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AUTOLOGOUS FAT TRANSFER FOR THE TREATMENT OF HIV-RELATED FACE LIPOATROPHY: A LONG FOLLOW-UP EXPERIENCE

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OBJECTIVES: The aim of this open, prospective study was to assess subjective and objective efficacy and durability of autologous fat transfer (AFT) in HIV^+ people with facial atrophy.

METHODS: Among 109 HIV-infected patients undergoing AFT for the treatment of facial lipoatrophy, 57 had reached at least 6 months follow-up and have been analysed. The population was divided into three groups according to post-surgery follow up (FU): group 1 (6–12 months): 31 (54–4%) patients; group 2 (13–24 months): 19 (33–3%) patients; and group 3 (25–36 months) seven (12–3%) patients. Subjective aesthetic results and satisfaction were assessed with the Visual Analogue Scale (VAS), objective efficacy and durability with ultrasound.

RESULTS: Patients' baseline characteristics were: 32.1% female, mean age 43 ±6 years, 21% CDC group C, mean CD4 nadir 191 ±151 cells/µl, CD4 at surgery 582 ±248 cells/µl, median HIV-VL at surgery 9621 ±24,867 copies/ml, mean HAART exposures 65 ±17 months and mean D4T exposures 44 ±19 months. Fat graft was harvested mainly from subcutaneous abdominal fat (72%) or from dorsocervical buffalo hump (15%).

VAS improved in all the groups (VAS group 1 from 21 ±16 to 66 ±25, P=0.000; VAS group 2 from 36 ±19 to 62 ±24, P=0.013; and VAS group 3 from 36 ±21 to 72 ±11, P=0.013). ANOVA did not show any difference in face VAS improvement among the three follow-up groups, P=0.164. Ultrasound evaluation showed an increase in cheek subcutaneous thickness (ST) in the three groups: group 1 Δ right cheek ST 3.3 ±3.05 mm,

P=0.000, Δ left cheek ST 3.89 ±3.62 mm, *P*=0.000; group 2 Δ right cheek ST 5.6 ±2.6 mm, *P*=0.000, Δ left cheek ST 5.5 ±2.8 mm, *P*=0.000; and group 3 Δ right cheek ST 5.89 ±4.67 mm, *P*=0.027, Δ left cheek ST 5.7 ±4.1 mm, *P*=0.020. ANOVA showed no difference in subcutaneous thickness between groups.

CONCLUSION: Our results showed that autologous fat transplant is effective and durable over time for correction of lipoatrophy in HIV-infected people.

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