

## TECHNIQUES FOR EVALUATION AND TREATMENT OF CELLULITE

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Cellulite is a clinical condition characterized by dermo-hypodermal structure and superficial circulatory anomalies. This frequent female feature manifests as orange peel aspect of the skin in gluteo femoral area, abdomen, breast and buttocks and can be classified in different ways<sup>1</sup>. Two hypothesis exist to describe this phenomenon depending where the anomalies are considered first: hypodermis and derm structure<sup>1</sup> or blood and lymphatic microvessels<sup>2</sup>. Whatever the initial mechanism, this disorder is associated with adipocyte hypertrophy (herniation of the dermo hypodermal junction) and circulatory deteriorations.

In addition to classical methods such as photograder, standardized photographs, circumference and cutaneous fold measurements, more specialized techniques are now available to study the different components of cellulite: cutaneous reprints, sonography 20 MHz, video capillaroscopy, laser doppler....

Treatments of cellulite, either nutritional supplement or administration of topics, may be useful based on circulatory, lipolytic and/or trophic properties. Dietary complement containing amongst others ingredients bioflavonoids and ginko biloba seems to induce a significant slimming effect<sup>3</sup>. Efficacy of topical treatments containing herbals extracts<sup>4</sup>, retinol<sup>5</sup> or retinol associated with cafeine and ruscogenin<sup>6</sup> has been studied with results more or less convincing. Among the different treatments described in literature, Endermologie® has really proven its interest in cellulite linked with dermatrophic, circulatory and anti edematous properties<sup>7,8,9,10</sup>.

We confirm the efficacy of this technique carrying out a randomized study conducted on 30 women during 2 months, using various advanced investigation methods - circumference and cutaneous fold measurements, sonography 20MHz (measurement of dermo-hypodermal interface length), image analysis of cutaneous prints (measurement of dimpled surface) and standardized photographs - before, at mid treatment and at the end of treatment (16 sessions). Results show efficacy associated with a duration-dependant effect on all the parameters. In addition, a 100% remanent effect is observed 6 months after the end of treatment while a follow-up treatment (2 sessions/month during 6 months) greatly enhances (by 40%) the initial benefit observed at 16 sessions.

Thanks to new reliable and reproducible evaluations, cellulite can be measured and any treatment may be now able to bring the proof of its efficacy.

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