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ePoster abstracts from the BAOMS Annual Scientific Meeting 22–24 June 2022

1. Rare complication of nodular lesions following Botulinum neurotoxin type A injection post SARS-CoV-2 vaccination

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Introduction/Aims

Botulinum neurotoxin type A (BoNT-A) is a common non-surgical aesthetic procedure in the United Kingdom. The non-surgical aesthetic industry in the UK is poorly regulated. We report a case of BoNT-A treatment performed by a beautician that cascaded into a series of unfortunate events.

Materials and Methods

A 29-year old female nurse with allergic rhinitis and asthma was treated with Azzalure® (BoNT-A) on 10/07/2021 to her glabella and forehead. Her previous Botox® treatment was uneventful. Next day, she noticed well-defined, firm swellings in her injection sites. Her beautician treated her with intralesional steroid injections, oral steroids and oral antibiotics. 3 weeks later, the lesions improved but left her with depressed marks. She was treated with HA filler to improve cosmesis. These became infected so were surgically drained by OMFS and treated with further oral antibiotics, intralesional and oral steroids. Her first two doses of BNT162b2 vaccine (Pfizer) were on 4/2/21 and 17/4/21, her booster vaccine was on 22/10/21.

Results/Statistics

Nodular eruptions following BoNT-A reportedly occur between two days and three months. Although the cause is not clear, a common hypothesis relates to foreign-body reaction that leads to granuloma formation, either due to BoNT-A itself or the human serum albumin component. Although this is not known to be related to SARS-CoV-2 vaccination, this cannot be ruled out as the vaccine induces specific and non-specific systemic responses.

Conclusions/Clinical Relevance

Caution needs to be taken when injecting BoNT-A with a minimum of 2-weeks pre and post SARS-CoV-2 vaccination. When complications occur, it is important to seek appropriate medical advice.

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2. Dermal filler complications requiring 57 surgical procedures in 8 years. A case report

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Introduction/Aims

Dermal filler was first introduced 40 years ago and plays a significant role in facial rejuvenation. Some desirable qualities include being inert, biocompatible and more recently reversible. We report a case of permanent filler-related complications.

Materials and Methods

In 2004, a 40 year old fit and well lady had Polyalkylimide filler material (Bio-Alcamid) injected into her face for aesthetic reasons. In 2008, she presented to OMFS with right temporal, preauricular and inferior orbital abscesses. She underwent surgical drainages with histopathology confirming acute and chronic inflammation with foreign body giant cell reactions associated with foreign material. Between 2008 and 2016, she underwent a total of 57 procedures due to migration of filler material. Majority were surgical drainages, a few were reconstructive in later years. She had long term antibiotics requiring a Hickmann line and was under the care of OMFS, Ophthalmology and Infectious Disease before finally being discharged with oral suppressive antibiotics in 2016.

Results/Statistics

Bio-Alcamid was first licensed to be used in the UK in 2003 for aesthetic reasons and in various medical conditions such as HIV-related facial lipoatrophy, pectus excavatum and post-breast reconstruction contour deformities. What was reported as a safe filler material from early short-term outcomes has since been better understood to cause high rates of infectious complications, often

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