

# Consensus Opinions on Facial Beauty and Implications for Aesthetic Treatment in Middle Eastern Women

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**Background:** Middle Eastern women worldwide increasingly seek aesthetic treatment to enhance their beauty and improve self-esteem, but literature describing standards of beauty across the Middle East are scarce. Knowledge of facial anthropometry and Middle Eastern subregional beauty preferences and aesthetic weaknesses are key to develop an effective facial enhancement strategy that does not jeopardize ethnic identity or facial harmony.

**Methods:** Dermatologists and plastic surgeons from 8 Middle Eastern countries who had 7.5–25 (mean 13.5) years of experience in aesthetic medicine examined female Middle Eastern beauty in 4 geographic subregions: the Gulf (comprising Bahrain, Kuwait, Saudi Arabia, and the United Arab Emirates), Iran, Lebanon, and Egypt. They developed consensus opinions regarding facial beauty, aesthetic deficiencies, and injectable treatment solutions.

**Results:** Facial anthropometry differs between Middle Eastern and Western women, and also within the region. Although subregional differences are seen, beauty is generally recognized by an oval or round face; temple fullness; pronounced, elevated, arched eyebrows; large almond-shaped eyes; well-defined, laterally full cheeks; a small, straight nose; full lips; a well-defined jawline; and a prominent, pointed chin. The relative prominence of the nose necessitates attention to the lips and the shape and projection of the chin. Aging is often accompanied by midface sagging that leads to increased heaviness in the lower facial third.

**Conclusions:** Middle Eastern beauty is characterized by striking eyes, defined cheeks, and full lips. These consensus opinions inform aesthetic practitioners who treat Middle Eastern women worldwide about their aesthetic ideals and the implications for treatment. (*Plast Reconstr Surg Glob Open* 2019;7:e2220; doi: 10.1097/GOX.0000000000002220; Published online 25 April 2019.)

## INTRODUCTION

Aesthetic facial treatment to enhance beauty has become more normalized in traditionally conservative Middle Eastern societies following the emergence of internet-based social media. Rising standards of living and

growing independence also enable increasing numbers of Middle Eastern women worldwide to seek treatment from aesthetic practitioners who may have been trained in the Middle East or elsewhere. The Egyptian queen Nefertiti has long symbolized and influenced perceptions of beauty

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worldwide and in the Middle East, but influential Middle Eastern beauty icons are otherwise scarce in contemporary media and consciousness. An analysis of more than 5,000 female models in fashion magazines from 12 countries suggested that the image of beauty was more the result of editorial decisions than objective principles, with North American and European magazines dominating these beauty standards.<sup>1</sup>

A survey of Saudi women revealed that improving self-esteem was their most common motive for undergoing a cosmetic procedure, and that wearing a veil is no barrier in seeking cosmetic treatment.<sup>2</sup> A desire to boost self-confidence is now as important as improving the aesthetics of sagging skin, according to a commercial survey of nearly 8,000 women to assess the evolving beauty needs of women around the world.<sup>3</sup>

Literature describing standards of beauty across the Middle East is relatively scarce, compared with those for white, Asian, and African populations.<sup>4–10</sup> The region is characterized by a wide range of ethnic and racial diversity, even within individual countries. What has been published rarely covers more than one Middle Eastern country or ethnic group. Thus, a lack of knowledge and insight into the aesthetic preferences and facial anthropometry of Middle Eastern women might lead practitioners inadvertently to impose Western beauty ideals or create aesthetic results without regard to culturally recognized or identified facial characteristics.

This consensus paper was developed to inform and educate practitioners worldwide who treat Middle Eastern women. It is aimed at those who may be unfamiliar with aesthetic preferences among women from different parts of the Middle East, or ignorant of their facial an-

thropometry. Based on the expertise of aesthetic experts from the Gulf, Iran, Lebanon, and Egypt, its objective is to describe subregional preferences regarding facial beauty among Middle Eastern women, their facial characteristics and aesthetic deficiencies, and the solutions that can be provided by facial injectable treatments.

## METHODS

Female Middle Eastern beauty from the Gulf (comprising Bahrain, Kuwait, Saudi Arabia, and the United Arab Emirates), Iran, Lebanon, and Egypt (Fig. 1A) was evaluated. On the basis of their expertise and clinical practice location, 17 Middle Eastern dermatologists and plastic surgeons who had 7.5–25 (mean 13.5) years of experience in aesthetic medicine were invited to participate in this consensus project. The goal was to develop consensus opinions regarding facial beauty among Middle Eastern women. Following an initial advisory board in 2016, each member of the consensus group completed a detailed “workbook” structured to identify historical and contemporary influential icons of beauty, and descriptions of characteristic beauty in his or her own country/subregion. Using the findings from these workbooks, a more detailed multiple-choice SurveyMonkey (Galderma, Q-Med AB, Uppsala, Sweden) questionnaire was developed in 2017 to capture country-specific patient treatment preferences and standards of beauty for each facial feature.

