
IMCAS
WORLD CONGRESS
Shaping the Future
of Dermatology, Plastic Surgery & Aging Science
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PRESS KIT

Summary

Edito

BY DR. Cartier & DR. Garson

SCIENTIFIC DIRECTORS OF IMCAS

Toward governance of medical and scientific innovation that puts patient interests first

Innovation in dermatology, aesthetic medicine, and plastic surgery is experiencing unprecedented growth. The potential is huge, and patient expectations have never been higher. The industry is investing heavily in R&D, driving the development of new solutions at a sustained pace. Academic research continues to generate essential foundational knowledge. Clinicians stand at the crossroads of these two worlds, guided by a single imperative: the best interest of the patient. The question is no longer whether these forces should collaborate, as they already do. The real question is how to organize this collaboration to fully harness the potential of innovation while preserving the independence of research and the scientific rigor that protect our patients. How can we create the conditions for a virtuous synergy between industrial innovation and academic excellence?

ACCELERATION: AN OPPORTUNITY THAT REQUIRES DISCERNMENT

Today, industry is a major engine of innovation. Most new products and techniques originate from private stakeholders who fund a large share of applied research and drive adoption at a rapid pace. This dynamic has enabled spectacular advances such as biostimulators, regenerative therapies, precision devices... innovations that are transforming our practice.

HOWEVER, THIS ACCELERATION ALSO PRESENTS MAJOR CHALLENGES

Physicians find themselves torn between multiple roles: clinicians focused on efficacy, users of innovative technologies, and trusted references for increasingly well-informed patients. The risk? Gradually shifting from the role of an informed prescriber to that of a mere integrator and relay.

At the same time, patients arrive with expectations shaped in particular by social media, where circulating content often follows marketing logic rather than scientific education. Innovations such as exosomes, new lipofilling techniques, or certain regenerative approaches benefit from strong visibility,

even though independent scientific data on their efficacy and safety are still being consolidated.

Scientific congresses such as IMCAS sit at the heart of this tension. They must maintain a high level of scientific excellence while fulfilling their role as international platforms where researchers, clinicians, and industry stakeholders meet. This balance is demanding, but essential.

COOPERATION AND INDEPENDENT SCIENTIFIC RESEARCH: WHICH GOVERNANCE MODEL(S)?

The goal is not to reject industrial innovation - that would be absurd. Without industry, many ambitious studies in regenerative medicine would not exist. The real challenge lies elsewhere: organizing research governance that ensures priorities, data, and dissemination, consistently serve the interests of patients.

Rather than erecting barriers, we must preserve and develop "independence gateways": third-party structures such as national and international funding agencies, public and hybrid institutions combining public and private funds, philanthropic foundations, and scientific societies. These structures have demonstrated that it is possible to mobilize funding in support of independent research, based on autonomous and rigorous governance, transparent criteria, and absolute freedom to publish all results. In tissue reconstruction, professional foundations and scientific societies already fund academic research according to strict scientific standards.
This implies a clear and explicit framework for conflicts of interest: mandatory public disclosures and strict separation between funding sources and the scientific conduct of studies.

IMCAS Fund is part of this approach. As a non-profit endowment fund, it finances academic projects rooted in hospitals and universities. These include CELT, which evaluates enriched lipofilling using rigorous methodology, or EXOCOMPARE, which compares commercially available exosomes.
Such initiatives provide physicians with independent, comparative, and reproducible data. They strengthen clinicians' ability to make decisions based on robust evidence and position IMCAS as both a producer and guarantor of independent science. A model that can be extended to other stakeholders in the field.

A COMMITMENT TO THE FUTURE

Medical innovation is a public good. It must be encouraged and supported but also regulated and rigorously evaluated. Our collective responsibility - researchers, clinicians, and congress organizers alike - is to preserve scientific rigor at the heart of this dynamic, with the firm conviction that patient interests must always come first.

This ambition drives IMCAS: to be a demanding space for dialogue between innovation and scientific validation, between technological potential and proven efficacy. A space where we collectively build medical practices that are not only more effective, but also more reliable and more transparent, always with one guiding principle in mind: serving those who place their trust in us: our patients.

