



6th International Workshop on Adverse Drug Reactions and Lipodystrophy in HIV

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LONG-TERM FOLLOW-UP OF GRAFT HYPERTROPHY AFTER AUTOLOGOUS FAT TRANSFER FOR HIV-RELATED FACE LIPOATROPHY (HAMSTER SYNDROME 1 YEAR LATER)

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OBJECTIVE: *At the 5th International Workshop on Adverse Drug Reactions and Lipodystrophy in HIV* we presented four patients with facial lipoatrophy who underwent autologous fat transplantation and had a disfiguring fat graft hypertrophy of the face occurring at the same time as recurrent fat accumulation in the tissue harvest site (buffalo hump three cases, abdomen one case). Patients described themselves as 'hamsters'. This report focuses on the clinical and surgical follow up of these cases.

METHODS: Patient 1 did not receive any surgical correction due to the occurrence of a prostatic lymphoma. Patient 2 was treated with facial liposuction with very limited success due to the development of a highly fibrotic cheek subcutaneous tissue. Patient 3 was treated with facial liposuction with collection of 100 ml of fat from cheek subcutaneous tissue. Patient 4 was treated with cervico-facial face lifting. Ultrasound evaluation was performed to show the progressive change in cheek subcutaneous fat thickness.

RESULTS: Patients baseline characteristics were: mean age 44 ±11 kg, mean BMI 27 ±4, mean HIV infection duration 8.5 ±2.3 years, mean HAART exposure 75 ±6 months, mean D4T exposure 60 ±11 months, mean PI exposure 54 ±15 months, mean CD4 nadir 124 ±121 cells/μl, mean CD4 at surgery 436 ±234 cells/μl, mean glucose 107 ±25 mg/dl, mean triglycerides 366 ±44 mg/dl and mean total cholesterol 209 ±32 mg/dl. A progressive increase of subcutaneous fat (SF) thickness in cheeks for all the patients after first surgery was noted: at 6 months after surgery ΔSF right cheek 8.5 ±0.4, *P*=0.001 and

Δ SF left cheek 6.75 ± 2.9 , $P=0.057$; at 12 months follow-up Δ SF right cheek 6.1 ± 0.75 , $P=0.005$, and Δ SF left cheek 7.6 ± 2.6 , $P=0.037$; at 24 months Δ SF right cheek 0.6 ± 2.6 , $P=0.648$ and Δ SF left cheek 0.07 ± 0.9 , $P=0.880$. In the three patients who underwent a surgical correction, ultrasound did not show a significant decrease in SF thickness in cheeks.

CONCLUSIONS: A clinical implication is that when autologous fat transplantation is chosen for facial atrophy treatment, the subcutaneous adipose graft site should not be the buffalo hump area. Liposuction from the face after fat graft transplant may be complicated by the development of a fibrotic tissue and may have only limited aesthetic success.

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