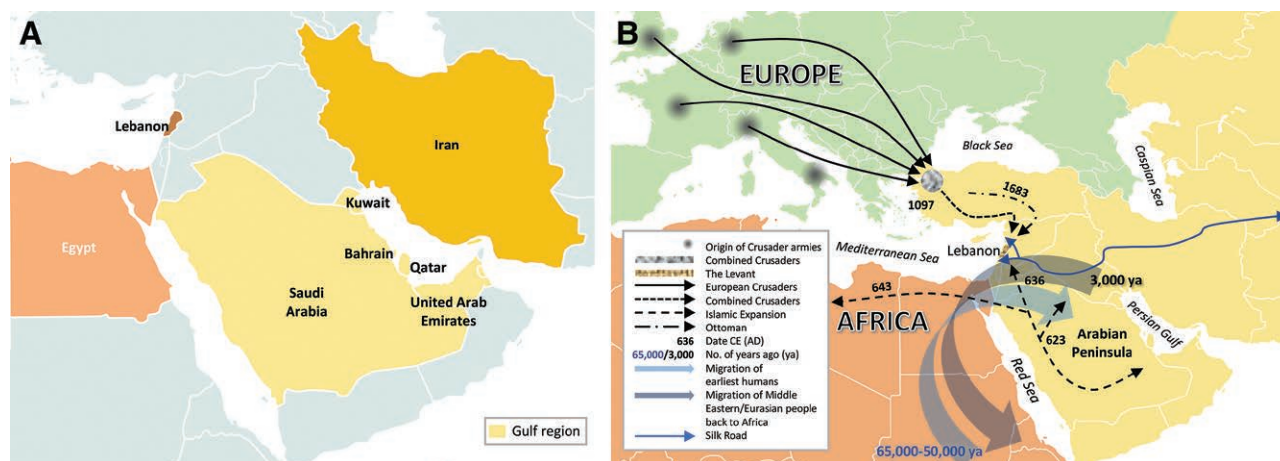
In September 2017, the available literature on Middle Eastern facial anthropometry, cephalometry, and perceptions of beauty was reviewed in preparation for a consensus meeting. PubMed was searched for English-language papers using the terms “facial,” “attractiveness,” “beauty,” “anthropometry,” “anatomy,” and “cephalometry” combined with each of the following: “Middle East/Middle Eastern,” “Bahrain,” “Dubai,” “Egypt,” “Iran,” “Jordan,” “Kuwait,” “Lebanon,” “Levant,” “North Africa,” “Palestine,” “Persia,” “Qatar,” “Saudi Arabia,” and “United Arab Emirates.” All detected abstracts were reviewed, and the data from relevant papers were presented at the meeting. The consensus group members (9 dermatologists and 5 plastic surgeons) completed the questionnaire, and 11 subsequently attended a one-day consensus meeting in Dubai, United Arab Emirates, in December 2017. The consensus opinions presented here are derived from the experts’ workbook and survey responses, their clinical experience, and peer-reviewed literature, and reflect the proceedings of the consensus meeting.

## RESULTS

### Origins of Modern Middle Eastern Populations

Egypt and the Arabian Peninsula have seen waves of migrations over the past 50,000 years, including the earliest human migrations from Africa to eastern Asia and back along ancient civilization trading routes, and more recent colonization by European and Asian peoples (Fig. 1B).<sup>11–14,18,19</sup> Genotyping studies of Arabian Peninsula populations reveal 3 distinct racial “clusters” that reflect their primary ancestry: (1) Bedouin (genetically closest to

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**Fig. 1.** Maps showing (A) countries and geographic subregions represented by the Consensus Group on Middle Eastern Beauty and (B) an overview of selected migration patterns that contributed to the ethnic origins of people in the Middle East.<sup>11-17</sup>

Europeans); (2) Persian-South Asian (genetically between Bedouins and Asians, and from which many Iranians are descended); and (3) African (less closely related to the Middle East cluster).<sup>19</sup> In Iran, Persian populations are descended from Aryan tribes who arrived from central Asia in the second millennium BC; mitochondrial DNA analyses reveal close affinities between Persians and European whites.<sup>20</sup> Iranians' Arabian genetic patterns are derived from people who migrated from Africa to Eurasia and settled on the Arabian Peninsula and southwest Asia.<sup>15,16</sup> Modern Egyptian peoples' physical characteristics are derived from the originally indigenous African populations, Arab ancestry, and Europeans (Crusaders, Greeks, and Romans).<sup>15,17</sup> The Lebanese are descended from the Phoenicians, who had their origins in the eastern Mediterranean,<sup>21</sup> and are also genetically influenced by the Islamic expansion from the Arabian Peninsula, and the European Crusaders, and Ottomans.<sup>14,17</sup>

