

Circumscribed Lipoatrophy of the Chin after Tooth Extraction

Uwe Wollina^{1*}, Georgi Tchernev², Alberto Goldman³

¹Department of Dermatology and Allergology, Academic Teaching Hospital Dresden-Friedrichstadt, Friedrichstr. 41, 01067 Dresden, Germany; ²Department of Dermatology, Venereology and Dermatologic Surgery, Medical Institute of Ministry of Interior, and Onkoderma Policlinic for Dermatology and Dermatologic Surgery, Sofia, Bulgaria; ³Clinica Goldman, Porto Alegre, RS, Brazil

Abstract

We describe the rare occurrence of circumscribed facial lipoatrophy after tooth extraction. Correction by minimal invasive esthetic techniques such as soft tissue fillers or autologous fat transfer is possible but was not warranted.

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***Correspondence:** Uwe Wollina, Department of Dermatology and Allergology, Academic Teaching Hospital Dresden-Friedrichstadt, Friedrichstr. 41, 01067 Dresden, Germany. E-mail: uwollina@googlemail.com

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Circumscribed facial lipoatrophy is a rare clinical finding. It has been described as a consequence of trauma, with autoimmune connective tissue disorders like Parry-Romberg syndrome and scleroderma en coup de sabre [1, 2]. Lipoatrophy is a possible adverse effect of drug therapy [3]. It can also develop as a sign of autoaggressive psychiatric disorders [4]

We observed a 50-year-old female with a depression of soft tissue on the right side of her chin that developed about one year ago. The lesions did not show any sign of inflammation (Fig. 1). Touching the area was painless. On palpation, the depressed skin seemed to be attached to the bony structure of the mandibula. There was no opening or secretion.

Her medical history was unremarkable except for a tooth extraction before the appearance of facial lipoatrophy. Oral examination showed the area of tooth loss but no other pathologies (Fig. 2). The routine laboratory was unremarkable. A skin biopsy was suggested, but the patient refused.



Figure 1: Unilateral depression of soft tissue - circumscribed facial lipoatrophy

Tooth extraction may often lead to alveolar bone resorption. Atrophy of the alveolar ridge can cause aesthetic and surgical problems in prosthetic dentistry [5]. In contrast to this, soft tissue atrophy after tooth extraction is an unusual observation [6].



Figure 2: Intraoral view on the site of the extracted tooth

Facial lipoatrophy can be corrected by soft tissue fillers and autologous fat transplants [1, 2, 7], what was not warranted by our patient.

In conclusion, circumscribed facial lipoatrophy is a rare sequela after tooth extraction, that can be corrected by minimally invasive procedures established in esthetic medicine [8].

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