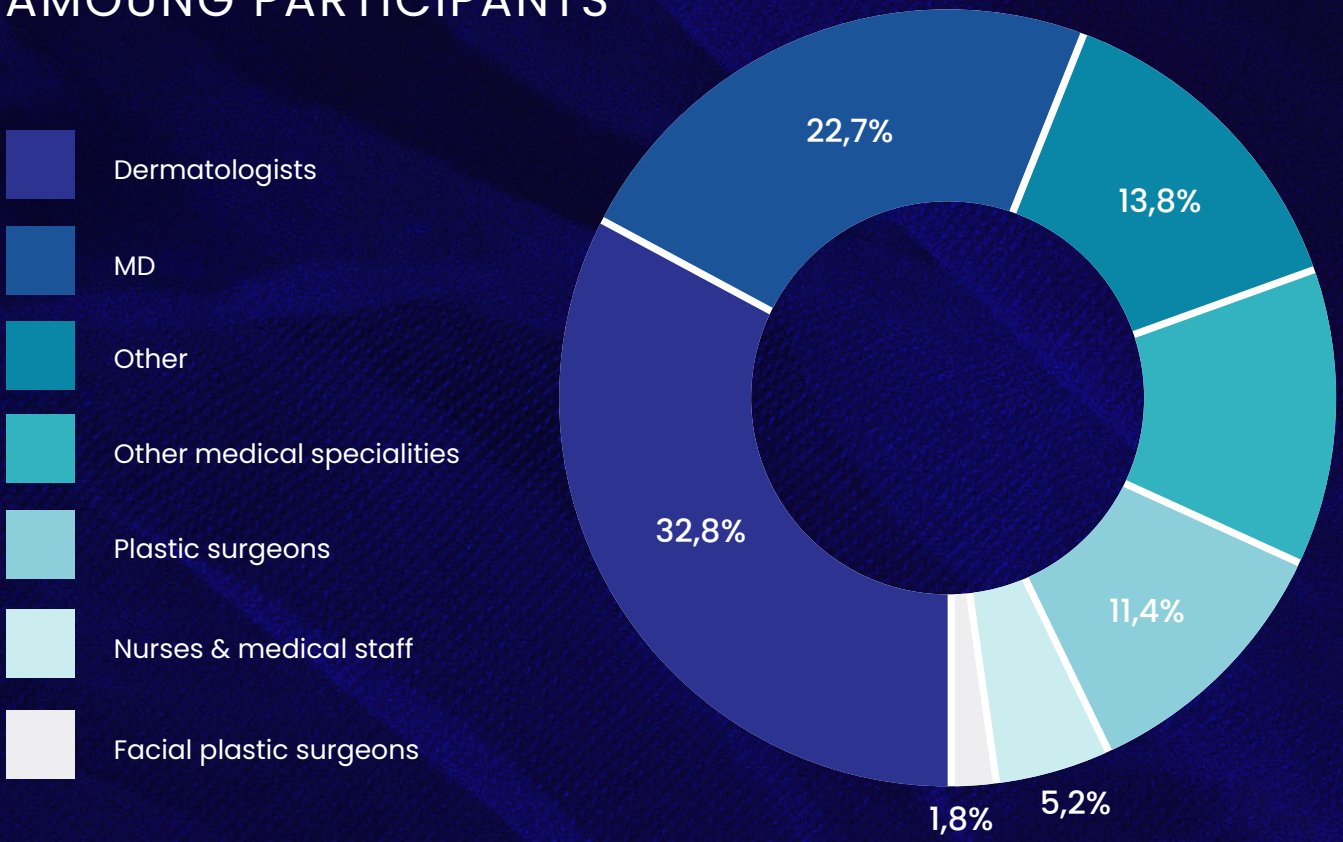
2025 EDITION

IMCAS AT A GLANCE:
Key data & figures

Launched in 1998, the IMCAS World Congress is the leading annual global event for doctors and professionals in dermatology, plastic surgery, and aesthetic treatments. This congress, which has become one of the most important medical congresses in France, welcomes more than 20,000 participants from around the world for three days of discussions on scientific and medical innovation, led by the world's leading experts.

