Is There a Role for a Noninvasive Alternative to Face and Neck Lifting? The Polydioxanone Thread Lift

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I read with great interest the paper by Bertossi et al[1] regarding the effectiveness of the thread lift compared with traditional surgery to correct the nasolabial folds and the mandibular line. Despite the authors' conclusions in favor of the role of traditional surgery, probably betraying their natural proclivities, their study highlighted some important aspects on the use of barbed polydioxanone (PDO) threads that were not taken into account. Herein, I just wanted to add to their excellent paper a different perspective on thread lifting derived from the authors' published data in conjunction with my own anecdotal experience.

From the article we learn that operative pain caused by the thread procedure was minimal or absent in 78% of the patients. The satisfaction rate was very high (8–9 out of 10) for all patients in the study up to 1 month postoperatively, although a decline in the effects of the procedure was noticed starting from the 6-month postoperative follow-up visit, and no effects could be discerned after 1 year. Based on the authors' experience we also learn that the procedure has low complication rates, with an incidence of 11.2% of superficial displacement of the thread into the dermis and an infection rate of 6.2%. Based on personal experience, both complications could be eliminated or significantly reduced with growing experience, better thread implant technique, and more careful intraoperative asepsis.

Based on their results, one might have concluded that PDO-based thread lifting represented a noninvasive, painless office alternative, with minimal downtime, that offered positive results lasting up to 6 months, with very high satisfaction rates and minimal complications. However, the authors concluded that, because the complication rates of the PDO-based procedures were high, downtime and costs similar, and the benefits were short lived, traditional face lifting was always to be preferred. I was surprised by their conclusions, which appear to contradict their own favorable results and the real intended use of reabsorbable PDO threads. My anecdotal experience of malar and mandibular line lifting with barbed PDO threads in a little over 30 patients seems to reflect the authors' results of high satisfaction rates, minimal recovery times, and no complications requiring medical or surgical intervention. Furthermore, the relatively short-term effect of 6 months, perceived by the authors as a limitation of the threads in comparison with traditional surgery and dependent on the reabsorbable nature of PDO, is in line with most noninvasive procedures, such as fillers and botulinum toxin injection. In my practice patients demonstrate a very high compliance with temporary, noninvasive procedures, as long as they are informed in advance that the effects are short term and the procedure needs to be repeated to maintain the desired effect.

In terms of costs, the authors compared the cost of the thread-lifting procedure with just the surgeon's fee and not with the full surgical cost of traditional facelifts; in most

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practices, costs for malar and/or mandibular line lift using PDO thread-lift routinely range from US$500 to US$800, which is about 10% of the cost of traditional face-lifting and not 40% as reported by the authors.

In this age of lunchtime treatments, practitioners should be prepared for an increasing demand for nonsurgical options. Malar and mandibular lifting with reabsorbable PDO threads is a rapidly growing alternative to traditional face-lifting that offers immediate and satisfactory results and, because of the reabsorbable nature of the thread, can be considered not as a competitor but rather as an extra weapon in the armamentarium of the surgeon, similar to fillers or botulinum toxin.

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1. Bertossi D, Botti G, Gualdi A, et al. Effectiveness, longevity, and complications of facelift by barbed suture insertion. *Aesthet Surg J.* 2019;39(3):241-247.



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