### Defining Beauty in the Middle East

#### *Historical, Cultural, and Popular Influences on Middle Eastern Beauty*

To gain an overview of Middle Eastern female beauty, the consensus group collected images of women that represented both historical and contemporary ideals of beauty in their respective countries. Nefertiti is identified as a historically influential icon of beauty in many Middle Eastern countries; influences in Iran included paintings and the actress Soraya Esfandiari. Other 20th century beauty icons identified by members from several subregions included Princess Fawzia, and actresses Soad Hosni, Mariam Fakhr, and Mervat Amin, all originally from Egypt, where visual representation of women has traditionally been more commonplace.

Contemporary icons of beauty look more traditionally Middle Eastern. They include Saudi princess Ameera Al-Taweel, Lebanese actors Haifa Wehbe and Nadine Njeim, Iranian actors Golshifteh Farahani, Niki Karimi, and Leila Hatami, and Queen Rania of Jordan, who is of Palestinian origin. Nevertheless, the contemporary icons chosen by the group showed that Western beauty standards and

media strongly influence contemporary Middle Eastern perceptions of beauty. For example, Angelina Jolie was selected as a modern beauty icon by several consensus group members because their patients frequently ask to look like her.

In summary, the Middle Eastern beauty icons' faces are oval, full and symmetrical, with elevated, thick, arched eyebrows; almond-shaped eyes; straight noses; well-defined, laterally full cheeks; full lips; well-defined jawlines; and prominent, pointed chins.

#### *Middle Eastern Facial Anthropometry*

In addition to understanding the factors that affect perceptions of facial attractiveness,<sup>6,7,22</sup> knowledge of facial anthropometry is important in aesthetics, because the facial skeleton and its soft tissue coverage differ by race and ethnic group. Table 1 shows comparisons of anthropometric and cephalometric measurements of different Middle Eastern populations (broadly described as Arabian, Persian, Levantine, and Egyptian) with those of whites (usually North Americans, as measured by Farkas et al<sup>30</sup>). These cited features in Table 1 are well represented within the framework developed by Cunningham et al<sup>38</sup> who have studied female physical attractiveness from a cross-cultural perspective. Their model of how female beauty is perceived is based on physical features and characteristics that relate to 3 categories: innate features of a newborn infant which suggest desirable qualities of vivaciousness, openness, and agreeableness (conveyed by the physical dimensions of the eye and nose); facial features relating to sexual (developmental) maturity that may convey status, competence, and confidence (conveyed by facial width and the shape and projection of the midface and chin); and expressive features that support nonverbal expression (conveyed by the width and shape of the mouth and lips).<sup>38</sup>

The literature search showed that, although several anthropometric studies of Iranians are found, very few articles relevant to the populations in the Levant or Egypt have been published. Data from the Gulf region are represented mainly by studies on Saudi populations and are incomplete.