20,000	1,000	225	374
PARTICIPANTS	SPEAKERS	SESSIONS	EXHIBITORS

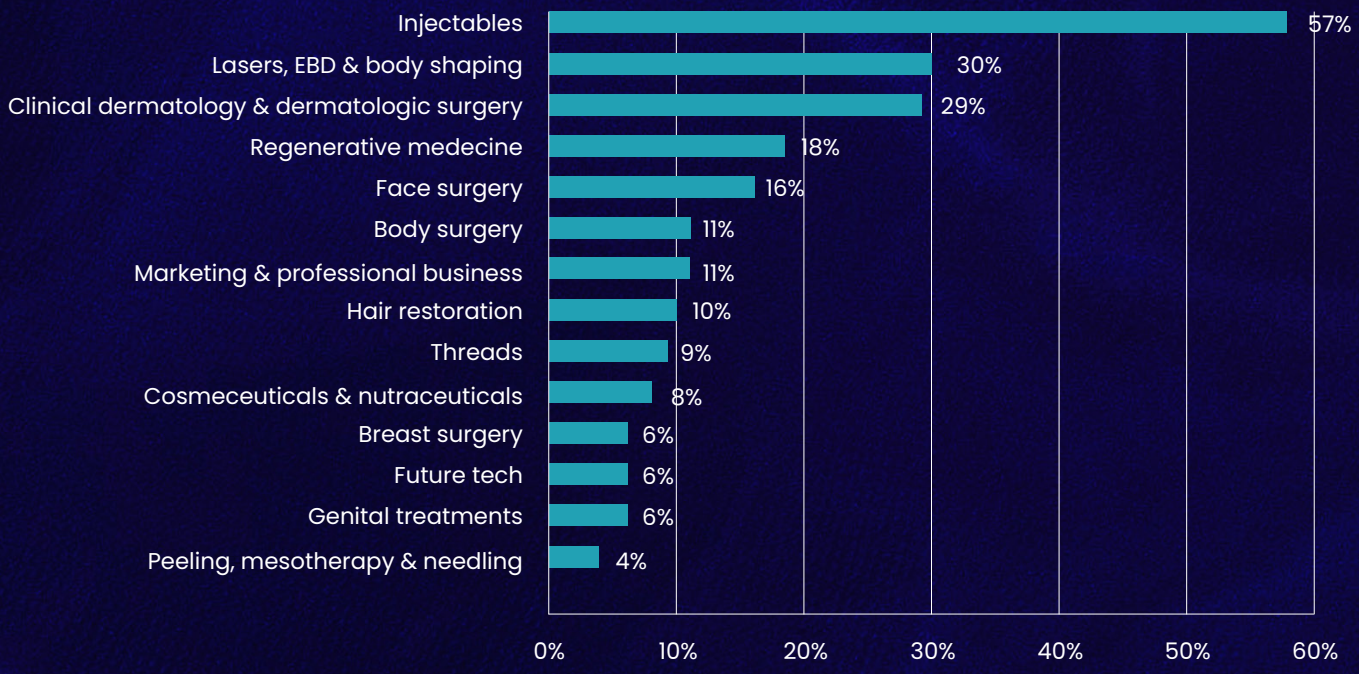
MEDICAL SPECIALITIES REPRESENTED AMOUNG PARTICIPANTS



Top 10 attending countries

& 120 more nationalities around the world

MAIN TOPICS COVERED



Aging well: between natural aesthetics & regeneration, the new codes of aesthetic medicine

By Dr. John Cole, Dr. Jeremy Green and Prof. Jeremy Magalon.

In aesthetic medicine, the concept of "aging well" is evolving toward an approach focused on improving skin quality, facial harmony, and the preservation of natural expression. Dr. Jeremy Green, Prof. Jérémy Magalon, and Dr. John Cole combine their expertise to demonstrate how prevention, protection of tissue capital, and controlled regeneration are gradually taking precedence over the simple correction of visible signs of aging.

FROM CORRECTION TO TISSUE SUPPORT

According to Dr. Green, patient demand is moving away from the "overfilled look" in favor of subtle results that respect anatomy and facial expression. Biostimulators based on PLLA, CaHA, or PCL stimulate the production of collagen, elastin, and glycosaminoglycans, progressively improving skin texture and elasticity. In this perspective, the goal is no longer solely to restore lost volume, but to maintain tissue health by reinforcing its structure, supporting the aging process rather than masking it.

The explosion in popularity of metabolic treatments (GLP-1 RAs), which may lead to rapid facial volume loss, clearly illustrates the need to preserve the tissue foundation and to design protocols based on global facial support. At the same time, patient expectations are shifting toward a more integrative vision that connects aesthetics, overall health, systemic inflammation, and longevity. As a result, aesthetic medicine is increasingly aligning with functional and longevity medicine.

