

FACE

FORWARD

Once an outcast, silicone has resurfaced as one of the latest innovations to change the face of AIDS. TEXT: ROBERTA STALEY

In the homes of most married couples, the wedding photos are prominently and proudly displayed in expensive frames in the living room. But in Lisa Lagos' home in Surrey, B.C., the nuptial photographs are put away. She can't bear to look at herself—nor have anyone else see her—as she was in 2001: sunken eyes, wispy hair like cobwebs, indentations in the temples, saggy cheek skin and stick-thin legs and arms. “I felt so ugly,” she says softly.

Months before her wedding, Lagos—a former heroin addict who contracted HIV in 1990 from a boyfriend who has since died of AIDS—

began to develop a condition called lipoatrophy, or loss of fat under the skin. On the day she should have felt her most beautiful, Lagos says she felt like a freak. “The wedding was big because I wanted to face my entire family and show them that I was clean and doing well,” she recalls, “but here I was with this lipoatrophy face.”

As the facial wasting gradually worsened, some people—even relatives—couldn't bring themselves to look at Lagos. It was humiliating for her to go out in public. But Lagos felt that she couldn't become a recluse for the sake of her new husband, Mike, and their marriage. “I didn't

want to get married and then say ‘I don't want to go out—it's your tough luck,’” recalls the 44-year-old. “I had to keep trying, but it was devastating for me.”

Lipoatrophy is a potential side effect of certain drugs used to treat HIV infection. Since the mid-'90s, HIV has become a chronic but manageable disease. Highly Active Anti-Retroviral Therapy (HAART) has basically put people in remission, says Dr. Julio Montaner, one of the world's leading HIV/AIDS clinicians who helped develop HAART. The triple-drug regimen has reduced mortality; those with HIV are surviving for decades. ▷

But this “AIDS cocktail” can cause shocking bodily changes in some patients after prolonged exposure.

Called “lipodystrophy syndrome,” the dramatic loss of fat in the body’s extremities is often accompanied by fat accumulation in the abdomen or the breasts, or in back of the neck, ignominiously dubbed “buffalo hump.” The afflicted may become socially isolated. The facial wasting “outs” those who want to keep their HIV status private, says Montaner, director of the B.C. Centre for Excellence in HIV/AIDS at St. Paul’s Hospital in Vancouver. Some can’t bear to look at themselves and opt out of treatment,

temples and under the eyes. The procedure, which may require several hundred injections per treatment, stimulates the production of collagen—the skin’s natural structural protein—around each droplet. Side effects can include minor bruising and swelling. (The silicone used for this procedure is the same substance found in silicone breast implants. Last year, following a 14-year moratorium, Health Canada once again approved silicone for use in breast implants.)

Carruthers estimates that up to 300 people have participated in his clinical trials, which began about five years ago. Since the drug companies

lovely and soft, and you can’t feel it in the tissue,” he says. “It feels totally normal.”

Silicone oil isn’t the only permanent solution available for facial reconstruction. Polyalkylamide gel, or Bio-Alcamid, is being used by plastic surgeons and dermatologists across Canada to treat lipoatrophy by softening nasal labial folds and wrinkles. The treatment involves, on average, only one or two sessions, which immediately and dramatically plump up the face. It also costs less than silicone oil microdroplets, which run from \$3,000 to \$6,000, depending on how much Bio-Alcamid is used, says Dr. Mona Loutfy, an infectious-diseases specialist in the management of HIV and research director for the Maple Leaf Medical Clinic in Toronto.

Carruthers has used Bio-Alcamid but prefers the subtle artistry of silicone oil microdroplets. “It builds up over a number of treatment sessions, so you can adjust, model and make it just right for that particular individual and achieve great results,” he says.

It’s not known how many of the estimated 58,000 Canadians living with HIV are homebound, hiding their ravaged visages from the world. A growing number of them are women who have contracted the virus mainly through heterosexual contact. According to the 2005 *Public Health Agency of Canada Communicable Disease Report*, there are currently about 11,800 women living with HIV/AIDS—a 23 percent increase from 2002.

Lagos is astounded at the difference that the procedure has made in her face—and her life. After years of shunning public excursions, Lagos says that she can now resume a normal life—thanks to her treatment and restored hope. “When you have the ‘face of AIDS,’ it’s difficult to get a job looking the way you do,” she says. “It ruins people’s lives—it makes it hard to have the will to live.” □

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thereby signing their own death warrants. “It can defeat the principles of what we’re trying to accomplish with therapy,” says Montaner. In Canada, doctors like Montaner, as well as HIV advocates, hope to have treatment for facial wasting included in provincial medical plans. They argue that, because anti-retroviral drugs cause lipoatrophy, there is a moral imperative to treat the side effects—just as breast reconstruction is available for women who undergo mastectomies for breast cancer.

Last summer, Lagos participated in the first clinical trials designed to rebuild the faces of those with lipoatrophy. The trials were being conducted by Dr. Alastair Carruthers, president of the American Society for Dermatologic Surgery, who revolutionized cosmetic surgery in 1987 when he and his wife, Dr. Jean Carruthers, discovered that the neurotoxin botulinum, or Botox, smooths facial wrinkles. For lipoatrophy, Carruthers injects microdroplets of silicone—called “Silikon 1000”—into the cheeks, nasal labial folds and

that sell the product fund Carruthers to conduct research and host educational events, he is able to perform the procedure pro bono for many of his patients. Many have been on long-term disability for over a decade and can’t afford the procedure, which can cost as much as \$10,000 for six treatments, he says.

Following treatment, Carruthers’ patients have—if not the shiny plump of youth—the appearance of health and normalcy. The social and economic payback is well worth the time and expense, he says. “Once they start to look healthy, they realize that they are in good shape and can become active and productive members of society,” adds Carruthers. “The connection between appearance and well-being is a very important one.”

“I think that the work I’ve done on this is much more important than the work I’ve done on Botox,” says Carruthers. He also occasionally uses Silikon 1000 for cosmetic purposes. “It’s the best treatment for acne scars,” he says. Silicone injections can also enhance your lips. “Silicone is