

Lifting non chirurgico con Ultrasuoni microfocalizzati: indicazioni, efficacia clinica e complicanze

Francesco Araco (1)

Ospedale San Giovanni Evangelista di Tivoli, Medicina Estetica, Roma, Italia (1)

Introduzione: Gli ultrasuoni micro-focalizzati sono stati introdotti in medicina estetica per ottenere il lifting del volto e del collo. Infatti, possono raggiungere diversi tessuti al di sotto della pelle (fascia muscolare, sottocute e derma profonda) e produrre punti di termocoagulazione dove la temperatura raggiungere i 67°C.

Questo induce la denaturazione e la contrazione delle fibre collagene a cui fa' seguito la produzione di nuovo collagene (endogeno) nell'arco di diverse settimane.

Materiali e metodi: Nei nostri centri medici di Roma e Milano abbiamo trattato dal 2014 con gli ultrasuoni micro-focalizzati oltre 800 pazienti.

Abbiamo suddiviso la nostra casistica in base a sottogruppi costituiti da: età e grado di cedimento dei tessuti molli del volto e del collo; numero di spot erogati e numero di sessioni eseguite.

I risultati clinici sono stati valutati soggettivamente dai pazienti secondo un test di autovalutazione e oggettivamente da due medici indipendenti attraverso una scala di valutazione.

Risultati: l'indicazione migliore è per cedimenti del volto da lievi a moderati.

La maggiore efficacia clinica si ottiene con un numero congruo di sessioni di trattamento e di spot erogati. Non ci sono state complicanze a lungo termine.

Conclusioni: Gli ultrasuoni micro-focalizzati rappresentano un'ottima metodica clinica per ottenere la rigenerazione collagenica e il lifting del volto e del collo in determinate condizioni cliniche.

Non surgical face lifting with Microfocused ultrasound: indications, clinical efficacy and complications.

Introduction: The microfocused ultrasounds have been introduced into aesthetic medicine to achieve face and neck lift. In fact, they can reach different tissues below the skin (muscle fascia, subcutis and deep dermis) and produce thermocoagulation points where the temperature reaches 67 ° C. This induces the denaturation and contraction of the collagen fibers which is followed by the production of new (endogenous) collagen over several weeks.

Materials and methods: In our medical center we have treated over 500 patients with microfocused ultrasounds since 2014. We have divided our case studies on the basis of subgroups made up of: age and degree of softening of the soft tissues of the face and neck; number of spots delivered and number of sessions performed. The clinical results were assessed subjectively by the patients according to a self-evaluation thesis and objectively by two independent physicians through an evaluation scale.

Results: The best indication is for mild to moderate facial displacements. Greater clinical efficacy is achieved with a sufficient number of treatment sessions and spot delivered. There were no long-term complications.

Conclusions: The microfocused ultrasounds represent an excellent clinical method to obtain collagen regeneration and face and neck lifting in certain clinical conditions.

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