**Table 1. Comparative Facial Anthropometry between Middle Eastern Women and North American Whites**

Facial Feature Measurement	Description of Related Facial Characteristic	Arabian	Persian	Levantine	Egyptian
		Saudi Arabia <sup>23-28</sup> and United Arab Emirates <sup>29</sup>	Iran <sup>22,23,30-32</sup>	Lebanon <sup>33</sup> and Jordan <sup>34</sup>	Egypt <sup>30,34</sup>
Neonate features*					
Forehead height	Taller/shorter forehead	Longer <sup>23†</sup>	Slightly longer <sup>22</sup> Similar <sup>31</sup> Shorter <sup>30</sup>		Shorter <sup>30</sup>
Inter-canthal distance	Wide-set/close-set eyes	Shorter <sup>23</sup>	Similar <sup>22</sup> Shorter <sup>30</sup>		
Eye fissure length	Larger/smaller eyes	Longer <sup>23†</sup>	Shorter <sup>22,30</sup> Longer <sup>23</sup>		
Dorsal nasal length	Longer/shorter nose		Slightly shorter <sup>22</sup> Longer <sup>32</sup>		
Nasal width	Wider/narrower nose	Wider <sup>23†</sup>	Wider <sup>32,35</sup> Slightly wider and wider than intercanthal distance <sup>22,30</sup> Thinner <sup>22</sup>		Narrower <sup>30</sup>
Nasal ala					
Nasofacial angle	Prominence of nose	Smaller <sup>24</sup>	Larger; ie, nose less prominent <sup>22,31</sup>		Nasal bridge not as prominent <sup>36</sup>
Nasolabial angle		Greater <sup>27,28</sup>	Similar <sup>22,31</sup> Smaller <sup>32</sup>		Wider in women than men; decreases with age <sup>†,34</sup>
Total facial angle/convexity	Convex/straight/concave profile	More convex <sup>26-28</sup> Straight profile preferred (United Arab Emirates) <sup>§29</sup>	More convex <sup>31</sup>	Straight profile preferred (Lebanon) <sup>§33</sup>	
Nasofrontal angle	Degree of nasal prominence	Larger <sup>24,25</sup> Larger in women than men <sup>24,25</sup> (nasofrontal area straighter)	Larger <sup>22,31</sup> (Nasofrontal area straighter) Smaller <sup>32</sup>		Wider in women than men; decreases with age <sup>†,34</sup> Forehead not as prominent <sup>36</sup>
Developmental maturity features*					
Middle third	Taller/shorter midface and nose	Longer <sup>23†</sup>	Similar <sup>31</sup> Longer <sup>22,30</sup>		Shorter <sup>30</sup> Malar region more protrusive <sup>36</sup>
Lower third	Longer/shorter lower face	Shorter <sup>23,26†</sup>	Slightly shorter <sup>22</sup> Similar <sup>31</sup> Slightly longer <sup>30</sup> More convex <sup>31</sup>	Reduced lower facial height preferred for profile (Jordan) <sup>§37</sup>	Shorter <sup>30</sup> More protrusive in the mandibular region <sup>36</sup>
Total facial angle/convexity	Convex/straight/concave profile	More convex <sup>26-28</sup> Straight profile preferred (United Arab Emirates) <sup>§29</sup>		Straight profile preferred (Lebanon) <sup>§33</sup>	
Expressive features*					
Mouth	Wider/narrower mouth		Narrower <sup>22</sup> Similar <sup>32</sup>		Perioral region more protrusive <sup>36</sup>
Upper lip	Thicker/thinner; more/less prominent	Increased bimaxillary lip protrusion and decreased lower vertical height-depth ratio <sup>27</sup>	Thinner <sup>22</sup> Similar <sup>32</sup> Greater projection <sup>31</sup>		
Lower lip	Thicker/thinner; more/less prominent		Similar <sup>22</sup> Greater projection <sup>31</sup>		

\*Categories of features are organized in this table as per Cunningham et al.<sup>38</sup>

†Among attractive individuals.

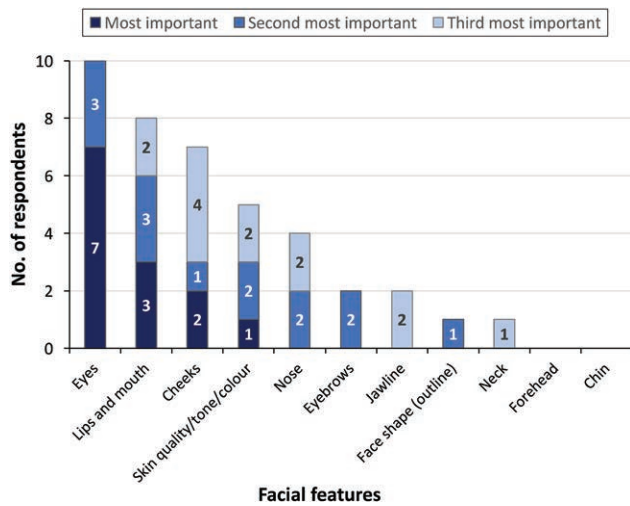
‡Compared within Egyptian populations, not compared with whites.

§Relating to facial attractiveness rather than morphology.

When facial anthropometric measurements of attractive young Iranian and average white women were compared, lip projection was greater in the Iranians, the nasofrontal angle was larger (ie, the nose was less projected), and their faces were more convex.<sup>31</sup> In another study of attractive versus unattractive Iranians, the attractive women had straighter profiles, less prominent noses with higher nose tips, slightly more protruded maxillae, longer lower faces (or shorter middle faces), more protruded upper than lower lips, and lips positioned closer to the middle of the vertical chin–nose distance.<sup>39</sup> A third study of Iranian women showed that the more attractive

the subjects' profiles were judged to be, the closer their facial ratios are to phi, the Divine Proportion.<sup>40</sup>

