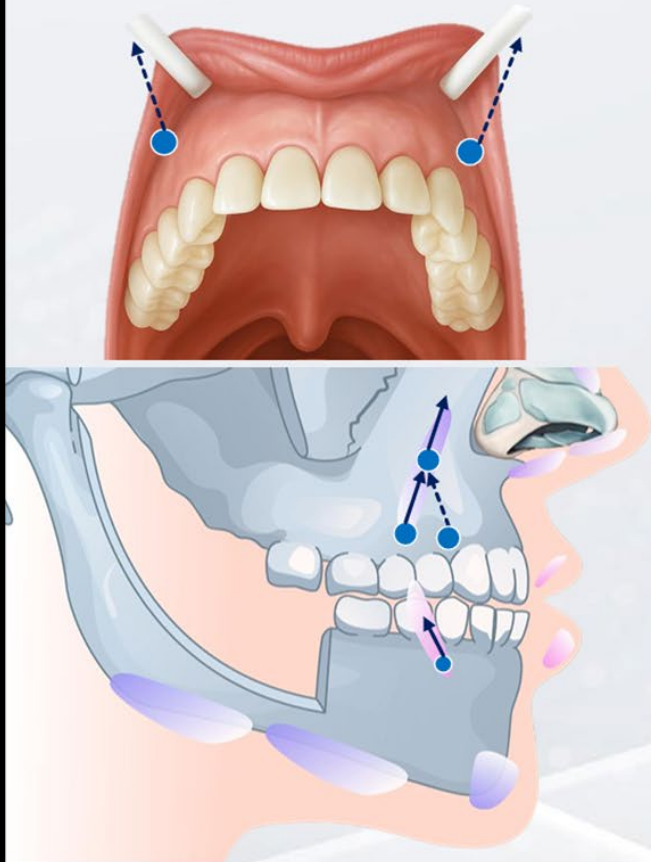
Injection point & recommended dose _ Toxin

Tx Plan	Intraoral	Perioral					
✓ VD reconstruction (4~5mm) ✓ TMD ✓ Bruxism ✓ Habitual clenching ✓ CR adaptation after orthodontic treatment ✓ Wrinkles and folds							
Injection point	Lateral pterygoid	Masseter	SCM (sternocleidomastoid)	Temporalis	Depressor anguli oris	Mentalis	Procerus
Specific remarks	✓ Palpation on bucco-apex area of 3rd molar ✓ Induce the patient to clench	✓ Male : 40 unit ✓ Female : 20 unit ✓ Palpation & inducing the patient to clench	✓ 10 unit ✓ On superior aspect of SCM	✓ 5 unit ✓ Palpation & inducing the patient to clench	✓ Prior to HA filler injection	✓ 2-5 units per side (total 4-10 units)	✓ 4-8 units at frown-line

Wrinkle and Folds

NASOLABIAL FOLDS
MARIONETTE LINES

—→ Outra Oral Injection
- - -→ Intra Oral Injection



Nasolabial folds



Application sites

High ↙

- Nasolabial folds



Marionette lines

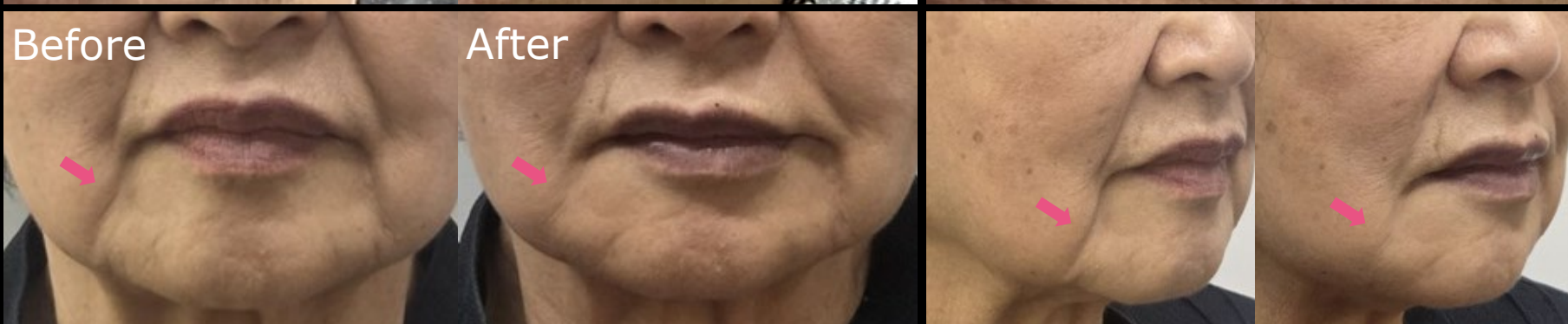
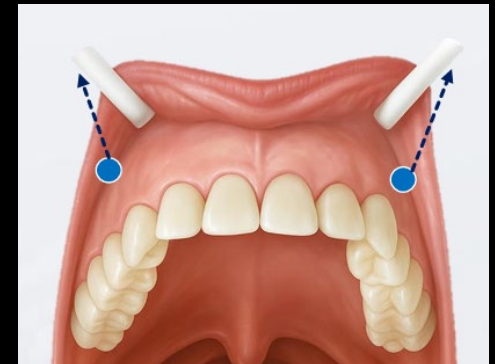


