The Male Patient in Aesthetic Medicine
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Over the last 100 years, life expectancy in Europe has increased by 25-30 years. What used to be old age has now become middle age. Not only do people live to a greater age but they feel younger for longer. If you feel younger, it is natural to want to look younger. People who feel young do not want to be perceived as old. Given the enormous advances in rejuvenation techniques, it is natural that men should now be following women in wishing to take advantage of the opportunity to look well and less ravaged by time and sun. Male rejuvenation has now come of age.

Mauricio de Maio and Berthold Rzany’s “The Male Patient in Aesthetic Medicine” is comprehensive, informative and authoritative. They describe the full range of male dermatological aesthetics. They do so at a moment when interest in this particular area is growing as men begin to catch up with women. The text is enriched by excellent photographs, helpful do’s and don’ts sections and key pointers. Up to the minute and well researched references ensure that the authors’ statements are, wherever possible, evidence based.

Of course, there are many similarities and some differences between men and women. One intriguing difference is highlighted in the section on fillers, where the authors emphasise the importance of never letting male patients feel pain during aesthetic procedures as any negative experience may lead the male patient to discontinue facial treatments. Women are more hardy than men or at least more prepared to put up with discomfort in the pursuit of their aesthetic goal.

This excellent text book will assist immensely physicians and surgeons working in this field.

April 2009

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It is truly an honor for me to write this foreword to The Male Patient in Aesthetic Medicine. The authors Dr. Mauricio de Maio and Dr. Berthold Rzany are truly experts in the field. Having published extensively on aesthetic medicine, they bring perspectives from two continents. The text has been written with the view of dual specialties, dermatology and plastic surgery, with each bringing unique approaches.

Male patients are being seen in increasing numbers by aesthetic physicians. Men seek treatment often due to a simple desire to improve their appearance. This may reflect the fact that they have experienced facial changes related to aging or photoaging. It may result from the fact that society in general is becoming more aesthetically oriented. Many other men seek aesthetic improvements to keep a young and vital appearance while being active in the workforce. We all have patients whose cosmetic improvement has helped maximize their retention within a company or increased employment opportunities.

This text is a practical approach. It applies the science and art of aesthetics specifically to the male patient. The authors share practical, up-to-date tips which physicians can use in their day-to-day treatment of men. This text is a superb condensation of the approaches many of us are currently using. This text is suitable for practitioners in a busy clinic, the advanced practitioner, or physicians beginning to enter the aesthetic medicine arena.

The subjects that the authors have included are comprehensive. They have reviewed the aesthetics of the male face. It is important for the treating physician to understand how the male aesthetic is different from the female. Often, uneducated physicians may in error apply a female aesthetic to a male patient, which results in an undesirable appearance. Arched eyebrows seen in a man or a feminine lip on a male face often looks odd. The authors have discussed patient selection as applied to the male patient. Because there are fewer male patients seen than female, one must be careful in selecting the proper male patient. The topics of toxins and fillers have been eloquently discussed. Skin care and resurfacing are well developed. The authors end with a discussion on scalpel surgery in males as well a valuable discussion on the undesirable result.

Aesthetic surgery is a field exhibiting remarkably rapid growth. The specialty of aesthetic medicine has had its roots firmly grounded in the care of the patient who wants to look “a little better,” but its branches are now raised high with good, sound, basic research being applied. Because of the cooperative and collaborative relationships which
are growing among core specialists in the aesthetic field, aesthetic medicine is advancing exponentially. The two authors of this text have worked together to provide a knowledgeable and practical approach to the male patient in aesthetic medicine.

April 2009

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Men are different from women in many ways. Male aesthetics are different from female aesthetics. Most readers would agree with this statement. However, as the majority of our patients are still female, even cosmetic physicians may tend to treat their male patients like female patients. This can lead to dissatisfaction of the patient and consequently of the cosmetic physician.

As the demand for aesthetic procedures in male patients is rising, there is a need for good textbooks on this subject. The aim of this book is to explain the specificities of the ageing process and facial aesthetics in men and to present the treatments available. In addition, common skin conditions and diseases that also influence the male aesthetic appearance will be discussed.

The book written from the perspectives of a plastic surgeon and a dermatologist should enable us to treat our male patients better, and by that increase the satisfaction of our patients and, last not least, our satisfaction as the treating physicians.

Sao Paulo
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Acknowledgments

Like our first two books, this book would not have been possible without the work of many others. Specifically, our thanks go to our patients who helped us to be where we are now, especially those who contributed their photographs for this book.