In a United Arab Emirates study on facial profile attractiveness, a straight profile was the most frequently perceived to be highly attractive, and the least attractive profiles had mandibular retrusion.<sup>29</sup> A straight profile was also the most favored in a cross-sectional survey of facial profile preferences in Lebanon.<sup>33</sup> The anthropometric measurements of aesthetically pleasing young Saudi adults' faces were compared with those in other Arab populations and races, and with the neoclassical canons.<sup>23</sup> Compared with the canons, the attractive Saudi women



**Fig. 2.** Opinions regarding the facial features that define Middle Eastern beauty. Consensus group members’ responses to the survey question: “Which 3 facial features are the most important in defining the unique beauty specific to women in your country of practice (choose only 3 features and rank them in order).”

generally had a wider intercanthal distance than eye fissure length, and a wider nasal width than intercanthal distance. They also had longer upper and middle facial thirds, a shorter lower third, a greater eye fissure length, a shorter intercanthal distance, and greater nasal width than white women.

Thus, important anthropometric differences exist in comparison to western populations, but also within the Middle East. Conflicts with ethnic identity or facial disharmony may be created if western-derived neoclassical canons of beauty<sup>6,30,41,42</sup> are used as the only guide when planning facial treatment for Middle Eastern women.

**Consensus on Facial Beauty in Middle Eastern Women: Universal Similarities and Subregional Differences**

The perception of facial beauty is highly individual. It is influenced by social status, race, cultural factors, and familial background. It was therefore agreed to develop consensus opinions about beauty preferences, rather than defining “standards” of beauty among Middle Eastern women.

Asked to define which facial features are the most important in defining the unique beauty of women in their country, the eyes, followed by the lips and cheeks, were the features most commonly selected by the consensus group (Fig. 2). The consensus opinions on Middle Eastern female beauty and local/subregional preferences summarized in Table 2 are derived from the members’ workbook and questionnaire responses, their discussions, and existing literature, and were agreed during the consensus meeting and by all members during the manuscript writing process. Examples of women who exemplify female beauty for each Middle Eastern subregion are shown in Figures 3–6.

The complexion should be clear, with minimal pore visibility. Skin tones vary throughout the Middle East, but a tone that is lighter than the natural skin color of each ethnic group is preferred.

**Table 2. Summary of Consensus Opinions on Preferences Regarding Ideal Female Facial Beauty in the Middle East and Its Subregions**

Feature	Subregional Preferences (if Different from Overall Middle East)			
	Overall Middle East	Arabian	Persian	Lebanese
Facial outline and complexion	An oval* face outline is desirable throughout the Middle East	A round† face outline characterized by more submalar fullness is desirable in the northern and southern provinces of Saudi Arabia and Kuwait, and some parts of the United Arab Emirates	The complexion is light to fair ( Fitzpatrick Type II–III)	Lebanese women have two characteristic “looks” (see Fig. 3C): 1. The more traditionally Lebanese beauty (today largely genetically influenced by peoples of the Gulf and Asia Minor) is characterized by dark hair; a fuller, more rounded face; dark, almond-shaped eyes; aquiline nose; fuller lips and a bronze complexion 2. The Mediterranean, more “European” beauty (genetically influenced by Europeans) is characterized by lighter hair; eyes and complexion; narrower eyes, less prominent lips, and a more slender, elongated oval face (Type II–III)
	The complexion should be clear and in general, fair. Skin should have a smooth texture, with no hypo/hyperpigmentation, visible pores, or fine wrinkles	In Saudi Arabia, light complexion is preferred ( Fitzpatrick Type II–III)	The complexion is light to fair (Type II–III)	The complexion should be homogeneous and light or olive (Type II–IV)
				Egyptian

(Continued)