EXOSOMES AND VESICLES: PROMISE AND CAUTION

Within this "aging well" paradigm, Prof. Magalon outlines the role of exosomes and extracellular vesicles, microscopic biological carriers capable of transporting proteins, lipids, and microRNAs and modulating the activity of target cells. Easier to produce and store than whole cells, these vesicles open new perspectives in skin regeneration, tissue repair, and inflammation modulation, fully aligned with a preventive and restorative approach to aging. However, the market sometimes moves faster than science. The cosmetic offer is highly heterogeneous, with products that may lack true exosomes or remain insufficiently characterized. This underlines the importance of a rigorous framework based on the recommendations of the International Society for Extracellular Vesicles (origin, purity, dosage, biological activity), as well as independent comparative initiatives such as Exocompare, to distinguish genuinely documented innovations from premature marketing claims.

PRP AND MATRICES: REGENERATION ALREADY IN CLINICAL PRACTICE

Based on these approaches, Dr. Cole illustrates the very real potential of regenerative medicine in hair restoration and in the treatment of certain scars or chronic inflammatory conditions. PRP injections, obtained by centrifuging blood to highly concentrate platelets, deliver growth factors capable of

restoring microcirculation, stimulating local stem cells, and slowing down processes such as hair loss.
The quality of the PRP is crucial: rigorous preparation, often involving double centrifugation protocols with platelet concentration control, directly determines clinical efficacy. When combined with extracellular matrices, which act as biological scaffolds supporting growth factors and cell migration, these approaches create a microenvironment conducive to regeneration, provided that the traceability, purity, and markers of the product are guaranteed.

THE RIGHT TIME TO INTERVENE

According to Dr. Cole, hair loss is not solely the result of a hormonal problem, but rather a progressive failure of several mechanisms: chronic inflammation, tissue stiffening, cellular energy depletion, and impaired cell renewal capacity. PRP intervenes upstream, before the damage is visible, by stimulating the formation of new blood vessels, calming inflammation, and reactivating cell growth signals.
However, this approach is only effective if the hair follicle remains biologically viable. There is therefore a therapeutic window beyond which the tissues become irreversibly damaged.

Extracellular matrices are not simple fillers: they actively participate in repair processes by influencing the formation of new vessels, the behavior of stem cells, and the mechanical flexibility of tissues.

Clinical results therefore depend not only on the quality of the PRP, but also on the patient's choice, the timing of the procedure, and the condition of the treated tissue. This approach fully embodies this new era focused on preserving tissue capital and slowing down degenerative processes, rather than intervening once visible signs have already appeared.

A NEW DEFINITION OF "AGING WELL"

By combining their expertise, the three clinicians outline a less substitutive form of aesthetic medicine, one that seeks to "reactivate" tissues by leveraging the patient's own biological resources (PRP, autologous cells, matrices), in line with the demand for natural and long-lasting results. This new definition relies on validated, measured, and objective tools to support the rise of regenerative therapies while ensuring patient safety.
In this context, technology becomes a key structural driver: ultrasound-guided injections for greater precision, analytical platforms to characterize exosomes and PRP, and AI-driven algorithms capable of adjusting dosages, protocols, and biological signatures to each patient's profile.
Beyond simple rejuvenation, this approach marks a shift toward an aesthetic of coherence and anticipation, where skin and tissues age better because they are supported, protected, and regenerated over time.

Precision dermatology: how technology, AI and expertise are transforming skin care

By Dr. Seemal Desai, Dr. Ferial Fanian, Dr. Mohamad Goldust and Prof. Giovanni Pellacani.

Dermatology is currently facing a dual pressure: on the one hand, the rapid growth and increasing complexity of clinical needs; on the other, rising expectations for objective, traceable and personalized medical decision-making. Across all skin phototypes, dermatologists are now required to monitor pigmented lesions, manage chronic conditions such as melasma or vitiligo, address complications related to aesthetic procedures, while simultaneously avoiding overdiagnosis and overtreatment. Dr. Fanian, Dr. Desai, Prof. Pellacani and Dr. Goldust all describe the same paradigm shift: moving dermatology from a procedure-centered discipline toward a data-driven, longitudinal and shared-decision model of care.