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Abbreviations

AGA Androgenetic alopecia
AHA Alpha hydroxy acid
BDD Body dysmorphic disorder
BMI Body mass index
BoNT-A Botulinum toxin A
COX Cyclooxygenase
DAO M. depressor anguli oris
EPA Eicosapentaenoic acid
Er Erbium
FAQs Frequently asked questions
FXCO2 Fractional CO₂
HA Hyaluronic acid
HgB Hemoglobin
IPL Intense pulse light
IR (laser) Infrared
KTP laser Potassium titanium oxide phosphate laser
LED Laser enabled system status
MMP Matrix metalloproteases
NFSR Nonablative fractional resurfacing
PDL laser Pulse dye laser
PIH Postinflammatory hyperpigmentation
PMMA Polymethylmethacrylate
RCT Randomised Controlled Trial
RNA Ribonucleic acid
ROS Reactive oxygen species
SMAS Superficial muscular aponeurotic system
<table>
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<th>Abbreviation</th>
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<tr>
<td>TCA</td>
<td>Trichloroacetic acid</td>
</tr>
<tr>
<td>TGF</td>
<td>Transforming growth factor</td>
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<tr>
<td>YAG</td>
<td>Yttrium-Aluminum-Garnet</td>
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1.1 Introduction

The human face presents an incredible array of emotions, which are an integral element to beauty. This is consistent with the observation that beauty exists in many forms and that many beautiful faces do exhibit imperfections in one or more features. Some of those imperfections that are not acceptable in women may be pleasant in men.

The ancient Greeks concluded that beauty is best described as an intuitive appreciation of the symmetry, balance, and harmony that exist between the various facial features. Even with a perfectly proportioned face, there is huge variation in coloring and in the shapes of each facial feature (eyes, eyebrows, lips, nose, chin, etc.) that combine to result in a distinctive appearance of each race and provide for endless variations in beauty that are unique as each individual.

Developmentally all human faces begin as essentially feminine – even if genetically male. The genetic male face gradually transforms into the male configuration through multiple exposures to testosterone. The female is considered to be the “more attractive” sex in the human species and so is the female face. It results from the necessary strategy to attract a mate, and so women evolved to become physically more attractive or beautiful than males. Interestingly, not only men find women attractive, but also other women, children, and even infants do.

Visual attractiveness strategy is seen in the animal world, where males are usually more attractive than females, who are the “mate choosers.” Male animals have evolved to be the more beautiful sex, and it is represented by intense and unique colors and usually by courtship rituals. In our species, a male is attractive in a different way than female so much that to refer to or call a male “beautiful” is actually not a compliment to most males. Males are attractive when they are powerful, intelligent, and rich. So, why should a man look good then? So that he becomes more powerful, more intelligent, and richer!

1.2 Facial Landmarks

There is a strong revival of interest and enthusiasm for the Greek and Roman beauty style. In addition to beautiful bodies, dramatic contours of the face accented by strong noses, significant malar–midface configurations, and sharp, well-defined jaw lines have become
hallmarks of contemporary male patterns. Concepts and standards of facial beauty have always been associated with anatomic contours of facial form. These contours are a result of the location, volume, and mass of the facial soft tissues, as well as their relationship to the underlying facial skeleton. The rapid assimilation and mixing of many ethnic groups has contributed to new standards of ideal facial beauty.

The skin and subcutaneous tissues are the foundation of the face, and their smooth distribution over the facial framework produces the healthy aspect presented in a male face. Both the skin and the hair contribute significantly to the overall perceived aesthetic of the face. However, it is the anatomic configurations of volume and mass that determine the uniqueness of a pleasant male face. The important contours include the malar–midface, the jaw line, and the nasal frontal projections. The major determinants of aesthetic facial beauty consist of a combination of both soft tissue and bony skeletal elements. The three major landmarks of volume and mass that dominate facial topography include (1) the nose, (2) the zygomatic prominences, and (3) the chin and jaw line (Fig. 1.1a). Secondary landmarks include the supraorbital ridges, the temporal contours, the premaxilla, and the suborbital region (Fig. 1.1b). Other aspects also contribute for creating or restoring facial harmony and balance and include the perioral and nasolabial region, the suborbital valley, and the central perinasal premaxilla (Fig. 1.1c). Lips, eyes, and eyebrows govern our attention in interpersonal communication and are responsible for the individuality in appearance for each person (Fig. 1.1d).

