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Opinion

Orofacial Harmonization and Botulinum Toxin Application in the Context of Dentistry

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Currently, facial aesthetics have been growing exponentially due to the performance of the dental surgeon. This new approach was initiated by the use of botulinum toxin in stomatological indications, particularly in cases of gummy smile and parafunctional habits such as bruxism and briquism, having achieved facial cosmetic applications [1-5]. At the same time, other materials and procedures were included in Orofacial Harmonization, such as the application of facial fillers, notably hyaluronic acid; facial lifting (polydioxanone thread); autologous blood derivates; percutaneous collagen inducers (micro needling); hormonal regulation; biophotonic procedures and/or laser therapy; facial lipoplasty, by chemical, physical or mechanical techniques; bichectomy (surgical technique of removal of the adipose body of Bichat); and surgical techniques for lip correction (liplifting). Recently, in Brazil, Orofacial Harmonization was regulated as a dental specialty by the Federal Council of Dentistry [6].

However, we, as dental surgeons, must consider and strive for precepts that are pertinent to our original education, that is, graduation. The Great Law of Dentistry in Brazil (Law 5.081 of August 24, 1966), which regulates professional practice, cites the use of pharmacological specialties by the dental surgeon. Botulinum toxin is a drug of biological origin that can be applied by us, dentists. In contrast, hyaluronic acid used as a facial filler is a cosmeceutical, being, under Brazilian law, excluded from our area of expertise. Therefore, I believe that by performing procedures that are not contemplated by the law, it creates a fragility and ethical-legal vulnerability [6].

The professional appreciation of the dental surgeon should be emphasized and its importance as a botulinum toxin prescriber and applicator in the stomatological indications, which include the gummy smile and lip asymmetries; parafunctional habits such as bruxism and briquism, masseteric hypertrophy, trismus, temporomandibular disorders, orofacial pain, facial paralysis, sialorrhoea and in the prevention of excessive masticatory forces in the osseointegration phase in the treatment with osseointegrated implants and an adjunct to buccomaxillofacial surgical procedures [1-4]. Recently, satisfactory results in oral lichen planus remission have been reported in a depressive and low self-esteem patient after aesthetic application of botulinum toxin [5].

In our research group, we are determining guidelines for the proper management of the several stomatological indications, which will be presented in the future.

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