Dentium

Application sites

Smile / Rose 

- Marionette lines



Mental crease

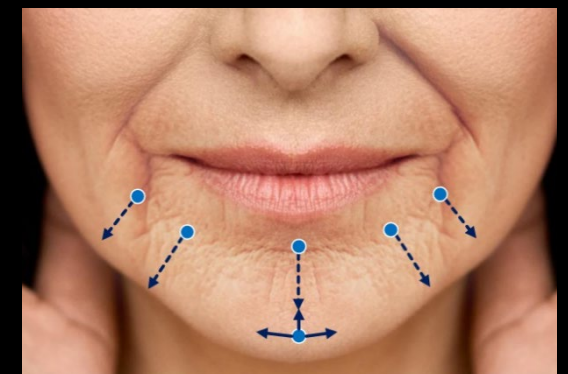
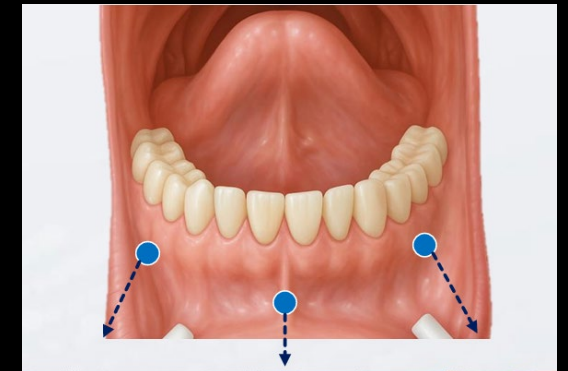