**6** **Table 2. (Continued)**

Feature	Subregional Preferences (if Different from Overall Middle East)				
	Overall Middle East	Arabian	Persian	Lebanese	Egyptian
Upper third	The upper third of the face should equal one-third of the overall face height. The forehead should be convex or flat, with full temples Eyes should be almond-shaped and large (wide) Eyebrows should be arched and elevated. To preserve the Ogee curve of the cheek, a smooth and short lid-cheek junction is desirable Defined cheeks are generally the standard of beauty, with slight medial fullness and more definition and projection in the lateral third	Thick Generally, women living in major cities prefer more angular cheekbones, and submalar hollowness is acceptable in some urban centers Women in the northern and southern areas of the Gulf prefer rounder cheeks that have a fuller submalar area	Thick or thin Younger women may prefer more angular cheekbones, but older women prefer more softly rounded cheeks A mid-cheek dimple is considered a sign of beauty A supratip break (slight projection of the nasal tip) on a short straight nose is preferred	Thick The typical Lebanese beauty has fuller, rounder cheeks The Mediterranean beauty has a more slender face, with more prominent cheekbones	Thick Egyptian faces typically have prominent cheekbones without submalar fullness. Cheek preferences can vary according to socioeconomic status and location. Women of lower socioeconomic and rural backgrounds prefer rounder cheeks, but urban women of higher socioeconomic backgrounds prefer more projected, angular cheekbones
Middle third	The nose should be short, straight, and have a slightly elevated/uplifted, pointed tip. The ala base should be narrow, and the ala nasi fine The jawline and mandibular angle should be fairly defined and in proportion with the cheekbone. The angle of the jaw should be straight, with no jowling An "oval" jawline shape is the most popular; being more feminine, but a squarer, more masculine, jaw is a recent trend influenced by western beauty icons in the media Lips should be full, defined and contoured. A lower lip that is fuller than the upper lip, with more eversion of the upper lip, is generally preferred	Thick In Saudi Arabia, a slightly fuller upper than lower lip is preferred by some	Thick The typical Lebanese beauty has fuller lips than the Mediterranean-looking beauty. The upper lip is slightly fuller than the lower lip The Mediterranean beauty has thinner lips		
Lower third	The chin should be pointed, anteriorly projected no further than the lower lip (Ricketts line), smooth, and no wider than the intercanthal distance The neck should be slender, long, smooth, and with no submental sagging or fat				

\*An oval face can be defined as having a more pointed inferior than superior pole.

†A round face can be defined as having similarly shaped superior and inferior poles.



**Fig. 3.** Examples of Middle Eastern beauty among women from the Gulf.

Throughout the Middle East, the desired facial shape is generally oval, although ethnic and cultural differences may impact this preference. The type of head covering or veil worn may influence the facial shape preference and the strong preferences regarding the appearance of the eye and periorbital area. For example, in the North and South of Kuwait, rounder faces with fuller cheeks are preferred among women who wear a full hijab, because it looks more attractive than a thinner, more narrow face enveloped by the scarf. The foreheads of beautiful Middle Eastern women may be convex or flat, high or short, but temple fullness is preferred, because if it is worn, a head covering reduces visibility of the upper and middle third of the face. Much emphasis is placed on the distinctiveness and beauty of the eyes and periorbital area. The eyes are the most prominent and important facial feature in a woman who wears a niqab. Large, wide, striking,

almond-shaped eyes are considered the most beautiful. A wide upper lid margin area that further emphasizes the eye is desirable. The preferred shape for eyebrows is arched and elevated, and lateral eyebrow flare may be preferred over arched eyebrows in Egypt and Iran. Thicker eyebrows are preferred by most Middle Eastern women, although preferences regarding thickness may differ between regions.

In the midface, the general preference is for cheek fullness, with prominence laterally, defined cheekbones, and slight medial fullness. A subregional preference in the northern and southern Gulf is for full cheeks and a round face, due to the Bedouin influence. By contrast, the urban preference is generally for submalar hollowness. In Kuwait, urban beauty preferences are for prominent cheeks with a defined submalar area and jawline; prominent nasolabial folds are very undesirable. A small, short, narrow,



**Fig. 4.** Examples of Middle Eastern beauty among women from Iran.



**Fig. 5.** Examples of Middle Eastern beauty among women from Lebanon.

straight nose is most commonly desired, but preferences for tip shape vary.

The lips are generally full and defined, but preferences for the ratio of upper-to-lower lip fullness and height differ subregionally (Table 2). In beautiful Middle Eastern women, the jawline is well defined, ending in a pointed, moderately anteriorly projected chin.

**Patient Preferences and Implications for Treatment**

According to this consensus group, the most important influences that prompt younger Middle Eastern women to seek aesthetic treatment are social media and their friends (Fig. 7). Among women aged 40 years or older, their own opinions, friends, and husbands are the strongest influencing factors. In general, Middle Eastern women, particularly those younger than 40 years, wish to retain a natural appearance without exaggeration of facial features. However, some young women, influenced by social media, want to resemble their beauty icons even if this conflicts with their native anthropometry. In contrast, the priorities for middle-aged women relate mainly to facial aging and the need for a lift effect in the mid and lower face.

