

# I COMBINATION OF COLLAGEN THERAPY WITH COLLOST® AND NEEDLE RF-LIFTING

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The demand for skin quality remains one of the main reasons for contacting a cosmetologist. An even tone, a smooth surface, and no wrinkles – this is what cosmetologists and their patients strive for.

It is noteworthy that fibroblasts themselves synthesize collagen and other components of the intercellular matrix (elastin, glycosaminoglycans), that is, they create conditions for maintaining not only the skin quality, but own functioning as well [4, 5]. It is known that from the age of 20–25, the activity of fibroblasts decreases, the synthesis of connective tissue, the bulk of which consists of and renewal of connective tissue fibers, fibers, mainly collagen. To a lesser extent, the primarily collagen, slows down. This applies to all types of connective tissue, but from the point of view of aesthetic medicine, we are especially interested in the dermis, that provide strength and volume ligamentous apparatus of the face, and characteristics to connective tissue. Collagen subcutaneous fat. A decrease in the synthesis provides turgor, tone, and the ability of the skin and content of collagen in the dermis and to restore shape after various types of ligamentous apparatus of the face leads to the deformations that occur during facial formation of visible signs of aging - folds, furrows, static and expression wrinkles.

The quality of skin at the cellular level is determined, first of all, by the condition of the dermis. The dermis is a dense, irregular fibrous connective tissue, the bulk of which consists of and renewal of connective tissue fibers, mainly collagen. To a lesser extent, the primarily collagen, slows down. This applies to all types of connective tissue, but from the point of view of aesthetic medicine, we are especially interested in the dermis, that provide strength and volume ligamentous apparatus of the face, and characteristics to connective tissue. Collagen subcutaneous fat. A decrease in the synthesis provides turgor, tone, and the ability of the skin and content of collagen in the dermis and to restore shape after various types of ligamentous apparatus of the face leads to the deformations that occur during facial formation of visible signs of aging - folds, furrows, static and expression wrinkles.

In addition to maintaining the structure of the For the correction and prevention of age-tissue, collagen fibers provide support for related changes, preparations based on native fibroblasts, create conditions for their directed migration, and maintain functional activity of long time. The product Collost®, which contains non-restructured bovine type I collagen, has been used on the Russian market for over 20 years.



It is known that dermal collagen is mainly represented by this type of fibrous protein. In addition to programs for correcting signs of aging, Collost® has proven itself to be excellent for preparing and rehabilitating skin after Acne scars pose a particular problem for aggressive procedures such as laser resurfacing, needle radiofrequency lifting, and medium peelings. Collagen in the product creates conditions for the regeneration and restructuring of the dermis, increasing its potential and providing support for fibroblasts, accelerates healing, and prevents formation of coarse scar tissue.

When working with scar tissue, Collost® creates conditions for the migration of fibroblasts into altered tissues, which is especially important for the correction of atrophic scars (stretch marks, post-acne).

In these pathological scars, there is practically no dermis, which means there are no fibrous structures of connective tissue, and medium peelings. By damaging the surface tissues and with age-related changes (wrinkles, sagging skin), promoting the renewal primarily of fibrous structures of connective tissue, and with cicatricial and atrophic deformations of the skin, activating the production of the main substance and fibers by fibroblasts [3].

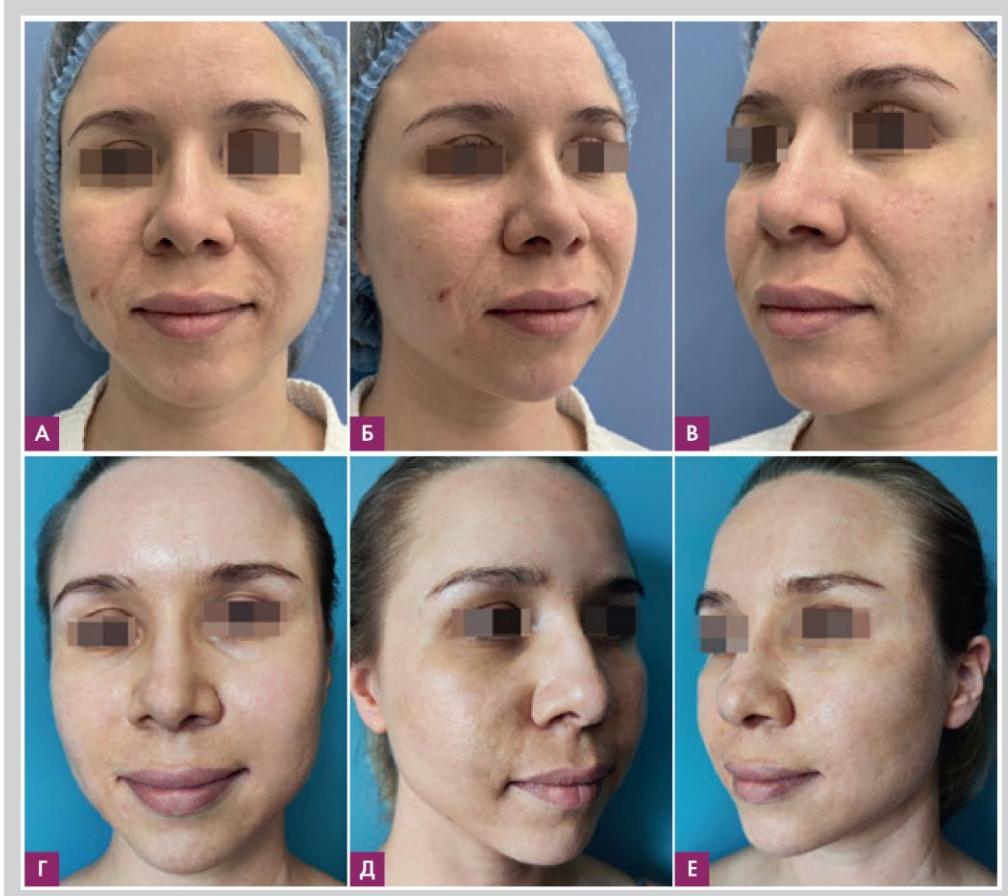
### Needle radiofractional lifting in the correction of post-acne scars