Dentium

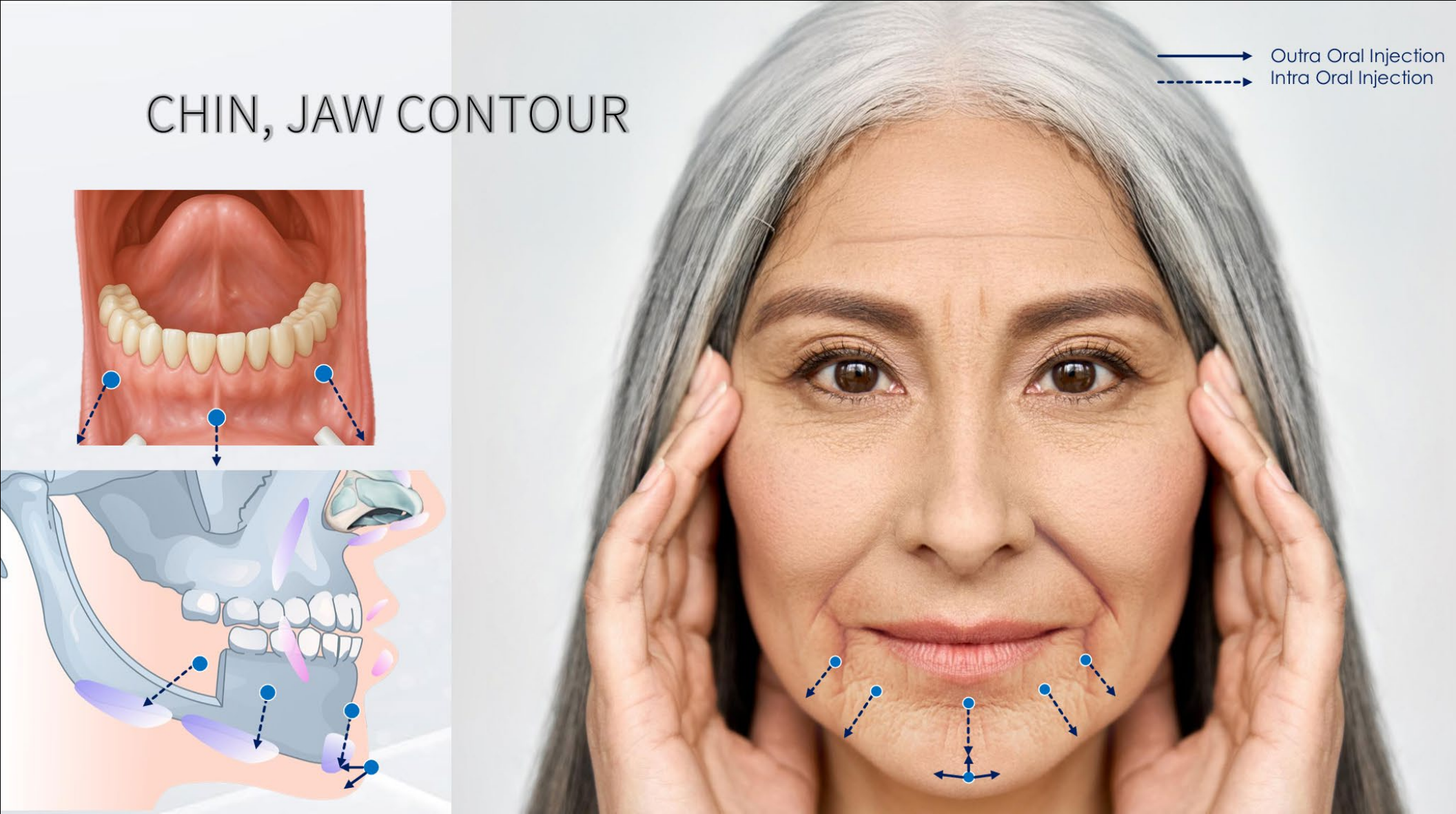
Application sites

Smile / Rose 

- Mental crease



CHIN, JAW CONTOUR



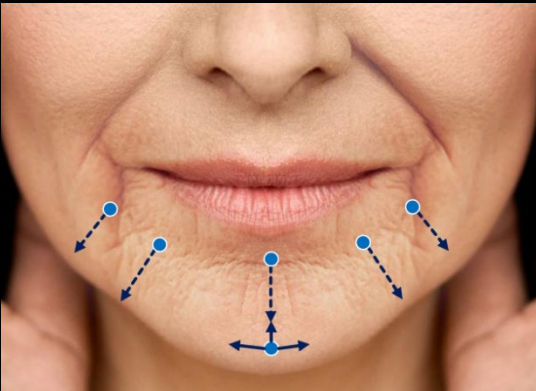
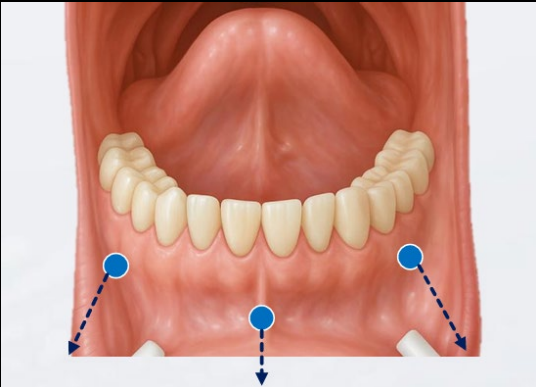
Chin & Jaw contour