MAKING SKIN MEASURABLE: BIOMETROLOGY AND IMAGING AS A NEW SCIENTIFIC FOUNDATION

Dr Fanian

Non-invasive biometrologic measurement techniques combined with high quality imaging technologies—OCT and LC-OCT, confocal microscopy, high-frequency ultrasound, Laser Doppler and 3D imaging—now allow detailed visualization of the epidermis, dermishypodermis and microcirculation and collagen architecture without systematic recourse to biopsy. According to Dr. Fanian, this "digital/optical skin biopsy" is transforming clinical practice: the objective is no longer merely to describe a lesion, but to measure, compare and monitor objective parameters over time, supporting clinical research, therapeutic decision-making and, when relevant, medico-legal considerations.
The integration of AI into image analysis helps to quantify the skin parameters as well as identifying suspicious lesions, defining tumor margins more precisely and monitoring complex nevi, while improving standardization and reproducibility - without replacing clinical expertise.

BETTER DECISIONS, NOT MORE INTERVENTIONS: SKIN ONCOLOGY AND HIGHER PHOTOTYPES

Pr Pellacani and Dr Desai

In cutaneous oncology, early detection of melanomas represents a major goal. However, Prof. Giovanni Pellacani highlights a major tension: the rising number of diagnosed melanomas has not been matched by a proportional decrease in mortality, raising questions about the boundary between early detection and overdiagnosis. Non-invasive technologies play a pivotal role in management of skin tumors, starting with dermoscopy, total body mapping and AI-assisted digital dermoscopy, and progressing to advanced techniques such as LC-OCT and confocal microscopy. In details, the combination of dermoscopy and confocal microscopy, this last allowing cellular resolution, enables the safe management of atypical melanocytic lesions and reducing unnecessary excisions. The challenge is therefore to decide better—

by grading options between immediate excision, close surveillance and reasoned watchful monitoring—rather than excising more, within an expert, regulated and transparent framework for the patient.

Pigmentary disorders, particularly in higher phototypes, present yet another challenge, analyzed by Dr. Desai. Conditions such as melasma, vitiligo and other dyschromias are chronic and often recurrent, while patients can expect rapid and visible improvement, including when treated with lasers, phototherapy, topical agents or systemic therapies. In this context, imaging and AI can make it possible to precisely quantify pigmentation, calculate affected surface areas and assess pigment depth "in the manner of a digital biopsy in some circumstances." Standardized photography, comparable over time, documents therapeutic response, supports patient education regarding the slow reversibility of these disorders and promotes adherence to personalized treatment protocols.

PERSONALIZING AESTHETIC DERMATOLOGY: AI, SAFETY AND PATIENT EXPECTATIONS

Dr Goldust

Aesthetic dermatology represents a particularly relevant field for AI applications due to the richness of visual data, the diversity of indications and the importance of longitudinal follow-up. Dr. Mohamad Goldust describes the growing use of algorithms for facial mapping, tele dermatology, skin quality assessment, and the planning and monitoring of injectable, laser and anti-aging treatments.

When combined with ultrasound, 3D imaging or LC-OCT, these tools enable detailed analysis of individual anatomy, vascular variability, texture and pigmentation, allowing clinicians to adjust products, injection depths and energy parameters to each patient's specific characteristics—enhancing safety and reducing adverse effects.

Beyond technical procedures, these technologies also reshape the patient relationship. Before-and-after visualization, augmented reality and digital care pathways help clarify treatment goals and limitations, facilitate expectation management and reinforce transparency - if AI remains a decision-support tool rather than an autonomous prescriber. The central question thus becomes: how far can decision-making be delegated to algorithms without diluting clinical responsibility or excessively standardizing care that must remain fundamentally individualized?

TOWARD AN OBJECTIVE, PERSONALIZED AND RESPONSIBLE DERMATOLOGY

For Dr. Fanian, Dr. Desai, Prof. Pellacani and Dr. Goldust, precision dermatology is not defined by an accumulation of devices or algorithms, but by a transformation in the way decisions are made. It involves making visible and measurable parameters that were previously assessed subjectively, embedding skin evaluation within a longitudinal dynamic through follow-up, and more clearly distinguishing what should be treated, monitored or simply supported—while accounting for each patient's biology, anatomy and expectations.

