

To Save Someone's Neck

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Introduction

Radiofrequency-assisted liposuction (RFAL) is a procedure essentially used for body contouring and facial remodeling. Devices commonly used are BodyTite® or FaceTite®, and are part of the FDA-approved new minimally invasive fat reduction techniques. The handpiece needle is inserted in the deep part of the skin (superficial musculo-aponeurotic system/platysma) and delivers radiofrequency energy that is converted into heat¹ to tighten the overlying fibroseptal network and to cause adipocyte thermolysis.²

Observation

A 40-year-old white female presented with a painful, inflammatory, thickened and ulcerated tumefaction on the anterior neck area a few days after undergoing a RFAL procedure (with FaceTite®) to improve the skin laxity of her neck.

Work-up & Treatment

Cutaneous ultrasound revealed large soft tissue infiltration compatible with **iatrogenic panniculitis and post procedure dermo-epidermal necrosis**. No systemic symptoms or signs of cutaneous infection were observed, nor any biological abnormalities.

The patient was treated with oral corticotherapy for three weeks, and daily wound care with alginates. On follow-up two months later, the patient presented persistent fibrosis with limited neck movement. Therefore, an adjuvant treatment by endoprology was proposed to improve skin laxity and range of motion of the neck.

Discussion

Adverse events related to RFAL have been reported in literature, such as superficial and deep burns, scars, infections and seromas.^{1,3} The overall complication rate was 14.6 % in a series of 97 patients treated with BodyTite®.¹ Complications may be linked to the intrinsic danger of the RFAL technique³ and their incidence was not significantly different among the anatomical areas treated.

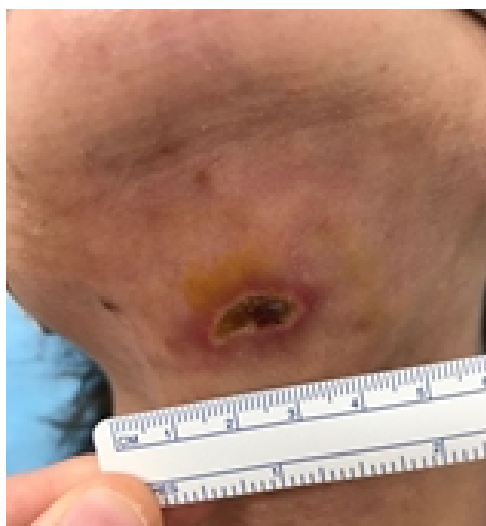


Figure 1



Figure 2



Figure 3

Conclusion

We report the first case of post-RFAL iatrogenic panniculitis. In rare cases, major adverse events may occur depending to the parameters and the physician expertise. There is an optimal temperature range where restructuring of these fibers occurs as opposed to tissue destruction and coagulation. Diagnostic work-up, adapted wound care, systemic treatment if indicated and close follow-up of such adverse events is necessary.

Figures 1&2: wide, thick and inflammatory ulcerated tumefaction on the anterior neck area

Figure 3: after three weeks, residual scar with a severe persistent induration of the surrounding soft tissues

References:

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