

RETHINKING MIDCHEEK GROOVE WITH AN ANATOMY-BASED FILLER TECHNIQUE

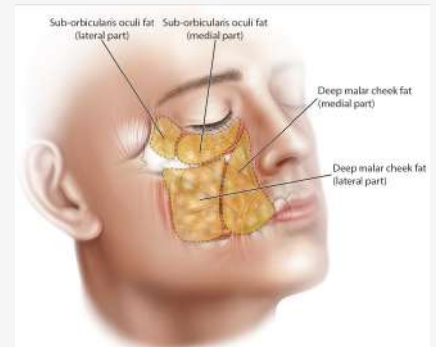
PUTTING ANATOMY FIRST

WHY THIS STUDY MATTERS?

Facial aging and overall visible changes usually signify **structural shifts** happening beneath the skin. We'll review an anatomy-based injectable technique for correcting the midcheek groove and reframing the groove not as a line to be filled, but as a consequence of **volume loss and structural collapse in deep fat compartments**. As injectors, we know filler works – but does the “how” and “where” we place filler matter more than the appearance of the line itself? Spoiler: it does.

ANATOMY-DRIVEN APPROACH

- Prior treatments were focused on superficially filling the groove
 - Led to anterior heaviness, distortion, & short-lived results
- True correction comes from restoring deeper structural support
 - Treat the source, not the symptom
- Liquid malar lift technique introduced to approach, reframe, and prioritize structural restoration



PICO FRAMEWORK

- **Population:** 64 patients, mixed genders, and ages 25–60
- **Intervention:** monophasic cross-linked HA with a 22g cannula used for liquid malar lift technique
 - Small boluses (~ 0.2–0.4 mL) injected on the periosteum within the DMCF & DLCF
 - SmedialCF & SmiddleCF injected in a retrograde linear fashion with 0.1 mL
 - Repeated midcheek groove process on contralateral side
- **Comparison:** pre- and post-treatment clinical photography
 - MRI imaging (performed on 1 patient) – showed restoration of intended deep fat compartment, with no inferior migration
- **Outcome:** subjective measure – improved midface contour and groove
 - MRI patient had right side 43% volume increase & left side 10% increase

LIMITATIONS

- No clearly defined inclusion or exclusion criteria
- MRI performed on only one patient
- Short follow-up period of 1 week – bias where swelling may influence outcomes



CLINICAL TAKEAWAY

- Prioritizing anatomy & patient education are essential to a successful result of midcheek
 - Understand the cause rather than the consequence
- Strong framework for using liquid malar lift technique → well-placed filler in the correct anatomical plane outperforms superficial correction