Advanced imaging and skin measuring technologies as well as AI improve diagnostic safety, reduce unnecessary procedures, objectify outcomes and enhance patient education, but they also introduce new requirements in terms of training, ethics, transparency and data protection. In this rapidly evolving landscape, the dermatologist becomes an expert integrator - at the intersection of clinical practice, imaging, digital tools and human interaction - embodying the future of a precision dermatology that is both highly technological and deeply personalized.

The Skin as a Systemic Organ: Emotions, Environment and New Approaches to Skincare

By Dr. Shadi Kourosh & Dr. Mukta Sachdev.

Long considered as a simple barrier between the body and the outside world, the skin is now recognized as a systemic organ, intimately connected to our emotions, neurological balance and overall health. Extremely reactive to environmental stimuli, it registers psychological stress as well as urban pollution, heat and UV exposure—factors that accelerate aging and exacerbate numerous skin conditions. According to Dr. Mukta Sachdev, neurocosmetics embody this new generation of skincare in which sensory experience, emotional well-being and clinical performance are inseparable. Dr. Shadi Kourosh, for her part, observes in clinical practice increasingly severe flare-ups of skin diseases, strongly correlated with environmental conditions and air quality, in patients who are often distressed by symptoms they no longer fully understand. Together, they outline a more holistic vision of dermatology, bringing endogenous factors (emotions, stress, neurohormones) into resonance with exogenous factors (pollution, climate, UV exposure) to rethink skincare.

SKIN AND EMOTIONS: A CONSTANT DIALOGUE

Emotions, chronic stress and fatigue directly influence skin comfort, sensitivity and sometimes even appearance. The brain, the skin and the immune system communicate continuously through neural, hormonal and inflammatory signals: when balance is disrupted, the skin reflects it. Redness, itching, eczema or acne flare-ups are frequently reported during periods of emotional overload, creating a vicious cycle in which altered self-image further aggravates psychological distress. Conversely, the texture, fragrance and sensory ritual of skincare products can activate specific cutaneous receptors, stimulate the release of endorphins or well-being neurotransmitters, and help reduce the perception of stress. This emotional dimension enhances adherence to skincare routines and transforms the cosmetic gesture into a micro-regulatory experience—at the crossroads of beauty, relaxation and self-care. The external environment also enters this dialogue: pollution, heat and poor air quality amplify discomfort and flare-ups, adding an extra layer of both cutaneous and psychological vulnerability.

THE NEUROCUTANEOUS AXIS AND NEUROCOSMETICS

Modern skincare increasingly integrates the neurocutaneous axis, which highlights the influence of emotions on skin biology through neural and hormonal mediators such as cortisol. So-called neurocosmetic actives target sensory skin receptors to promote soothing effects, reduce redness and improve comfort, alongside more traditional benefits related to hydration or barrier function. Sensory experience—touch, scent, temperature and the rhythm of application—becomes a key driver of perceived efficacy and

a major lever for long-term routine adherence. However, this emerging field requires robust evidence: neurophysiological measurements, brain imaging and rigorous clinical evaluations are essential to distinguish genuine innovation from purely marketing-driven narratives.

THE ENVIRONMENT: A MAJOR DETERMINANT OF SKIN HEALTH

At the same time, the environment is no longer viewed as a peripheral factor but as a central determinant of skin health, particularly in urban settings. Atmospheric pollution and UV radiation act synergistically to generate oxidative stress, impair barrier function, accelerate aging and promote pigmentary disorders, early wrinkles and loss of elasticity. Along the manifold skin problems emerging from climate change, increasingly frequent acute air pollution events from wildfires are causing flares of chronic inflammatory conditions such as atopic dermatitis and psoriasis, and record-breaking heatwaves, driving wider spread and more refractory cases of rosacea, hyperhidrosis and melasma. These impacts are not evenly distributed: children, pregnant women, individuals with darker skin phototypes and socioeconomically vulnerable populations often face higher exposure levels and have fewer resources to protect themselves. From this perspective, caring for the skin also means addressing environmental and social inequalities.

TOWARD PREVENTIVE, PERSONALIZED AND CONNECTED SKINCARE

In response to this convergence of emotional and environmental challenges, new skincare approaches are moving toward more preventive and individualized solutions. Anti-pollution formulas, environmental shields combining UV filters, antioxidants and barrier-strengthening agents, as well as textures designed to limit sensitivity, are becoming pillars of urban skincare routines.
Future innovation pathways include the development of environmental sensors and connected tools capable of analyzing daily exposure (UV, particulate matter, temperature) to deliver contextualized recommendations and tailored routines based on each individual's emotional profile and lifestyle. In this model, expert guidance plays a central role—linking skincare protocols, lifestyle habits, stress management, environmental exposure and emotional perception—so that the skin becomes a true indicator of overall health rather than a purely aesthetic surface.

