What's hot?

In this monthly column, members of the DermWorld *Editorial Advisory Workgroup identify exciting news from across the specialty.*

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Choice and transparency dominate our landscape. It is hard to believe that it was only 2013 when the FDA issued a final rule defining 'gluten-free' for food labeling so that consumers knew if a defined standard was met. It was also only in August 2020 that a final rule was issued regarding gluten-free labeling of fermented or hydrolyzed foods such as yogurt, cheese, and FDA-regulated alcoholic products.

This same spirit of choice and transparency was also evoked by a survey study of dermatology patient perspectives regarding animal product use in suture materials (*J Am Acad Dermatol.* 2020;83(3):907-908). Surveyed patients were recruited from the waiting room at UConn Health Dermatology in July 2019, and 102 out of 136 patients participated. About 80% of patients had received stitches in the past. 33% of patients reported that they would decline the use of animal-based material used in sutures, and about half of those patients declining would still decline even if they knew they had to return for suture removal. Interestingly, responses were not statistically different between vegetarians and non-vegetarians.

These results are thought provoking. Closure options are always thoroughly discussed in my practice whereas choice of sutures is clouded in secrecy. **With COVID-19, we have increased the use of chromic gut sutures to "help" our patients decrease trips away from home, but this study has made me think twice about my practice. One thing remains constant, though, and that is the importance of shared decision making utilizing open and honest communication.** Thank you to the authors of this study for bringing this subject to my attention.

Since the first injectable hyaluronic acid (HA) was FDA approved in 2003, there have been new HA formulations and expanded indications. Physicians can now select from a large portfolio of HA fillers with different features including HA molecular weight and concentration and degree of crosslinking (also referred to as degree of modification). Physicians using these devices must be familiar not only with anatomical age-related volume loss, but the different rheological properties of each HA filler.

There is a new addition to the HA class of dermal fillers. The FDA has approved monophasic HA fillers RHA2, RHA3, and RHA4. As with all HA fillers, they are approved for the correction of moderate to severe dynamic wrinkles, such as the nasolabial fold. Designed to be malleable to address facial changes associated with senescence, all three have an HA concentration of 23 mg/ml. RHA4 belongs to a new generation of HA fillers with a unique technology that preserves high molecular weight HA chains and decreases their BDDE crosslinking. This characteristic confers mechanical resilience and durability. It is implanted deeper into the dermis or superficial subcutaneous fat and is indicated for the correction of deep wrinkles and volume loss. Restylane® Kysse was also recently granted FDA approval. This 20 mg/ml HA filler is injected into the submucosal layer for lip augmentation and into the mid-dermis to the subcutaneous layer for the correction of perioral rhytids and philtral column improvement.

All HA fillers are of bacterial origin (NASHA: nonanimal streptococcus hyaluronic acid), sterile, biodegradable, non-pyrogenic, clear, colorless, flexible, and viscoelastic. They are dispensed in single-use, pre-loaded syringes containing phosphate buffered saline and 3 mg/ml of lidocaine hydrochloride to diminish injection discomfort. **Despite the plethora of HA fillers and growth in demand, their design, safety profile, and diverse applications, there are few robust randomized studies directly comparing HA fillers, and selection is often dependent on physician preference and information provided by manufacturers.**

Does diet affect skin?

Read more at **www.aad.org/dw/monthly/2020/november/feature-appetite-for-healthy-skin**.