

A Brief Review on the Use of Injectable Facial Fillers Among Transgender Women

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INTRODUCTION

Non-invasive dermatological procedures such as botulinum toxin, soft tissue augmentation, and hair removal are valuable components of gender-affirming care.¹ Given increasing restrictions on gender-affirming care in the United States, it is crucial for dermatologists to understand how they can help transgender and other gender diverse people achieve their affirmation goals. Although dermatological procedures such as soft tissue augmentation are often portrayed as purely cosmetic, these procedures can substantially impact social functioning and improve mental health among transgender patients. These procedures help align gender identity with expression and are an important component of life-saving care for gender-diverse patient populations.¹ Most of the research on filler use focuses on cisgender populations, contributing to a substantial knowledge gap regarding direct applications to the care of gender-diverse individuals. This study reviews existing literature to evaluate the role of injectable fillers in facial feminization among transgender women.

MATERIALS AND METHODS

A literature search was conducted to evaluate the use of injectable fillers among transgender women. The search terms “transgender, trans woman, transwomen, gender diverse, transfeminine, injectable filler, soft tissue filler, facial feminization, and facial filler” were used in PubMed, Google Scholar, and Scopus. A total of 8 studies documenting the use of injectable fillers in facial feminization were included in the present study. Studies were not included if they did not explicitly discuss filler use, did not include transgender women in their cohort, or were not published in English. All study types (ie, case reports, case series, case-control, cohort studies, cross-sectional studies) were included in the search criteria.

RESULTS AND DISCUSSION

Anatomical Considerations

Injectable filler is commonly distributed throughout the upper, middle, and lower face with distinct aesthetic goals in the pursuit of facial feminization. In the upper face, filler was most commonly utilized to smooth and flatten the forehead, soften the brow ridge, and improve temporal fossa volume.³ Eyebrow reshaping through softening the brow ridge and lifting the upper one-third of the brow was particularly effective in achieving facial feminization of the upper face.^{3,5}

In the middle facial region, particular emphasis was placed on the reconstruction of the nose and zygomatic arches.^{4,5} Filler was frequently injected directly into the zygomatic arch to produce a lifted and prominent cheek contour.^{4,6} Malar filler was also used to create a more feminine apex that peaks superolaterally.⁴ Filler was also frequently injected directly into the nasal ridge to produce a more prominent nasofrontal ridge and slimmer nasal contour.^{4,5}

In the lower face, augmentation of lip volume was achieved through direct injection, particularly in the philtrum to achieve a fuller and more projected lip contour.⁵ Perioral filler was also used to reduce the appearance of rhytids and improve lip contour.⁵ In efforts to make the chin appear less square and round, filler was frequently injected into the chin tip to achieve a more pointed, slim facial architecture.^{4,6}

It is crucial to understand the unique experiences and goals of care when considering the use of injectable fillers among transgender women. In this section of the review, motivations for seeking care, injection techniques, and complications of injectable filler use among transgender women will be reviewed. It is important to recognize that while transgender individuals may undergo these procedures in the context of medically necessary gender-affirming care, they may also pursue such procedures in a broader cosmetic or general aesthetic context as well, indicating the value of individualized, patient-centered care.

Motivations for Seeking Care

Transgender women report both similar and different reasons for acquiring injectable facial fillers when compared to cisgender women. A recent study among cisgender women found that factors such as social pressure from popular media outlets and perceived social benefits of larger lips played a role in their decision to seek injectable filler.⁷ While social pressure also influences transgender women, it is important to consider how additional factors, including gender dysphoria, play a unique role in the decision to pursue injectable fillers.

As components of gender-affirming care, injectable procedures can help mitigate gender dysphoria and align gender identity with expression for transgender patients.⁸ It is important to underscore that soft tissue augmentation may be sought by cisgender patients for the purpose of affirming one's gender

as well. However, the pursuit of gender-affirming care among transgender individuals is unique as it is influenced by factors such as gender dysphoria and psychosocial stressors associated with aligning one's gender expression with identity.

Approaches to Injections

No studies directly comparing the techniques for injections between cisgender and transgender women exist. However, case series documenting filler use among transgender women suggest that, on average, patients used 10 mL of filler most commonly in the temporal, submandibular, and perioral regions.⁴ Retrospective reviews also found that the most common filler type among transgender women was silicone, and patients received a total of 2–9 mL of filler.⁹ On the other hand, a retrospective review of injectable facial fillers among cisgender women revealed that, on average, patients most frequently received a total of 1–2 mL of hyaluronic acid filler.¹⁰

Complications of Filler Use

It is important for dermatologists to be aware of the potential side effects of injectable fillers. In a recent study, over half of the transgender patients reported experiencing complications, including infections, neuropathies, and minor to moderate bleeding.⁹ Injectable fillers have also been shown to demonstrate site-specific risks and complications. For example, upper face and nose filler injections have been shown to present a higher risk of blindness as a potential side effect due to complex vascular anatomy.¹¹ While rare, these complications may become life-threatening and must be monitored by dermatologists.

Importantly, many transgender patients use estrogen and/or anti-androgen therapies as components of their gender-affirming care. Although estrogen therapy has been shown to increase the risk of venous thromboembolism development, there is currently no evidence demonstrating an increased risk of systemic hypercoagulability following dermal filler use among transgender patients.¹² However, it is important for providers to monitor for signs of micro-occlusions and emboli at injection sites, particularly in facial regions with complex vasculature.

Barriers to Care

Although these feminizing procedures are crucial in the pursuit of gender-affirming care, barriers to access unfortunately exist. Recent studies found that cost was the biggest concern among transgender women in their pursuit of injectable fillers.^{1,9} Importantly, some patients sought injections from individuals outside the traditional medical profession, a decision that may reflect the lower associated costs of care or more convenient access provided by these sources.⁹ These raise concerns over safety among transgender patients concerned about the costs associated with these procedures. Although these procedures were less costly compared to gender-affirming surgeries such as rhinoplasties and lip lifts, dermatologists must be cognizant of price concerns during consultations with transgender patients in their pursuit of facial feminization procedures.

In addition to cost barriers, distrust in the medical system and knowledge barriers among physicians impact access to care among transgender patients.¹⁴ It is important for physicians to use appropriate terminology, clarify names and preferred pronouns, and demonstrate support of gender-diverse populations through public demonstration of non-discrimination policies in the office to help build this trust with gender-diverse patients.^{14,15}

CONCLUSION

Injectable fillers can be a necessary component of gender-affirming care for many transgender women. In the present study, we have identified the anatomical distributions and use of injectable fillers among transgender women in their pursuit of gender-affirming care procedures. We also identified unique considerations for facial filler use among transgender women, including reasons for acquiring care, approaches to injections, and complications of filler use. Collectively, these findings will help dermatologists meet the unique healthcare needs of transgender women and provide more compassionate, inclusive care to gender-diverse populations in their pursuit of gender-affirming procedures.

DISCLOSURES

The authors have no financial or non-financial conflicts of interest to disclose.

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