GLP-1 and Incretin-based therapies: Advocating for Appropriate Prescribing

By Dr. Roger Chen.

Treatments based on GLP-1 receptor agonists (GLP-1 RA) and dual agonists have significantly transformed metabolic medicine. Within just a few years, these medications have enabled patients suffering from obesity or type 2 diabetes to improve glycemic and other metabolic parameters, and potentially improve cardiovascular health and enhance quality of life. However, their remarkable success has also revealed a concerning trend: the growing use of these treatments for purely aesthetic purposes.
As Dr. Roger Chen, a specialist in endocrinology and diabetes, emphasizes, "GLP-1 RA and dual agonist therapies are not comfort drugs." They are powerful treatments involving complex mechanisms that affect metabolism, appetite regulation and body composition. Their prescription requires a thorough understanding of the patient's profile, close medical monitoring and multidisciplinary management.

METABOLIC MEDICATIONS, NOT AESTHETIC SHORTCUTS

The primary indication for GLP-1 RA and dual agonist therapies remains the management of obesity and diabetes. Outside this framework, their use potentially exposes patients to risks, including nutritional deficiencies, excessive loss of lean mass, and digestive or cardiovascular side effects. Their trivialization on social media—often driven by "miracle solution" narratives—blurs the line between legitimate medical need and aesthetic pursuit.

EFFICACY DOES NOT EXCLUDE SIDE EFFECTS

Weight loss induced by these medications is not selective: they can reduce both fat mass and muscle mass.
This often-underestimated phenomenon can potentially affect long-term metabolic health and may compromise weight stability after treatment discontinuation.
A responsible approach therefore requires prior medical assessment, nutritional support and, in many cases, appropriate physical activity, particularly individualized resistance therapy to preserve lean mass.
When use is motivated solely by aesthetic considerations, these risks are further amplified: loss of skin tone, fatigue and altered body perception may occur.

ANTICIPATING VISIBLE EFFECTS

Aesthetic physicians have described the loss of facial volume that symbolizes this new reality: a slimmer but sometimes unbalanced body. While not pathological, this transformation can be psychologically challenging for patients, especially when it has not been anticipated. This highlights the importance of a comprehensive approach combining aesthetic medicine with metabolic care. Planning aesthetic management not only helps correct secondary effects but also improves treatment acceptance and adherence. These factors are outside the care of endocrinologists and internal medicine physicians.

TOWARD A SELECTIVE AND THOUGHTFUL

PRESCRIPTION

Responsible prescribing is based on a simple principle: not for everyone, and not for every purpose. It must rely on a thorough metabolic assessment, medical history, health objectives and an individualized benefit–risk evaluation. The physician's role is also to help patients distinguish between medical care and choices driven by social pressure or the desire for rapid physical transformation.

THE FUTURE: A REGULATED METABOLIC AESTHETICS

New therapeutic combinations—multi-agonists, oral formulations and next-generation molecules—signal a major evolution in metabolic medicine. However, this technological revolution can only deliver its full benefits if guided by strong ethical standards: those of an integrated metabolic aesthetics, in which endocrinologists, aesthetic physicians and general practitioners work collaboratively.

Dr. Chen concludes: "The goal is not to condemn the aesthetic use of GLP-1 therapies, but to restore them to their rightful place—as medical tools serving health, not as instruments in the pursuit of an idealized thinness."

Non-invasive, surgical and regenerative approaches: three distinct pathways rather than a linear progression

By Dr. Philippe Kestemont, Dr. Michel Rouif, Dr. Constantin Stan and Dr. Patrick Tonnard.

In the collective imagination, aesthetic medicine often follows an almost automatic progression: patients begin with "light" treatments such as injections or energy-based devices and, as needs increase, eventually move on to surgery. For Drs. Rouif, Kestemont, Stan and Tonnard, this vision is not only reductive, but sometimes risky for patients. Their message is clear: non-invasive, surgical and regenerative approaches are not steps on the same staircase—they are distinct responses based on different anatomical and biological principles.