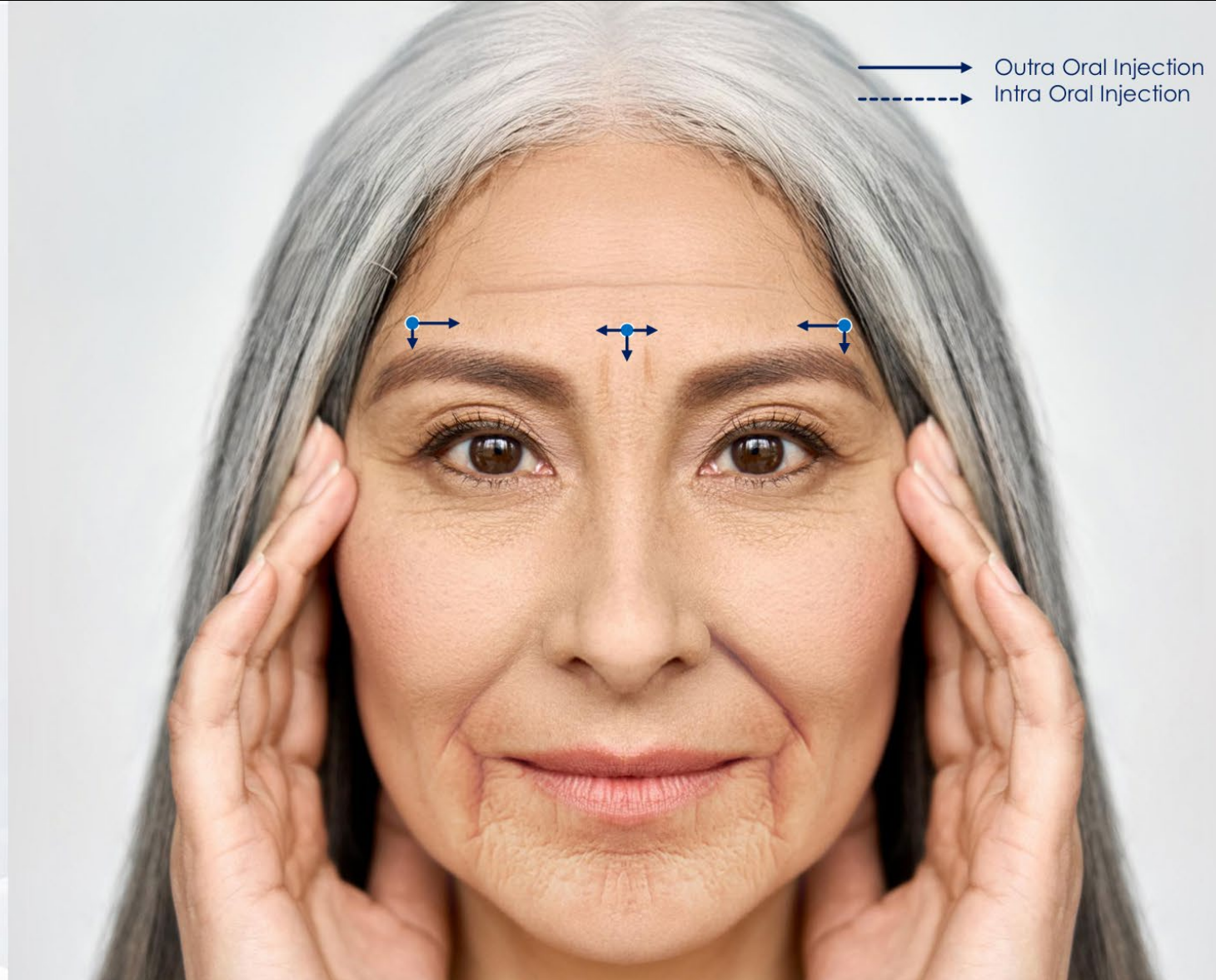
Application sites

High ↙

- Chin



Forehead contour



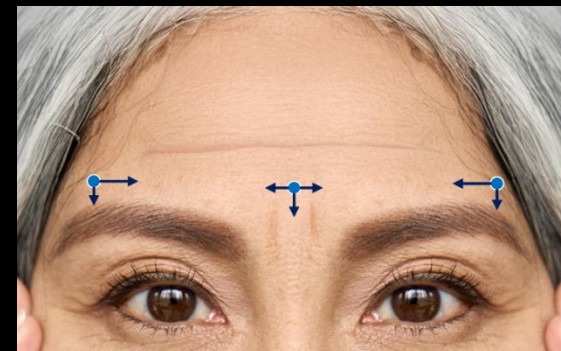
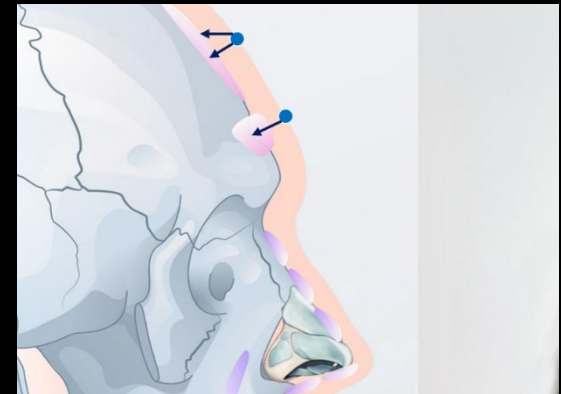
Forehead contour



