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Tapir syndrome

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Keywords

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Abstract

The combination of using botulinic toxin and filling substances associated with ageing surgery in the maxillofacial and cervical oral fields [1][2][3][4], frequently shows optimum results, though not always, the procedures being used essentially for cosmetic purposes. This use is, and most likely, going to be on the increase even though the right correcting measures are not always taken into account in this often inappropriate mix. Caution about the mix should come fundamentally from alerted professionals, non professionals and from an informed society, forcing patients to see the possible inconveniences derived from a dubious scientific procedure of medicine and procedure. From what we observe in determined social and/or professional spheres no one wants his/her ageing to be or become visible to others. A wrinkle from the point of view of some can be as socially unacceptable as being untidy and from this same frame of mind that wrinkle can be a reason for day to day rejection of a person or an item that can even reduce the value of a person's CV. We have been able to acknowledge, without difficulty, especially from media examples, and also in our clinical practices, that features of preferred facial predominance are associated with specific psychosomatic characteristics of individuals in line for these procedures, which suggested to us the utility of joining clinical and psychosomatic characteristics into one syndrome.

Material and methods

Syndromes primarily appear in clinical practices when resemblances are observed and noted among patients who often share a specific illness. A shared illness is not absolutely necessary for the circumstances but there should be enough points of reference that an observant physician can be aware of them and from there to be able to put in logical sequence the coincidences in a way that this physician would practically be forced to create a group of individuals with similar symptomatic data and pathologically similar features. This could be a group from which later more precise subgroups could be itemized that would serve to explain that various symptoms, or new discoveries, appear to match specific pathologies. It would be like a disaster drawer from where one could pull out easily obtained information that could deepen previous knowledge and bring to light heretofore unforeseen connections of what appears to be coincidence, and could then further develop the inherent possibilities of the material.

When we realized that patients who had had cosmetic facial treatments essentially developed an obvious look alike among them, the idea evolved of classifying them into a syndrome that called for a connecting family name. The first idea was that of naming it Botox Syndrome (a combo of botulin and toxin) as a starting point; meanwhile, the similarity of patients to a natural representative of the animal kingdom occurred to us: the Tapir. From there we created a huge group of individuals, not only patents from the clinics, but from social ambiances, even from the street and especially from television.



Along with patients, it is not difficult to see media characters, every day, with predominant facial characteristic of non-expressiveness and without dynamic that is shocking because it affects not only professionals but seems to be even more prevalent in common mortals of practically any age or social condition. For the moment, however, this condition seems to be found most often in young women and those affected seem to be younger all the time. The reader will most probably agree with us that in the case study we are about to present the problem is clear enough. It is not even worth the trouble of looking for a determined number of patients since more than a medical problem it is an evident social problem and "cases" can be seen everywhere. The mission of our work is to alert not only professionals and the public at large but the affected persons of this syndrome since they may not realize their aspect could be shocking to others causing interpersonal problems that seem to them to be ordinary, happening daily, seemingly natural when in fact their experience is massive rejection.

Since Cicero (106-43 B.C.) wrote what is considered a proverb *The face is a picture of the mind as the eyes are its interpreter*, there have been handed down variations on the theme from every culture with an oral tradition or a written language. To the point that nowadays we take for granted that the face is the mirror of the soul, reflecting with relative clarity the life history of every individual, showing each one of us has searched to some degree or another for our essence, our core existence, in order to possess a deep personal relationship, first with ourselves and then with others. In the case of the patients we are going to pin point, the personal relationships with others can become enormously deteriorated because of the lack of daily basic tools that could help them recognize immediately the innate and unique characteristics that should appear in the persons close to them, that seem not to be signaled and if they are signaled they are clearly not picked up.

