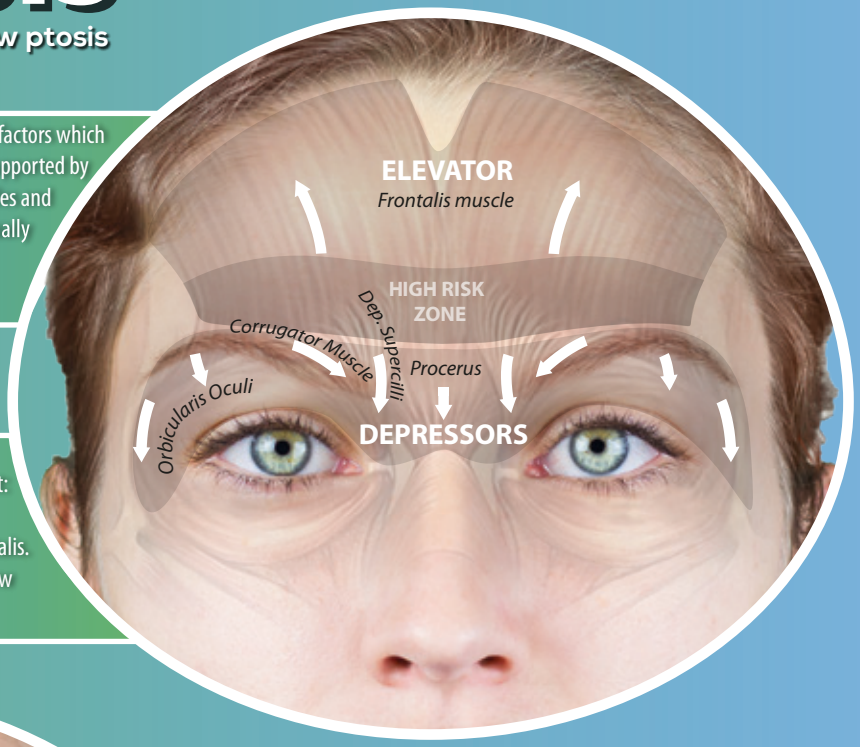
Brow Ptosis

Suggested Management of toxin induced brow ptosis

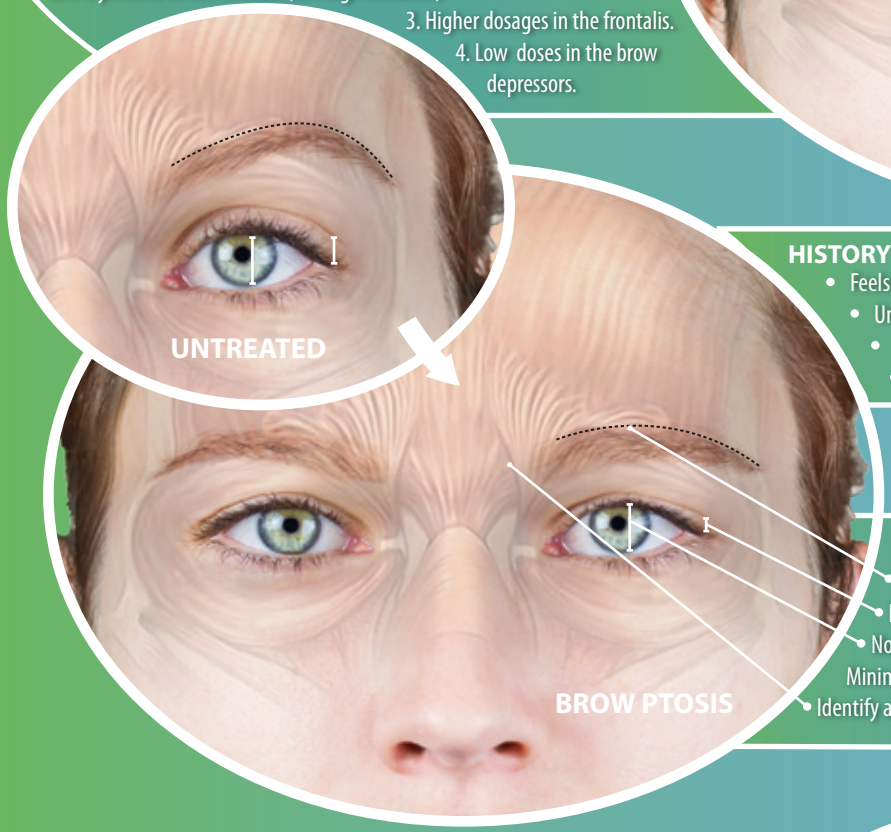
Brow ptosis is caused by a relative imbalance between the factors which control brow position- Elevation is caused by frontalis activity, and supported by skin elasticity, while depression is caused by the action of depressor muscles and gravity. With toxin we have the ability to influence the muscles which are usually the dominant forces involved.



UNDERSTANDING

Risk Factors

1. Patient Selection: Anatomy & increasing age (<skin elasticity) 2. Placement: Low injections in the frontalis (see high risk zone)
3. Higher dosages in the frontalis.
4. Low doses in the brow depressors.



HISTORY:

- Feels Heavy or tight
- Unable to lift eyebrows
- Usually starts around 5-10 days after procedure
- Friends notice patient looks tired or cross

DIAGNOSIS

EXAMINATION (Compare to before pictures)

- Flattened eyebrow arch
- Narrowed canthal fold
- Normal iris show
- Minimal eyebrow movement
- Identify any activity in glabella muscles

TREATMENT OPTIONS

1. Watch & wait- early recovery starts at 4 to 5 weeks.
2. Treat any brow depressors still active- Corrugator, procerus or orbicularis oculi according to license doses
3. Consider off label injections to orbicularis oculi (superficial, low dose. 1 unit of Botox or Bocouture, 2.5 units of Azzalure)

TREATMENT

REFLECTION:

It's vital to reflect on each case, look back to your treatment plan and consider how you may decrease the risk in similar cases in the future.

This is one of the most common side effects, with a published incidence of 1/100. With good treatment design this can be improved significantly, but it takes analysis and treatment designs based on the nuances of the specific patient you treat.

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