

# Adverse Reactions with Aquamid®

## ABSTRACT

### Adverse Reactions Following Injection with a Permanent Facial Filler, Polyacrylamide Hydrogel (Aquamid®) - Causes and Treatment

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## BACKGROUND

Polyacrylamide hydrogel (Aquamid®), an atoxic, non-immunogenic gel of non-resorbable type, has gained widespread popularity as an injectable filler for facial augmentation. However adverse events/complications occur, whose nature seem obscure because of negative findings on culture and pattern of foreign body response on microscopy.

### Purpose of the study

To evaluate and investigate all reported adverse events following injection with Aquamid® in approximately 40,000 patients over a period of 2 years and 4 months.

### Methods

A prospective study of case reports provided by injecting physicians during the period May 2001 to September 2003.

### Patient material

Among 40,000 patient injected, 55 were reported having adverse events. Information from questionnaires and follow-up information from involved physicians was collected into a database.

### Data collection

The data on each patient was collected into a database and contained information about

- 1) previous or current disease
- 2) previous injections or surgery at the same site
- 3) allergic or hereditary disorders
- 4) dates of injection, adverse event, treatment and follow-up
- 5) details regarding injection procedure, diagnostic measures and findings
- 6) details regarding treatment and outcome

### Definitions

A related adverse event was defined as any injection site reaction which did not disappear spontaneously within 2-3 days.

Injection site nodule was clinically defined as a swelling lasting for more than 2-3 days associated with one or more of the following:

- Tingling sensation
- Redness
- Pain
- Pulsation
- Abscess or fistula formation

The identification of bacteria was performed by DNA sequencing.

## CLINICAL RESULTS

- Adverse events occurring mainly in lips and nasolabial folds were reported in 55 patients.
- The time from last gel injection to debut of adverse event varied from 2-364 days with a median of 12 days.
- Almost all patients recovered on antibiotics which supports the view that infection by micro-organisms was the cause, even if it was not practically possible in all cases to detect the micro-organism.

### Conclusion

Adverse events presenting clinically as nodules or swellings later than 1 week and less than 1 year after the injection of Aquamid® should be suspected as low-grade infections and be treated immediately with a broad-spectrum antibiotic in high dosage. Steroids or NSAIDs are contraindicated.

## EXECUTIVE SUMMARY

- 0,1% adverse events was found in this study.
- Low grade infection must always be suspected if reactions occur later than one week after injection.
- High dosage broad-spectrum antibiotic treatment should be started immediately.
- Steroids or NSAIDs tend to aggravate symptoms and prolong treatment time and should therefore be avoided.