Application sites

High

- Forehead



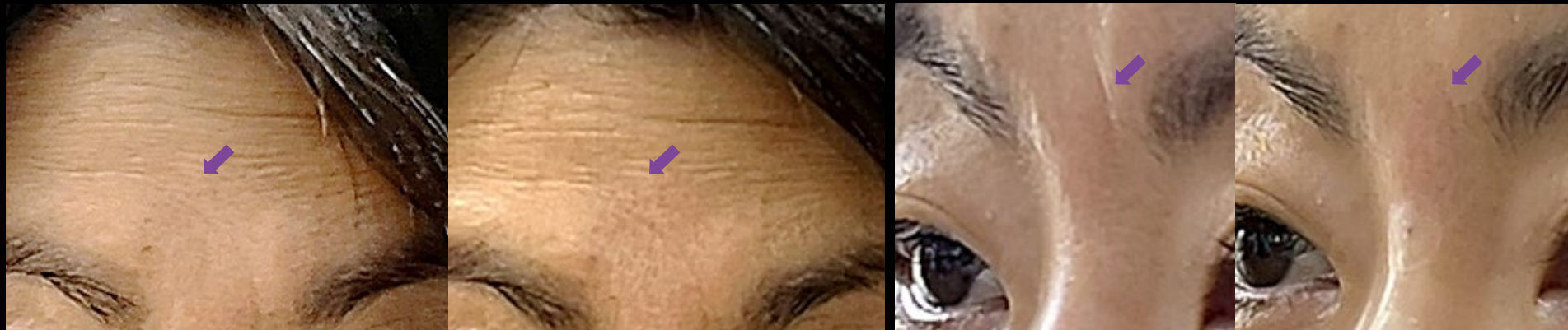
Frown line & Procerus



Application sites

High

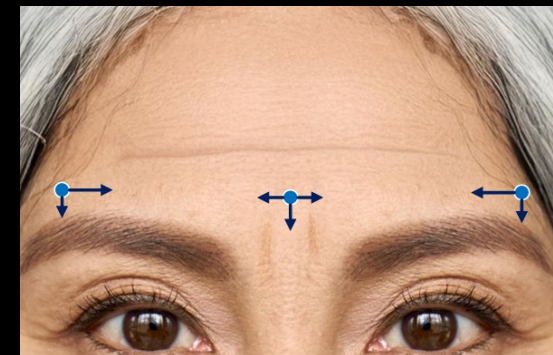
- Frown line



Application sites

Toxin

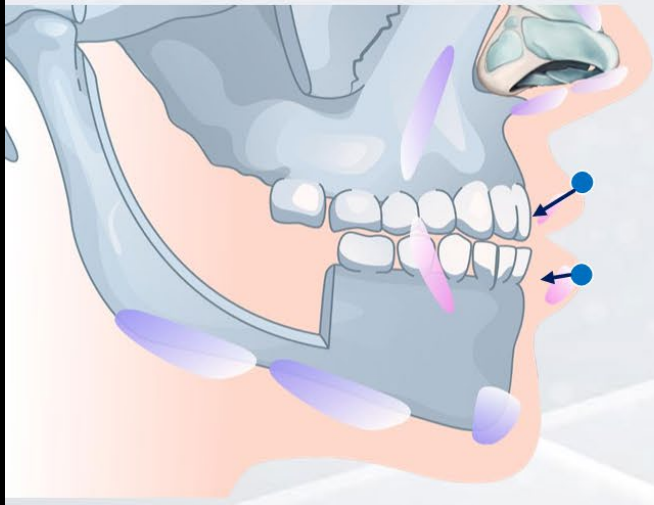
- Frown line



Labial contour

Dentium

LIP



→ Outra Oral Injection
- - - Intra Oral Injection