Initial visual impression is considered important in human and professional affairs. General appearance, clothing, hair, posture, movement, voice, attitude, liveliness, responsiveness, etc. are taken into account and require minimum effort. Appraisal and objective evaluations are at best inexact and subject to different points of view. Culture, ethnicity, experience, expectation may influenced judgement. The observer can and should be aware of personal inadequacy relative to capacity to perceive symmetry and asymmetry and illusion that may distort his perception of reality.

**Do’s**

- Do check the shape of the head and the shape of the male face.
- Do compare the relative volumes of the head and face, as well as the forehead, the middle and lower face of the male patient.
- Do check the relative proportion of the face before analyzing individual features such as size, shape, contour, texture, and color.

**Don’ts**

- Do not forget to note the regularity and consonance of curves and angles in a male face.
- Do not forget that male faces should be described in profile in terms of convexity, concavity, or facial inclination.
Facial Aesthetics in Male Patients

Fig. 1.1 (a) First step of the facial analysis: nose, cheekbones, chin, and jaw line. (b) Second step of the facial analysis: supraorbital ridges, temporal contours, premaxilla and suborbital region. (c) Third step of the facial analysis: perioral and nasolabial region, suborbital valley, and central perinasal premaxilla. (d) Fourth step of the facial analysis: lips, eyes, and eyebrows. Nota bene: the photo was morphed from two sculptures from the Bode Museum, Berlin.
FAQs

Which is the sequence of quick facial analysis in a male patient?
A quick facial analysis can be made as follows:

- **First level**: nose, cheekbones, chin, and jaw line (Fig. 1.1a)
- **Second level**: supraorbital ridges, temporal contours, premaxilla and suborbital region (Fig. 1.1b)
- **Third level**: perioral and nasolabial region, suborbital valley, and central perinasal premaxilla (Fig. 1.1c)
- **Fourth level**: lips, eyes, and eyebrows (Fig. 1.1d)

1.3 Golden Proportion

The golden proportion, a concept from Greeks, could be applied to art, architecture, music, the human body and aesthetics, in general.

The golden number called “phi” is named after Phidias, the renowned sculptor. The golden section is a line in which the shorter portion is labeled as AB and the longer portion as BC. The equation is AB is to BC as BC is to AC. The rectangle formed with sides of $1 \times 1.618$ is golden, and a triangle with a base of 1 and sides that are 1.618 is golden. A pentagram is formed of five triangles, each of which is found to be golden.

Medical science has established that our perception of physical beauty is wired hard into our being and is based on how closely one’s features reflect phi in their proportions. Stephen Marquardt (http://www.beautyanalysis) has developed a beauty mask that can be adapted to both genders and all races and can analyze the face and its deviation from the ideal. This mask uses the pentagon and decagon as its foundation, which embody phi in all their dimensions.

1.4 The Facial Aesthetic Units

The distribution of volume and mass is nearly equal among the three facial segments: upper, mid, and lower. The upper facial aesthetic segment extends from the hairline to the superior orbital rim. It includes the eyebrows, the glabella–frontal region, and the supraorbital bony ridge contour. The mid third unit extends from the lateral canthi to the superior border of Cupid’s bow. This level is of major importance to the illusion of facial beauty and attractiveness, where the two most important mass landmarks are the nose and the malar region. It also contains major soft tissue contour units overlying bony configurations. The main focal points in the face when an individual is viewed (the eyes and the orbital regions) are also found in the mid third unit. The lower third is the premandible–jawline segment of the face, which extends from the lateral commissure of the mouth to the lowest point of the central chin. This segment is usually deficient in the general population. It is frequently short vertically, horizontally, or in its anterior–posterior projection.
There are several facial forms, which include the round, the oval, the square or broad, the pear-shaped, the triangular and inverted triangular, and the elongated and narrow one (Fig. 1.2). These shapes are influenced by the volume, mass, color, and configuration of the hair types and styles that frame them. Shorter hair, as an example, may create an illusion of increased facial size and volume. The three facial units vary considerably in excess and in deficiencies of volume and mass size. So, visual impression of the other segments will be relatively of different magnitude. The basic principle in facial balance is that a diminution or enhancement of size in one aesthetic unit or facial zone directly or inversely affects the aesthetic impact of the others. The enlargement of the mandibular and midface regions will effectively reduce the relative significance of the nose to the rest of the face. Even minor alterations in facial subunits such as a prominent nasolabial fold or deep glabella lines may impose a strong visual impact on facial aesthetic balance.

