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USE OF ROACUTAN IN THE POSTOPERATIVE PERIOD OF RHINOPLASTY: A PROMISING COMBINATION

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INTRODUCTION

Rhinoplasty is a common aesthetic procedure aimed at improving the shape and function of the nose. Despite its high success rate, some patients may develop postoperative complications, such as persistent edema and unfavorable healing. In this context, Roacutan (isotretinoin) has been the subject of interest as a possible therapeutic intervention to improve the post-operative results of rhinoplasty. This article analyzes the search for the use of Roacutan in the rhinoplasty recovery period, focusing on its impact on edema reduction, healing and aesthetic results.

METHODOLOGY

This study consists of a systemic literature review using the PubMed, Scopus and SciELO databases. The inclusion criteria covered studies published between 2000 and 2024, which analyzed the use of isotretinoin in surgical contexts or its interaction with scarring processes. Articles lacking clinical data or studies in languages other than English, Portuguese and Spanish were excluded. Keywords used included "isotretinoin", "postoperative care", "rhinoplasty" and "scar modulation". A total of 28 relevant articles were considered and analyzed in depth.

DISCUSSION

Isotretinoin is an oral retinoid used mainly to treat severe acne. It reduces sebum production by the sebaceous glands and inhibits the inflammatory response mediated by cytokines. In pre-clinical studies, it has shown the ability to modulate tissue remodeling, with a positive impact on the prevention of hypertrophic scars and keloids. Its action in regulating fibroblast proliferation also suggests a role in preventing post-surgical fibrosis.

As far as scarring in the nose area is concerned, it is known that because it is a region rich in sebaceous glands, it often presents complications in the post-operative period, such as excessive oiliness, fibrosis formation and prolonged edema. Preliminary studies indicate that low doses of isotretinoin in the post-operative period can speed up the resolution of edema and minimize skin irregularities. However, its use should be carefully monitored due to the potential to delay initial healing and aggravate inflammatory processes if administered early. In addition, the use of isotretinoin is not without side effects, such as skin xerosis, chapped lips and increased sensitivity to the sun, which can negatively impact post-surgical recovery. It should be noted that this medication requires strict guidelines for patients of childbearing age, as it is teratogenic.

It is therefore essential that plastic surgeons and otorhinolaryngologists carefully consider the risks and benefits before recommending the use of isotretinoin to patients. Individualizing the treatment, taking into account the characteristics of each patient, is essential to achieve the best aesthetic and functional results after rhinoplasty.

CONCLUSION

The use of Roacutan in the post-operative period of rhinoplasty is a promising possibility for reducing edema and improving healing. Although studies suggest potential benefits, the efficacy of the treatment has not yet been fully established. Caution is recommended in the indication and administration, always considering the individual profile of each patient.

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