Labial contour

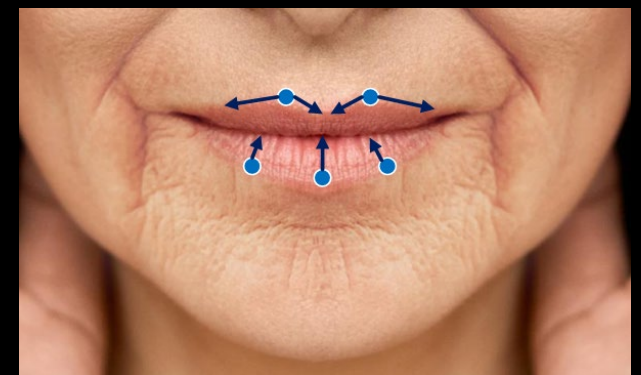
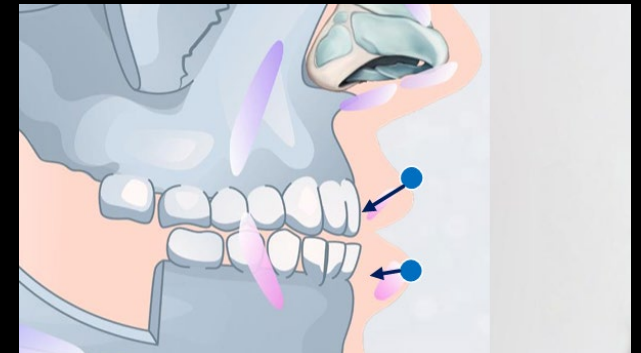


Dentium

Application sites

Rose 

- Lip



Nasal contour

Dentium

NOSE



→ Outra Oral Injection
- - - Intra Oral Injection



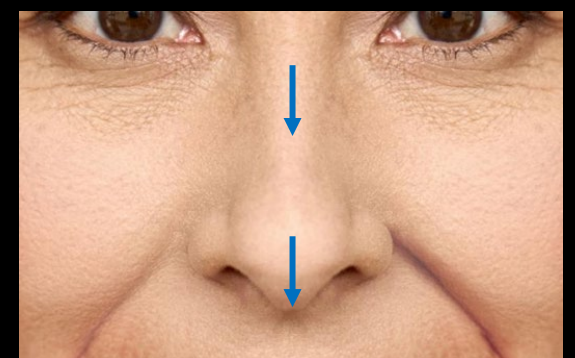
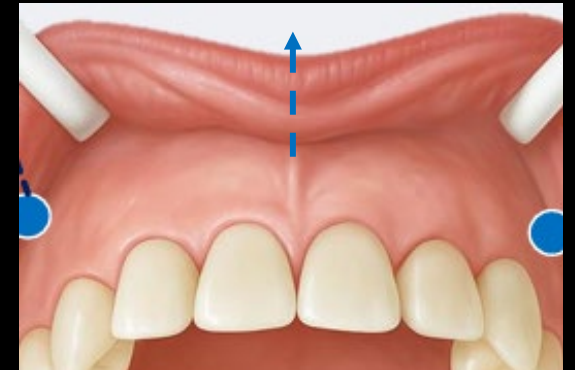
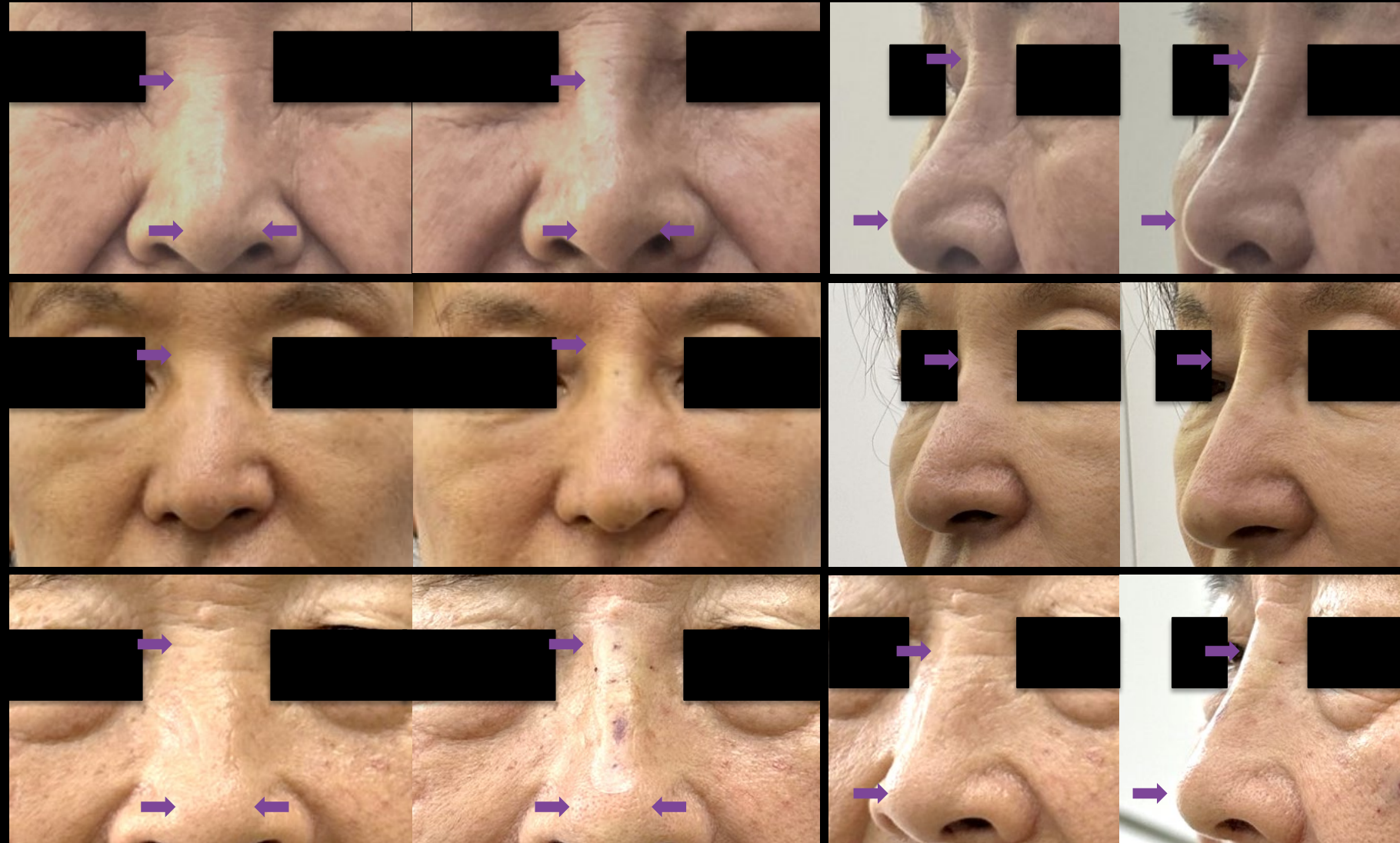
Nasal contour



