

CLINICAL INSIGHT SERIES

SPOCK BROW

Cause and its management

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London

Medical & Aesthetics Academy

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I'm a medical doctor practicing aesthetics and general medicine since 1994, with a dedicated focus on aesthetics since 2008. My medical journey began in hospital medicine until 2006 when I transitioned into general practice. Over the years, I've gained extensive experience in medical emergencies, routine medicine, and aesthetics.



While I've been practicing in the UK since 2003, my exposure extends beyond its borders, encompassing valuable experience in Pakistan and the United Arab Emirates.

My primary focus lies in tailoring individualized treatments that enhance natural features while rejuvenating facial contours. I offer cutting-edge techniques to ensure patients experience a comfortable recovery with speedy results. With 29 years' experience in medicine and 15 years of expertise in aesthetics, I've consistently achieved exceptional results for my patients.

In addition to mainstream aesthetic treatments, I specialize in advanced regenerative therapies using synthetic Growth Factors and Platelet Rich Plasma. I'm among the few UK practitioners offering Endoret Gel, a bioactive skin volumizer. I'm also the pioneer of non-surgical J-Gold Breast and Bum lifts. My innovative J-Gold treatments are now synonymous with excellence in aesthetic medicine.

My dedication extends beyond aesthetics. I hold a SCOPE Certification, a prestigious distinction conferred by the World Obesity Federation, recognized worldwide as the gold standard in obesity management.

Vision

As the Director of the London Medical and Aesthetic Clinic, I envision a future where knowledge and expertise in aesthetics transcend boundaries and generations. Our unwavering commitment to excellence propels us to pioneer innovative methods of medical and aesthetic education.

We're embarking on a transformative journey into online-based teaching and training, with a mission to empower the next generation of practitioners. Our goal is to equip them with the highest level of education and invaluable clinical insights.

Our flagship initiative, the "Clinical Insights Series," epitomizes our dedication. These sessions illuminate key clinical topics in aesthetics, providing aspiring aestheticians not only with profound subject understanding but also a treasure of practical tips for achieving excellence in their practice.

Through this visionary endeavour, we bridge the experience-aspiration gap, fostering a community of well-informed aestheticians armed with the tools to provide exceptional patient care. Our commitment to elevating industry standards knows no limits, and we firmly believe that education is the linchpin of this transformation. Join us on this thrilling journey towards a future where the aesthetics field thrives on knowledge, innovation, and unwavering dedication to patient well-being. Together, we'll shape the future of aesthetic medicine, one clinical insight at a time.

Join our Clinical Insight Series! Gain expertise, get practical tips, and be part of the aesthetic revolution. Subscribe now!"





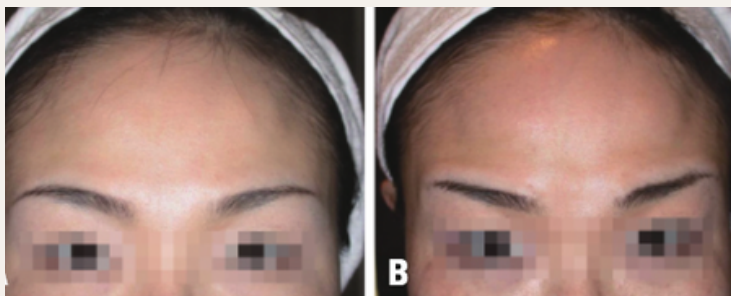
What is this effect called?

This effect describes an arched or elevated eyebrow that produces the recognizable, angled look known as "Spock brows." It gives off a permanently astonished or perplexed appearance because the eyebrows are excessively widely spaced and lifted.

This effect is known as Mephisto Sign.

How likely is this to happen?

The position of the brow is dependent on the equilibrium of the pulling forces between its elevators (frontalis) and depressors (glabellar complex and orbicularis muscle). A Mephisto look develops when the depressor muscles of the brow are paralysed with the frontalis muscle not sufficiently paralysed on its lateral fiber. The active lateral frontalis pulls the lateral end of the eyebrow upwards creating an arched lateral eyebrow.



(A) Before Botulinum-A injection, (B) 2 weeks after Botulinum-A injection.

How to prevent this complication?

A Spock brow is a very common complication after toxin injections in the forehead. Make sure that all patients know that this complication might happen and that it's treatable. It should be explained that it is better to get a Spock brow and correct it than to get a droopy brow due to an excessive dose. A good practice is to add 1 unit of botulinum toxin per side high in the lateral frontalis for most of the patients. Later refine the brows by adding more toxin if needed at the follow-up session. However, in older patients with heavy brows and upper lid laxity, it is better to inject a minimal dose at a very high point close to the hairline in the lateral frontalis. Sometimes it would be advisable to omit this injection completely because these patients are at a very high risk of having droopy brows after treatment.

How to manage this condition?

The Mephisto sign can be prevented by injecting 2-4 U of onabotulinumtoxin A injection to the lateral most point of the frontalis muscles bilaterally during the primary injection process. (Cho, Hwang, and Kim, 2013).

Once it develops, it can be treated by using additional doses of botulinum toxin to paralyze lateral fibers of the frontalis muscle eyebrow (Witmanowski and Błochowiak, 2020).

Monheit, G. and Pickett, A. (2018) suggest injecting a small dose of onabotulinumtoxinA injection at a point 1-2 cm above the apex of the arched brow.



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