



## A Reflection on Orofacial Harmonization performed by the Dental Surgeon

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The definition of health by the World Health Organization as "a state of complete physical, mental and social well-being and not merely the absence of disease" includes aesthetics as part of health. At the same time, the role of the dental surgeon at the aesthetic-facial level, at least in Brazil and other countries in Latin America and Europe, has increased dramatically. The North American market still seems to be very wary and conservative of this new approach by the dental surgeon, possibly restrained by medical imposition or by the values practised around the judicialization of health. Various facial aesthetic interventions by dental surgeon have been developed: botulinum toxin, facial fillers, submental (jowl) liposuction, facelifts, bichectomy, facial laser, hormone administration, among others. Previously, these aesthetic procedures were performed exclusively by dermatologists and plastic surgeons [1,2].

Unlike other aesthetic procedures, the use of botulinum toxin has technical support in Brazilian legislation, as it is a drug and can be used at the stomatological level. Other procedures, especially the use of facial fillers, which are classified as cosmeceuticals, were excluded from Brazilian legislation [1-4]. However, in 2019, the Federal Council of Dentistry recognised Orofacial Harmonization as a dental speciality in Brazil.

In addition, the dental surgeon doesn't realise that possible complications can arise from the filling technique. Most of the time, these complications will be dealt with by the plastic surgeon.

Considering only the biological aspects, and the application of facial fillers such as hyaluronic acid, the disgrace begins with the injection. Even following the precepts of biosafety, it is possible for microorganisms to be inoculated. Permeated by the living tissues of the patient, the biofilm can proliferate (even taking into account the immune response of the host) and generate an infectious pro-

cess. In an attempt to control the infection, the body itself encapsulates the tissue, forming granulation tissue. The permanence of the granulation tissue is perpetuated as a foreign body. The foreign body causes neuralgia (pain) and embolism by compressing the nerves and blood vessels respectively. If the embolism is persistent, it can cause tissue ischaemia and, in the long term, tissue necrosis. Clinically they are observed as deformities and asymmetries [1].

But what about the patient?

From now on, let's reflect on the judicial field

The dental surgeon indicates the patient and carries out the facial filler\*. The patient is middle class, because the "less favoured" don't have this type of procedure and the "more favoured" pay for the more famous professional, usually the dermatologist or plastic surgeon. The middle class is made up of workers, but with ambitions to acquire wealth and status; many are self-employed professionals or entrepreneurs with emerging businesses... Businesses and professional promotions crumble in the face of a face deformed by facial fillers.

Facial disharmony sets in, further damaging the emotional state. Repairing the damage can take months, sometimes years. They range from inflammation, infection, hardening, deformities and asymmetries, and can occur immediately or later†. Treatment is necessary. Complications can recover quickly, others slowly, others are permanent...

The defect is now imprinted on the face. The patient may suffer psychologically and socially. Problems at work, loss of business, sales, promotions... Jokes are made against the humiliated patient: she used cheap or counterfeit products, injected liquid silicone into her breasts or buttocks... Her husband attacks her saying that she was cheated, an idiot, robbed by the treatment...

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In court, the first step is to sue for damages, seeking reimbursement of the full cost of the treatment, as well as payment for the treatment of complications. Moral damages for pain, shame at the defect or scar, low self-esteem. Partial or total, temporary or permanent aesthetic damage. Compensation can also be applied for loss of earnings (loss of business due to dismissal of commissioned service - broker, salesman, sales representative, etc.). If the patient is a model, for example, the aesthetic damages will be in addition to the loss of contracts, loss of fashion shows and events during the recovery treatment, etc.

In Brazil, the average length of a court case is between 5 and 8 years. The judgement of the case passes through several instances of the courts, with intermediate appeals until the final decision of the judge.

The dental surgeon must pay legal fees... In these cases, expert opinions and damage assessment reports are necessary... It is up to the dental surgeon to pay for an expert and technical assistant to assess responsibility for the damage and its extent. If the case is lost, the dental surgeon must pay all the convictions, the total costs of the expert opinion (examinations and fees), the private lawyer and the succumbence fees (legal fees of the party that won the case).

But the patient also has her inner revolt! And not just her, but her family will continue to spread the bad name of the incompetent and unscrupulous dental surgeon... "Who certainly made a mistake, or used false or spoilt material... an inconsequential mercenary...". And this dissemination continues through family members... one tells another, at work, at school, at the market the family frequents... In short, how many will hear the story of the incompetent dental surgeon who did the damage?

The dental surgeon will never know the real extent of his bad reputation. How many patients have stopped coming to him professionally? How many patients have advised others never to seek treatment with that dental surgeon?

And what if the patient, still willing, considers criminal action for bodily injury? More costs for the dental surgeon with a lawyer to defend himself against the charges. A huge range of people knowing about the case: sad publicity! And possibly yet another conviction.

After 5 to 8 years, the verdict: the end result of the dental surgeon's conviction: in the civil sphere, the payment of a small fortune in various damages; in the criminal sphere, payment with community service and loss of primacy... If there's a fight in the pub, or he/she runs someone over, etc. which, unfortunately, anyone can suffer... The dental surgeon is arrested...

And then there is the administrative procedure before the Ethics Committee of the Brazilian Federal Council of Dentistry (ADA in the

USA)... More shame for colleagues. More colleagues getting to know the story and the main character - the dental surgeon who carried out the facial filling. At the Ethics Commission, the dental surgeon can still be condemned and suffer sanctions: confidential warning, confidential or public censure, suspension (of up to 30 days) or cancellation of professional practice.

This unfortunate chronicle... All caused by the use of facial fillers by the dental surgeon...

I really hope that in other emerging and intelligent dental markets, such as India, dental society is not infected by this unfortunate fad!

\*The filler can be of various types: hyaluronic acid, PMMA, polyamide, etc.

†The complications arising from the use of fillers are dependent on the type of material used.

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