Filling Station

To replace the facial fat that some HIV meds steal, some positive people countenance a permanent fix.

February 1, 2007 By David Thorpe

Peter Staley is an AIDS activist legend: Arrested ten times, he has gone toe-to-toe with the FDA (and won), survived addiction to crystal meth and nearly single-handedly awakened New York City to that drug's HIV toll. But he calls himself "a wuss with a low pain threshold." So for Staley, 46, founder of AIDSmeds.com (now part of *POZ*), one round of face-filling injections was more than enough.

Like many HIV long-timers, Staley (positive since the early '80s) lost facial fat after taking some HIV meds now known to cause the side effect, notably the nuke Zerit (d4t). Once dismissed by doctors as a "cosmetic" problem, facial lipoatrophy (wasting) is now recognized as a disfiguring and psychologically damaging condition. Applications of the nonpermanent facial filler Radiesse restored Staley's cheeks in 2003, but the results largely faded after a year, leaving him cringing at photos of himself. To solve the problem once and for all, he turned to a more permanent remedy, PMMA (polymethylmethacrylate), in December 2005.

In the ever-evolving world of HIV treatment, lipoatrophy remedies are relatively recent arrivals. The nonpermanent filler Sculptra won the first FDA approval for HIV lipoatrophy, in 2004; Radiesse followed in 2006. (Staley got Radiesse as an experimental treatment before it was approved; once the FDA approves a filler, it becomes accessible stateside, allowing for insurance coverage and, from some companies, cost-covering patient assistance programs.) Bio-Alcamid, a permanent filler, though not FDA-approved, has long been available in Europe, Mexico and Canada. And last October, the FDA approved a PMMA product called ArteFill to correct smile lines—allowing positive people with lipoatrophy to get it off-label.

PMMA-based products suspend microspheres (tiny beads) of the substance in various mediums. For ArteFill, that's bovine collagen; Precise, which Staley had applied at Tijuana's Clinic'estetica, uses hydrogel; a Brazilian variety, cellulose. Some people are allergic to ArteFill's bovine collagen, so ArteFill requires a preapplication skin test. (PMMA has long been used in contact lenses and Plexiglas.)

PMMA can be less costly than Sculptra or Radiesse—especially considering it's a one-time expense—and requires fewer clinic visits. But its permanence could be a disadvantage if you don't

like the outcome. And while there are few data to show whether PMMA-based products are effective for lipoatrophy, some studies have proved that Sculptra is.

Like other fillers, PMMA gets mixed reviews. Comments in a chat room range from people “thrilled” with PMMA to those who say they “do not like it better than Bio-Alcamid.” Some complain that PMMA can produce granulomas—small red bumps of inflamed tissue. Vancouver dermatologist Alastair Carruthers, MD, calls PMMA granulomas “unusual but significant.” Brazil’s Márcio Serra, MD, says he’s seen only three granuloma cases among 2,000 patients; New York City’s Gervais Frechette, MD, mentions several PMMA patients whose faces looked “lumpy.” (Ask an experienced doctor for help in choosing a filler.)

Staley says his PMMA-plumped mug feels lumpy to the touch but doesn’t look it and “hasn’t faded a bit.” He adds, “I don’t cringe when I look at my pictures any more, and I smile without worrying.” Pain does make him cringe, though, so Staley successfully “begged” for a local anesthetic for his PMMA application (docs usually avoid anesthetics because they can affect facial muscle shape). It worked, but he still needed post-op TLC: “After the procedure, I spent the night eating chocolate ice cream at the San Diego Hilton.” Très cheek.
