

CELLULITE: EVALUATION AND TREATMENT

J.P. Ortonne

Dermatology Department, Hôpital Archet, Nice France

Cellulite, described first in 1904, is a female feature which induces obsessional suffering in 30% of the women. It is a complex disorder involving the microcirculatory system and lymphatics, the extracellular matrix and the presence of excess subcutaneous fat that bulges into the dermis (herniation of the dermo hypodermal junction)^{1,2,3}. Different methods can be used to study the deteriorations linked to cellulite. 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 treatments. Photogrammetry has shown that dietary complement containing amongst others ingredients bioflavonoids and ginko biloba induce a significant slimming effect⁴. Sonography, much more specific for the evaluation of skin structure itself, has been mainly used to test efficacy of topical treatments containing herbals extracts⁵, retinol⁶ or retinol associated with caffeine and ruscogenin⁷. The different results are more or less convincing. Among the different treatments described in literature, Endermologie® caught our attention. Thanks to a range of advanced investigation methods (histochemistry, image analysis, laser doppler, sonography 20 Mz, prints analysis, macrophotographies, microdialysis), this technique has proven its efficacy in cellulite linked to its dermatrophic, circulatory, anti edematous properties^{8,9,10,11,12} and recently for its effect on the responsiveness of femoral adipose tissue, area known to be metabolically "silent"¹³.

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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