Needle radiofractional lifting is the method of choice for the correction of atrophic post-acne scars [1, 2]. Analysis of literature data shows high efficiency of this method both in monotherapy and in combination with various hardware and injection procedures.

#### Clinical case

Patient A., 36 years old, visited the clinic for correction of atrophic post-acne scars. History: botulinum therapy twice a year for 7 years, biorevitalization (periodically) (Fig., A–B).

**Fig.**  
Patient A., 36 years old, before (A–B) and after (D–E) the procedures performed



**Correction protocol.** At the first stage, it is important to emphasize that for optimal a long interval is due to the duration of needle radiofrequency lifting was performed correction of atrophic scars, it is worth collagen synthesis (6–8 weeks). It is with fixed non-insulated needles 0.5 mm performing their separation with a needle, important to carry out photo documentation of long. Needles of this length have the and then injecting the product Collost® gel the procedure results in order to track positive maximum effect on the superficial tissues – with hypercorrection into the resulting space. dynamics, which will help not only the the epidermis and the upper layer of the Note that papules from the product Collost® doctor, but also the patient to see the result. dermis, allowing to smooth out the persist for several hours, so the creation of In this case, 3 collagen therapy procedures microrelief of the skin and correct shallow “plus tissue” will not disrupt the activity of were performed with Collost® gel 15 % with atrophic scars. In addition, active impact on patients (Fig., G–E).

an interval of 2–3 months. If the problem of the skin surface helps to reduce the It is important to note the interval between cicatricial changes is more pronounced or appearance of pores by stimulating collagen the procedures of instrumental stimulation of upon the patient's requests, the course can be synthesis in response to dosed traumatic collagenogenesis and injections of native continued in the following variation: action.

Negative stimulation of the dermis was procedures (ablative laser, RF lifting), active months, a course of collagen therapy of 3–5 chosen as the first stage due to the patient's healing and tissue renewal processes with the procedures with an interval of 1.5–2 months. young age, sufficient tissue hydration level, participation of immunocompetent cells and preserved regenerative potential of the occur in the dermis for 3–4 weeks. Complete dermis.

In the future, to potentiate the obtained inflammation occurs by the end of the first effect, improve tissue regeneration, and month after the procedure. To reduce the risk prevent age-related changes, we added of adverse events in the form of positive stimulation – collagen therapy with inflammation, injection procedures, in the product Collost® gel 15 %. In our clinical particular, the injection of collagen-based practice, for the correction of post-acne scars products, should be carried out at least 3–4 in young patients with dense skin, we choose weeks after the instrumental exposure. this concentration of the product Collost® [6].

The product, after preliminary heating in a of the problem. In case of treatment of thermostat to a temperature of 38 °C, was cicatricial deformation and correction of injected papularly into the dermis with a 30G post-acne scars, we recommend a course of 3 x 4 mm needle. We used 1 ml of the to 10 procedures with an interval of 1.5–2 months. Such

healing with the subsidence of aseptic depends on the initial condition and severity

Correction of cicatricial deformations, including post-acne, is a complex issue that requires a comprehensive approach and often a long-term treatment. In our practice, the approach of combining instrumental methods (laser ablation, needle radiofrequency lifting) and collagen therapy with the product Collost® has proven to be effective. According to our data, the most effective product for treating atrophic scars in young patients is Collost® gel 15 %. Optimal results in the treatment of cicatricial deformities are observed with regular procedures by the end of the first year of therapy.

## And in conclusion

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