Treatment of Perioral Rhytids

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Many techniques exist for treatment of the perioral region. Injectable fillers, Botox, implants, lip lifts, and lip advancements all produce lasting results. Resurfacing procedures can also be used to rejuvenate the area. Chemical peels, dermabrasion, and laser resurfacing, alone or in combination, can be used to reduce fine and vertical rhytids of the upper and lower lips, and superficial scarring in the perioral region. The authors have found that the best outcomes are often achieved using a combination of these modalities tailored to each patient’s needs.

### Patient selection

Proper planning begins with a thorough history and physical examination. Surgeons must determine any prior procedures performed, previous use of retinoids (isotretinoin [Accutane]), prior radiation therapy, and presence of herpes simplex virus infection or previous outbreak. Any history of cardiac disease, hepatic or renal insufficiency, abnormal scarring, medication use, skin sensitivities, allergy history, and collagen vascular diseases must also be ascertained.

Because patients taking isotretinoin are at increased risk for scarring [1], a 6-month waiting period is recommended after its use before they undergo chemical peels. This delay allows for regrowth of epithelial appendages, which are essential for postpeel reepithelialization [2].

For patients who have a known history of herpes labialis, the authors recommend pretreatment with acyclovir (Zovirax), 800 mg orally, three times a day for 3 to 4 days before and up to 2 weeks after resurfacing. Patients who do not have a herpetic history are also treated with valacyclovir (Valtrex), 500 mg orally, twice daily for the same timeframe or until reepithelialization has occurred. Prophylaxis in patients who have no previous herpetic history is controversial [3]. Some authors advocate prophylaxis only for medium to deep chemical peels [4,5]. However, previous studies have shown a 6.6% herpes simplex virus (HSV) infection rate in patients who underwent chemical peels who had no history of infection (8/121 patients) (Fig. 1) [6].

As with all facial cosmetic surgery, patient expectations must be realistic. Patients must understand the nature of complications and the recovery period. Patients requesting deeper resurfacing