As to the conceptual description of the Tapir Syndrome, which for the moment the bibliography covers only one case [10], it will be more detailed than at the beginning but for practical reasons will not be excessively explored due to the fact that by nature the syndrome term usually demands a large number of participants in the case study based on clinical, anatomophysiological and even psychosomatic symptoms in order to make valid compa-

risons. Because of that we should include in the same term diseases or developments such as the presence of angiomas and/or lymphoangiomas and other congenital malformations preferably situated in the nasal region and in the upper lip, places where other multiple temporary processes are or possibly what could be allergic reactions or edema, post-traumatic reactions or a parasitic procedure that can affect not only the soft parts of the mentioned region, but also neighboring areas that could determine neurofibrotic profiles, or the affected area could possibly be systemic. In the same way, this can have a special importance in the exposition of our Syndrome, the known Melkersson-Rosenthal Syndrome (Dominant Autosomic Condition) where the neurological disorder and other symptoms mimic the real Tapir Syndrome, which we hope to show more clearly. Nevertheless, we want to insist on clarifying that our real intention when we tried to join them into a group of one Syndrome, the predominant facial manifestation along with social interplay, from what the clinic and the street offered us, was to reference aspects not only purely clinical but also the social habits involved. Because of the mal-use of the pretended botox and other similar therapies that produce the same negative effects, the idea was not to get lost in a never ending search for pathologies that remind us of Tapiarian faces with the proboscis shape, when the professional reader can surely see it in the same apparent way that we can.

Methods

Primarily from our point of view and for the present, it is our wish to enrich our description of the Syndrome for the reader, with clinical proofs i.e., pysiopathological behavior, [5][6], etc., that can be measured.

Without further delay we believe we are able to demonstrate the symptoms and sufficient signs that permit the construction of a genuine Tapir Syndrome (TS) the origin of the disease basically caused by medical treatment, induced by drugs or surgery.

The symptoms for now are the following:

Social signs/symptoms: normally a beautiful youthful woman, usually from the middle-middle-class or upper middleclass economical status with a variety of social and professional compromises, especially worried about her figure being in a proper organic form and if not organic then cosmeti-



cally, including several skin conditioners in which wrinkles can mean a symptom of self rejection or rejection from others.

Physical signs/symptoms: well-rounded face toward brilliant because of excessive use of creams and artificial colourings.

Lack of vital marks and expressivity tracks, such as frown marks, crow's feet, laughing and whistling marks.

Adinamic and inexpressive facial zones with fairly generalized limits.

Facial ptosis (drooping) fundamentally in the tender more fleshy superior part of the face.

Adinamia disorder, weight and increase in the volume of area bone structure and lip areas to various degrees (disorder in the modulation of words; decrease of lip occlusive capacity that can become a smile without meaning, scarce or nonexistent exposition of the gingivodental structures [8], with the consequent diminution of the expressive contrast between the white part of the sclerotic and the dental enamel; in serious cases saliva incontinence and some cases becoming sialorreas, making it difficult for alimentation forcing the person to eat with a lot of attention so as not to let food fall out of the oral cavity, which makes movements of the eater voluntarily quite slow). There is no naturalness or grace with this type of problem.

A resemblance among the several Tapirian syndromes is a well-known fact. The patients try to mimic their own general behavior with youthful aspects that are complicated and many times it does not work primarily because their behavior does not match reality, i.e. exaggerated movements, attitudes and clothing, none of which correspond to their age. At times people who have this Syndrome are seen by others as being rude and this puts them under social judgment that is frequently not particularly flattering. There is one possible favorable aspect and that is the condition could pass unnoticed by interested persons since it is often not blatantly apparent. Sometimes we are capable of noticing species of the Tapirian Syndrome from the formation of the inferior third part of a Belfic face that generally fits what we have described[1].

These phatophysiological aspects seem to be measured with good intentions and are fairly reliable. For now, the structures, craniofacial and cervical,

are not going to be treated clinically very well. We ask the reader's collaboration and concern for the purpose of reversing the poor treatments. Photographs, micro-graphs, electroencephalographs, along with biopsies, cytology and even bimolecular studies [9] can easily facilitate the confirmation that we are in fact faced with a real Syndrome (Figure 1).

Conclusions

The existence of well-intentioned criteria, can result highly beneficial so that society will not lose the course of a "pre-ordained" evolutionary course and will stay oriented, keeping people within natural evolving parameters that could otherwise lead to an improper Avatar situation—an ever present temptation reflecting the times in which we live, possibly accepted in social gatherings but not practical for real life. Aside from genuine medical needs, what happens within the Syndrome, while attempting to heal an individual's wish to improve a physically unwanted aspect, can be a drastic dislocation of the eternal beauty canons that human beings enjoy genetically.

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FIGURAS

Figura

