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Complications may be minimized with appropriate refinement and adjustment of injection sites and doses on subsequent visits (Fig. 124.1).

Botulinum toxin may be used to reduce the perioral rhytids and to improve the lateral angle of the mouth. However, the risk of perioral treatment includes the possibility of inducing a neurolytic incompetence of the oral sphincter resulting in temporary drooling or inability to whistle. Botulinum toxin is not helpful in the treatment of the nasolabial and marionette lines because such treatment results in facial ptosis.

Avoidance of complications includes:

- Appropriate dosing.
- Appropriate anatomic technique.
- Facial ptosis—Limiting injection into midface resolves spontaneously.
- Eyelid ptosis—Avoid deep or inferior glabellar treatment, with Iopidine drops or Naphcon-A drops.
- Perioral complications—Drooling, inability to whistle.
- Diplopia, dry eyes, exposure keratitis, and lagophthalmos are unusual with cosmetic injections.
- Can sometimes treat antagonist muscle with additional botulinum toxin to correct complication.

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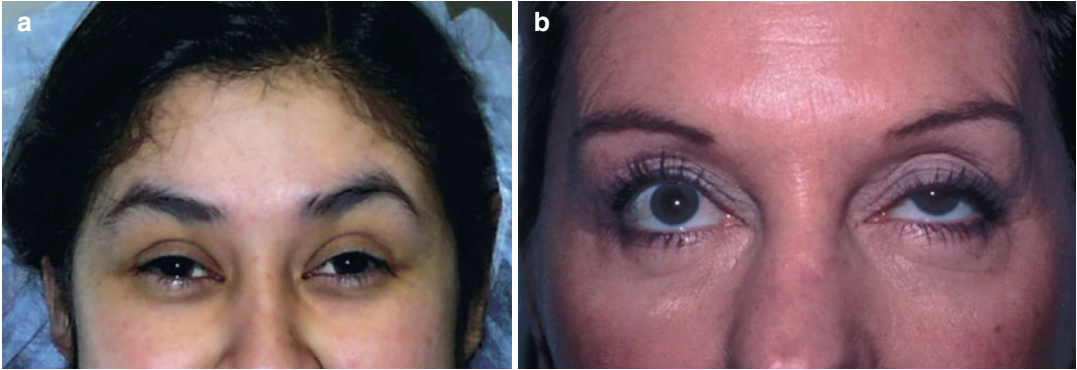


Fig. 124.1 (a) Patient complained of temporal eyebrow tenting following forehead botulinum type A injections. Placement of additional doses of 5 u in to each lateral frontalis muscle corrected the eyebrow contour deformity.

(b) Temporary eyelid ptosis following botulinum toxin treatment of the forehead and glabella, resolved over 4 weeks