



# Treatment of a downturned smile

MANRINA RHODE PRESENTS AN AWARD-WINNING DERMAL FILLER CASE STUDY



ENHANCED  
CPD

GDC learning  
outcome: C

CPD hours: 1

Topics: facial  
aesthetics

**Educational aims  
and objectives:** This  
article describes  
the treatment  
of forehead and  
smile lines using a  
combination of toxin  
and dermal filler.

**Clear expected  
outcomes:** Correctly  
answering the  
questions on page  
50 will show that the  
reader has a clear  
understanding of how  
a natural look can be  
achieved using toxin  
and dermal filler.

BEFORE



FIGURE 1: Preoperative  
eyebrows raised



FIGURE 2: Preoperative  
eyebrows together



FIGURE 3: Preoperative face  
at rest



FIGURE 4: Preoperative oblique  
right



FIGURE 5: Preoperative profile  
right



FIGURE 6: Preoperative oblique  
left



FIGURE 7: Preoperative profile  
left



FIGURE 8: Preoperative smile

This 51-year-old lady came to see me as she said she was a happy person but her mouth looked 'sad'.

In particular, she pointed to her marionette lines asking what could be done about these.

She had her forehead and around the eye 'smile lines' treated with toxin six months ago with another practitioner and wanted this topped up also. She has recently started dating again and

wanted to feel at her best.

She was hoping to achieve a smoother appearance to her forehead and smile lines on movement. She said, prior to toxin treatment in the forehead area, she felt she looked like a Shar Pei dog and was nervous about these deep lines returning. She also wanted to correct her mouth area so it did not look downturned at rest.

It was important to her that as she is an expressive lady that she looked natural and still had movement. She also emphasised that she did not want to look like a 20 year old, but rather a fresh 50 year old.

She was otherwise fit and well with no history of previous surgical procedures.

## CONSULTATION

An initial consultation was carried out which also confirmed the

patient's expectations were realistic and achievable.

Her full face was assessed, photos taken and treatment options were discussed. This included discussion of surgical and non-surgical interventions.

The patient did not feel ready for surgical intervention and decided on a combination of toxin and dermal filler on a basis of less downtime, no scarring, no general anaesthetic and reversible results.

On assessment, it was noticed in the upper facial third she had some line formation returned on movement of her eyebrows, crow's feet and nasal rhytids on smiling (Khanna, 2007). The muscles on the left side seemed stronger than those on the right causing some asymmetry. This was all discussed by pointing out the areas on the patient's photos.

The patient felt quite 'full' in the

## BIOGRAPHY

**Dr Manrina Rhode** qualified as a dentist from King's College London in 2002. Since qualifying, she has worked solely in private cosmetic practice. Manrina completed her cosmetic dental training up to Master level at New York University and completed advanced occlusal study at the Dawson Academy in Florida. She trained in facial aesthetics in the UK at Bob Khanna's training institute. Manrina was the first female dentist to run a clinic at luxury department stores Harvey Nichols and, Harrods. She was a director of the British Academy of Cosmetic Dentistry for three years. Manrina has lectured around the world on cosmetic practice.





**FIGURE 9:** Postoperative eyebrows raised



**FIGURE 10:** Postoperative eyebrows together



**FIGURE 11:** Postoperative face at rest



**FIGURE 12:** Postoperative oblique right



**FIGURE 13:** Postoperative profile right



**FIGURE 14:** Postoperative oblique left



**FIGURE 15:** Postoperative profile left



**FIGURE 16:** Postoperative smile

facial mid third and wanted to leave that area as it was.

Lower facial third showed a down turned smile at rest causing dimpling of the chin and marionette lines. She also had some jowls at rest that she was not keen to treat at the moment, as she felt she had put on some weight she was in the process of losing and wanted to reassess this area after she had lost her weight.

#### UPPER THIRD FACE TREATMENT PLAN:

The patient had frontalis, procerus, corrugator and orbicularis oculi treated with toxin six months ago. She had not had her nasal rhytids treated previously.

She had full movement in all of these areas and the aim was to reduce wrinkles without preventing movement. It was decided to treat both sides equally despite the asymmetry and decide at review whether to add more toxin to the left side (Kim, 2013).

Brow preservation protocol was used for toxin placement in frontalis. Three areas of five Speywood units were placed 4cm's from the orbital rim plus five units on either side.

Procerus was treated as a single 10 Speywood unit injection given and 1x10 Speywood units either side for corrugator.

Orbicularis oculi was treated with 3x10 Speywood unit injections on each side and finally nasal rhytids were treated with 3x5 Speywood unit injections, all in

accordance with Professor Bob Khanna's protocol, as taught at his training institute.

#### LOWER FACIAL THIRD TREATMENT PLAN:

The patient had her marionette lines filled with Restylane Kysse with another practitioner seven months ago. She had not treated mentalis or depressor anguli oris previously.

Restylane Refyne was used to fill marionette lines with 0.2ml each side using a 25 gauge cannula and a fanning technique. Five Speywood units of Azzalure were placed in depressor anguli oris on either side to minimise the 'frowning' appearance and 10 units in mentalis to prevent pitting of the chin (Mess, 2017).

The patient was prepared for treatment, skin cleansed and free from makeup. A 30G needle was used for Azzalure placement and 125 IU vial mixed with 0.70ml bacteriostatic sodium chloride (saline) (0.9%). Injection points were marked on the patients face prior to treatment using a white eyeliner pencil.

Review was carried out at three weeks.

#### REVIEW

For the upper third of the face we discussed that the left side still had some eyebrow asymmetry at rest, although it seemed less and the nasal rhytids were still more apparent on the left side when smiling although overall wrinkles were less.

The patient note she was now not able to frown with her mouth, but other than that was happy with the movement she had retained and happy not to frown. She was also happy with the improvement in her wrinkles and marionette crease. She noted the chin now looked smoother.

She generally felt she looked fresh and as she wanted. She was very happy with the treatment overall and happy to leave the asymmetries as they were as they were there prior to treatment and she liked to look natural. She requested no changes at review. No more downward smile!

**Care to comment? @AesDenToday**

#### REFERENCES

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