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CELLULITE: EVALUATION AND TREATMENT

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Cellulite, described first in 1904, is a female feature which induces obsessional suffering in 30% of the women. Two hypothesis exist to describe this phenomenon depending where the anomalies are considered first: hypodermis and derm structure¹ or blood and lymphatic microvessels². Whatever the initial mechanism, this disorder is associated with adipocyte hypertrophy (herniation of the dermo hypodermal junction) and circulatory deteriorations.

Different methods can be used to study both components. In addition to classical methods such as photograder, standardized photographs, circumference and cutaneous fold measurements, more specialized techniques are now available to determine the efficacy of anti-cellulite treatment. Photogrammetry has shown that dietary complement containing amongst others ingredients bioflavonoids and ginko biloba induce a significant slimming effect³. Sonography, much more specific for the evaluation of skin structure itself, has been mainly used to test efficacy of topical treatments containing herbals extracts⁴, retinol⁵ or retinol associated with caffeine and ruscogenin⁶. The different results are more or less convincing.

Among the different treatments described in literature, an original mechanical massage technique caught our attention. Thanks to a range of advanced investigation methods (histochemistry, image analysis, laser doppler, sonography 20 Mz, prints analysis, macrophotographies), this technique has really proven its efficacy in cellulite linked to its dermatrophic, circulatory and anti edematous properties^{7,8,9,10,11}.

In conclusion, either cellulite or anti-cellulite treatments must be evaluated preferably with combination of appropriate techniques in order to assess reliable data.

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