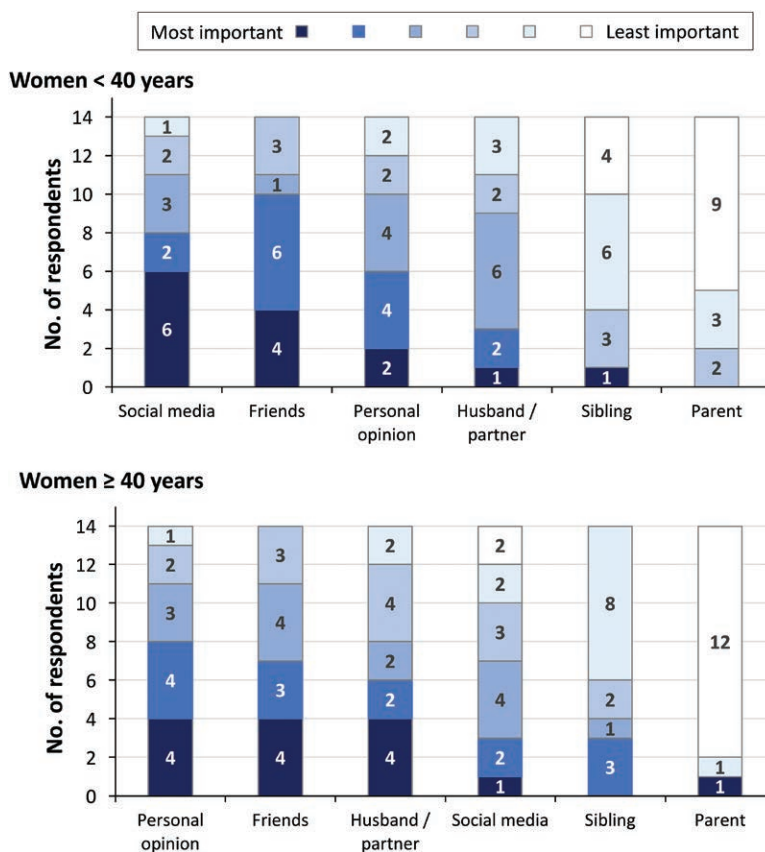
Common facial aesthetic issues in Middle Eastern women and the solutions that can be delivered by facial injectable treatment are summarized in Table 3. The consensus group also agreed on the following general points regarding facial aesthetic treatment of Middle Eastern women. In the Gulf, foreheads are seldom volumized to create convexity. Treating the temples is key to maintaining the “inverted triangle of youth” and they should be treated first. Filling the temples and the area above the zygomatic arch can create an upward vector to provide slight lifting of the cheeks and even the lip corners. Lifting the lateral eyes and brow can also be achieved by temporal correction. Tear troughs are corrected after treatment of the mid-cheek. The focus on the periorbital area and mid-face reflects the importance of youthful eyes and angular cheeks.

Middle Eastern women have heavier faces that show age via sagging and jowling. Thus, it is important to lift, rather than augment, the midface when it is usually already full. Older women may request cheek volumization to achieve the desired appearance of a lift, but a more laterally placed treatment vector with a high-lifting-capacity



**Fig. 6.** Examples of Middle Eastern beauty among women from Egypt.





**Fig. 7.** Factors that influence Middle Eastern women’s perception of their appearance and decision to seek cosmetic treatment. Consensus group members’ responses to the survey questions: “What are the most important influences on a woman’s appearance and decision-making regarding getting aesthetic treatments for women younger than 40 years/aged 40 years or older?”

hyaluronic acid will improve the appearance of the jawline and reduce jowling.

In the Middle East, a large or misshapen nose is a common complaint that usually requires rhinoplasty, but injectable treatments may address certain issues (Table 3). In Iran, patients often request removal of a nasal hump or to address a nose that is too large. In Egypt, nasal dorsal depression, a depressed nasal bridge, thick nasal covering, or wide nostrils are common aesthetic issues.

The consensus group cautioned against treatments to narrow the lower face of Middle Eastern women in contrast to the trend in Asia,<sup>5</sup> where a large bizygomatic width and prominent mandibular angle are deemed undesirable. Treating the angles of the mouth first can increase lip width and create an upward angle, which are signs of youth. Defining and augmenting the chin can help to improve the overall appearance of the lower third of the face, including the oral commissures and pre-jowl sulcus.

### CONCLUSIONS

This is the first consensus paper to describe the facial anthropometry, beauty ideals, and treatment implications for Middle Eastern women across 4 ethnically distinct subregions. The size and collective experience of this

consensus group are similar to those of groups that have published consensus opinions on beauty and recommendations for facial aesthetic injectable treatments in other regions.<sup>5,10,43,44</sup>

Middle Eastern facial beauty is defined mostly by the eyes, followed by the lips and cheeks. Despite subregional differences in preference, female beauty in the Middle East is generally characterized by an oval or round face; large almond-shaped eyes; prominent, elevated, arched eyebrows; a small, straight nose; well-defined, laterally full cheeks; full lips; a well-defined jawline; and a prominent, pointed chin.