**Key pointers**

- The relative widths and positions of features can easily be assessed noting that the eyes are slightly greater than one eye-width apart.
- A line dropped from the pupil corresponds to the width of the mouth.
- The base of the nose is slightly wider than a line dropped from the medial canthus.
- In profile, the orbital rim is anterior to the eye both superiorly and inferiorly.
- The profile line of the cheek is parallel to the nasal bridge.
- The upper lip precedes the lower lip.
- The chin resides in relationship to a line dropped from the glabella and the lower lip.
1.5 Men and Women

Important landmarks regarding gender must be remembered before suggesting any treatment for male patients. Knowledge of the differences in facial features enables a more natural result and less risk to feminize the male’s face. Women have more prominent upper facial characteristics, with a gradual taper in facial silhouette from upper to lower. Men, however, have squarer face and more angled with larger jaws and equally balanced upper and lower facial proportions.

1.5.1 Eyebrows

Male eyebrows are usually flatter and narrower. In general, genetically speaking, male eyebrows are lower both in the medial, intermediate, and lateral aspects when compared with that of women. Brow ptosis is a common feature seen in male patients not only during the ageing process. Interestingly, mild brow ptosis in male patient gives an impression of leadership and power. In severe cases, it is seen primarily as a sign of anger (Coleman and Carruthers 2006).

The eyebrow is an integral part of the upper third anatomy. In women, the eyebrow tends to be just above the orbital rim and tends to have a pleasant arch peaking in the lateral third, a central medial downward slope with the medial head of the eyebrow at or just below the rim (Freund and Nolan 1996). In the male patients, the brow is flatter in contour and sits along the orbital rim as compared with the female brow. The male eyebrow should have a flat radius of curvature. The average location of the inferior border of the male eyebrow is approximately 11mm above the pupil and lateral canthus. The lateral brow is more prominent and fuller and the redundant upper eyelid gives a masculine look (Gunter and Antrobus 1997). While the ideal female face exhibits a smooth forehead with arched eyebrows, the ideal male face has a muscular forehead with an overhanging horizontal brow (Figs. 1.3 and 1.4a, b).

Horizontal forehead lines usually appear earlier in male patients than in females. Men tend to compensate the low brow position and upper eyelid skin excess with frontalis contraction.

1.5.2 Eyes

Facial symmetry is one of the most important components of beauty. The periorbital region perhaps exhibits the highest incidence of asymmetry (congenital or resulting from ageing process) of any facial component. In contrast to women, men do not need to have an accentuated fold or sulcus in the upper eyelid nor an evident concavity overlying the superior palpebral fold. However, the ideal lower eyelid position must respect the same aspect independent of gender. It must be at or slightly above the level of the inferior limbus; otherwise, a scleral show may be present, which may resemble the senile ectropium. In an occasional young individual, scleral show is congenital and may be considered an
**Fig. 1.3** Typical difference of a young male and female. The male eyebrow is lower and the lateral aspect of the orbit does not present the puffiness encountered in females. Usually the lips are thinner and the face is less rounded.

**Fig. 1.4 a, b** A typical difference between males and females at the eye and eyebrow complex. The female eyebrow is higher and above the orbit while that of male is flatter. The presence of wrinkles in the glabella and forehead is also a common finding in male adults.
element of beauty. Male eyes are narrower or less wide open and eyelids slightly closed. The prominent supraorbital ridges, the frontal bossing, result in deep-set appearance of eyes in males. Deep-set eyes occur in patients with prominent supraorbital ridge. The deeper the area below the supraorbital rim, the lower the eyebrow position relative to the ridge and the eye. Thus, patients with deep-set eyes have a lower brow position throughout life. The deeper the sulcus, the larger the convexity between the eyelid and the eyebrow, as the skin stretches around the superior orbital rim. It is not uncommon to find slight edema at the upper eyelid due to the low position of the medial aspect of the male eyebrow.

Another feature should be analyzed while evaluating the lower eyelid area. In some male patients, the tear-trough may be relatively deeper due to muscular projection at the subciliary region. This is called hypertrophy of the orbicularis oculi pars palpebralis and is a common finding in male patients (Fig. 1.5a–c).

1.5.3 Cheekbones and Mandible

The male maxilla, muscles of mastication, and mandible are sturdier than that in a woman of similar age. Very projected cheekbones are considered a feminine sign. A young adult

Fig. 1.5 a–c The eye and eyebrow complex. The first photo (a) is from an adolescent. Please observe the skin quality in contrast to the other two male adults (b and c) in the mid-forties. A negative aspect of the adolescent is the presence of orbicularis oculi hypertrophy, prominent tear-trough, and a mild scleral similar to the adult male in (c).