Application sites

High ↙

- Dorsum
- Nose tip



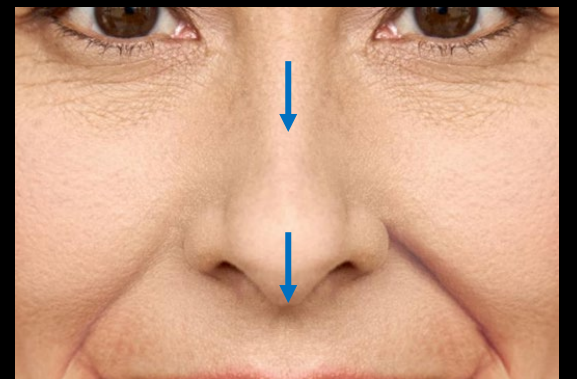
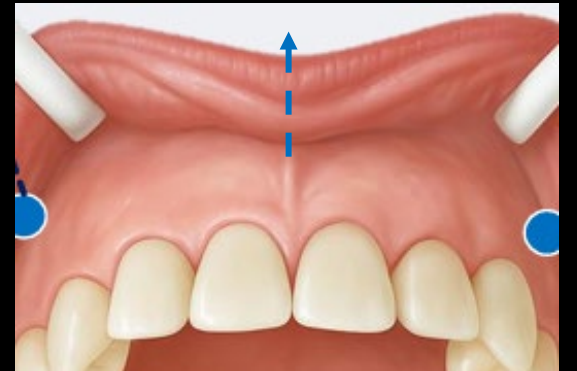
Nasal contour



Application sites

High ↙

- Dorsum
- Nose tip



Hyaluronic Acid Dermal Filler with Lidocaine

MONALISA

Hyalase test
for resorption



*Long term
Stability*

Hyalase

MONALISA
High Elastic

Enzyme that breaks down **hyaluronic acid filler**

Mix : 1 vial **Hyalase** + 1 to 1.5cc saline

Stabilization period : 1-2 weeks