The most common and challenging aesthetic issues among Middle Eastern women are heavy faces (particularly in the Gulf, Egypt, and some Lebanese); a flat mid-face (generally cited by women younger than 40 years, although rarely in Iran); noses that are too large and prominent or alternately, too flat and wide; thin lips; jowling and/or an ill-defined jawline; and a small or under-projected chin.

Narrowing of the lower facial third is deemed undesirable by Middle Eastern women who seek aesthetic treatment. In some subregions (eg, Jeddah and western Saudi Arabia), a convex forehead, retroussé nasal tip, and an upper lip thinner than the lower lip are undesirable.

**Table 3. Consensus Opinions on Common Facial Aesthetic Concerns among Middle Eastern Women and Solutions that Can Be Provided by Injectable Treatment**

Issue/Problem	Injectable Treatment Solution/Strategy
Upper face Facial outline inadequacy due to loss of temple fullness Insufficient elevation of eyebrow	Inject temples with fillers; also serves to lift the face in general 1. Inject the temples with filler 2. Inject the lateral eyebrow with filler 3. Inject the upper eyebrow (orbicularis oculi) with neurotoxin
Forehead concavity (not a common complaint in the Middle East) Slight fold in crow's feet area (muscular, not a skin defect—crow's feet lines are not as common in Middle Eastern as in white women) Small or narrow eyes	Inject fillers into fat compartments of the forehead to achieve a flat or convex forehead Inject the area with fillers and neurotoxin after discussing the desired level of correction with the patient Inject neurotoxin into pretarsal orbicularis oculi and pretarsal palpebral muscles at the medial and lateral canthus to create wider-looking eyes Do not overcorrect with neurotoxin because Middle Eastern women usually want to retain natural expressiveness.
Forehead lines	In the Middle East, nasal issues mainly require surgical treatment. Sometimes non-surgical rhinoplasty may be able to address the following: Inject filler into the anterior nasal spine and in the nose tip Inject filler onto the nasal bridge to raise the dorsum and/or create the appearance of a straight, smaller, thinner nose Inject neurotoxin into the nares to narrow the nose Inject fillers into the dorsum Usually needs to be addressed by rhinoplasty Inject fillers into the zygomatic area during multiple sessions to lift the face
Midface Nose is: - Downward-rotated - Humped - Base and/or tip are too wide - Flat - Too long	Indirect treatment by injecting the zygoma (midface) with filler. Direct treatment of the nasolabial fold with filler might increase existing midface heaviness. Caution is advised because overfilling the canine fossa (Ristow's space) leads to widening of the nose, which is particularly undesirable in the Gulf region, so it should be under corrected Augmentation; medial fat pad/malar enhancement with fillers
Heavy face (generally most prevalent in Gulf and "Arabian" populations of Lebanon; less common in Iran) Nasolabial folds (caused by descent and atrophy of malar fat pads and descent of nasolabial fat pad) are very undesirable	Can be treated with fillers
Flat midface/cheeks (generally, a complaint among women <40 y; not very common in Iran) Tear trough hollowness and shadowing Lower face Jowling	Inject the preauricular area with fillers to lift the lower face Inject fillers into marionette lines (multiple sessions are required to achieve the desired results) Augment volume by injecting fillers Augment Cupid's bow or create a double-lobed lower lip using fillers Create contours (rather than volume) using fillers Evert the lips with filler, create better visibility of the philtrum (this is not desirable in Kuwait or Egypt, but is requested in Bahrain, Lebanon, and Iran) Inject oral commissures with fillers
Lips have insufficient volume Lips require improved shape (everted or inverted) Vermilion requires contouring Elongated distance between nose and lips	Inject the chin with fillers to augment it Inject the mandibular angle with fillers to reduce jowling, and to broaden and define the jawline
Marionette lines (common complaint because of the tendency of Middle Eastern skin to fold, not wrinkle) Weak or retracted chin Ill-defined jawline	Inject the platysmal bands and the lines with neurotoxin and fillers Lipolysis or defining the jawline with fillers
Vertical bands and lines on the neck Double chin	

The majority of Middle Eastern women seek to enhance their beauty either by restoring aspects that have changed with aging, or by correcting or enhancing facial features associated with their ethnic beauty. Knowledge of Middle Eastern ethnic anthropometry and subregional beauty preferences and aesthetic deficiencies or weaknesses are key to developing an effective facial enhancement strategy that will optimize and beautify the Middle Eastern woman's features without sacrificing facial harmony or her ethnic identity.

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