

AESTHETIC COMPLICATIONS EXPERT GROUP WORLD PROTOCOL FOR THE MANAGEMENT OF DONs AND DORs

DIAGNOSTIC CRITERIA

Visible or palpable swelling, lump, mass, nodule, region of induration, at or close to the site of soft tissue filler injection at least 2 weeks post-treatment and other diagnoses excluded

Is it causing physical, emotional or aesthetic distress?

NO

Reassure/Watchful waiting

YES

DON

Hard to firm, <1cm, well defined, inert

DOR

Firm to soft, more diffuse, inflammatory

ANTIBIOTICS

Start antibiotics, monotherapy, for 1 week then review

1st Line: Tetracycline (e.g. Doxycycline 100mg OD)

2nd Line: Macrolide (e.g. Clarithromycin 500mg BD)

3rd Line: Fluoroquinolone (e.g. Ciprofloxacin 500mg BD)

NO

Acute inflammatory response +/- trigger factor

YES

Consider short course of oral steroids, NSAID and/or antihistamine

RESOLVED

IMPROVING

NOT IMPROVED

Continue antibiotics
(Consider dual therapy)

Alternative antibiotics
(Consider dual therapy)

INTRALESIONAL THERAPY & CONTINUE ANTIBIOTICS

HA FILLER

NON-HA FILLER

HYALURONIDASE

Intralesional injections from multiple angles and depths with mechanical disruption.

30-250 IU per nodule
(x2 if resistant nodule)

TRIAMCINOLONE ± 5-FU

Intralesional injections from multiple angles and depths with mechanical disruption.

See full guidelines for protocol.

Repeat weekly up to 3 cycles

UNRESOLVED

Consider Allopurinol 300mg BD

RESOLVED

Repeat 2-4 weekly up to 3 cycles

RESOLVED

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**SURGICAL EXTRACTION
AS A LAST RESORT**

FURTHER TREATMENT

Consider Platelet Rich Plasma, Intralesional Antibiotics, Fractional Laser, Intralesional Radiofrequency

UNRESOLVED

FURTHER INVESTIGATION

Consider Ultrasound, Biopsy & Culture, MRI.