The challenge, therefore, is not to assess a patient's "motivation" for a more or less invasive procedure, but to define the true nature of the correction sought and the patient's actual need: does it involve modifying deep structures, treating superficial tissues, or supporting the skin's long-term regenerative capacity? This clarification fundamentally changes how indications are established and how medical responses are conceived.

THREE RESPONSES, THREE LEVELS OF DEPTHS

Hyaluronic acid injections, botulinum toxin, energy-based devices and biostimulators target upper layers to smooth, restore volume or achieve mild tightening. However, due to a lack of control, they can sometimes be misplaced and cause certain problems.

Surgery, by contrast, intervenes on deep planes—muscles, fascia, glands and supporting structures—to reposition, remove or remodel tissue volumes, particularly in the neck, face or nose.

Regenerative approaches, such as nano-fat grafting rich in stem cells, aim to regenerate the skin "from within" by mobilizing the patient's own living tissues to restore collagen, elastin and vascularization. Here, the objective is not to fill or pull, but to reactivate skin biology to achieve healthier, thicker and more functional skin over the long term.

STARTING FROM THE DESIRED OUTCOME – NOT THE SIMPLEST PROCEDURE

For these experts, everything begins with the desired result and the underlying biology, not with the perceived intensity of the treatment. Certain requests—such as a bulky nose, a significantly lax neck or markedly deviated structures—can only be addressed through deep surgical intervention, as only surgery allows direct action on bone, muscle or glands. Conversely, it would be disproportionate to propose major surgery for a purely superficial indication when a non-invasive or targeted regenerative approach would be sufficient.

Starting "just to try" with non-invasive procedures when surgery is the appropriate solution may delay optimal care, increase overall costs and sometimes complicate subsequent surgery. Conversely, accurate indication selection allows clinicians to offer the procedure most consistent with the patient's anatomy, objectives and desired durability.

WHEN NON-INVASIVE TREATMENTS COMPLICATE SURGERY

Drs. Rouif, Kestemont, Stan and Tonnard warn of an increasingly common phenomenon: the accumulation of non-invasive procedures does not prepare tissues for surgery—it can, in fact, make surgery more complex. Repeated injections, energy-based devices or chemical lipolysis may induce fibrosis, alter anatomical planes and modify fat quality and skin texture.

During cervical or facial lifting procedures, these changes translate into more difficult dissections, longer operative times and sometimes less predictable outcomes. Recent studies on neck lifts performed after non-surgical treatments have shown stiffer tissues, less clearly defined planes and a loss of the "normal" fat that previously contributed to harmonious contours. The experts therefore stress the importance of explaining to patients that repeated non-invasive procedures are not neutral with regard to potential future surgery.

ESTABLISHING THE BENEFIT–RISK FRAMEWORK FROM THE FIRST CONSULTATION

Although perceived as superficial, non-invasive techniques in fact act deeply across all tissue structures (vessels, collagen, lymphatic tissues), underscoring the need for technical expertise equivalent to that required in surgery. Injections carry vascular risks, particularly in complex areas such as the nose, while energy-based technologies may induce fibrosis or long-term tissue changes. These risks are compounded by the cumulative effect of repeated procedures, which is often underestimated by the public.

Safety does not depend on whether a procedure is surgical or non-surgical, but on anatomical and biological understanding, accurate indication and the ability to correct or manage complications if necessary. In this context, true regenerative medicine—based on stem cells, autologous fat and endogenous biological signaling—must be distinguished from techniques that merely provoke scar or inflammatory responses through foreign materials.

THE SURGEON'S ROLE: SORTING, ANTICIPATING, PROTECTING

At the intersection of these three pathways, surgeons who practice surgery, aesthetic medicine and regenerative techniques are uniquely positioned to guide patients. Their role is to clarify the true indications for each option, direct patients toward surgery when it is the only way to achieve the desired outcome, or toward regenerative approaches when long-term tissue quality is the priority. They must also protect patients from market-driven excesses, viral trends and the temptation to multiply "light" procedures that may be poorly aligned with tissue biology. By helping patients distinguish between simple morphological improvement, scar-based stimulation and true regeneration, these experts advocate for a more responsible aesthetic medicine—one in which every decision results from informed reflection and a long-term vision.

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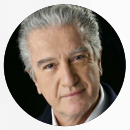

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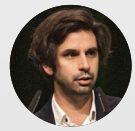

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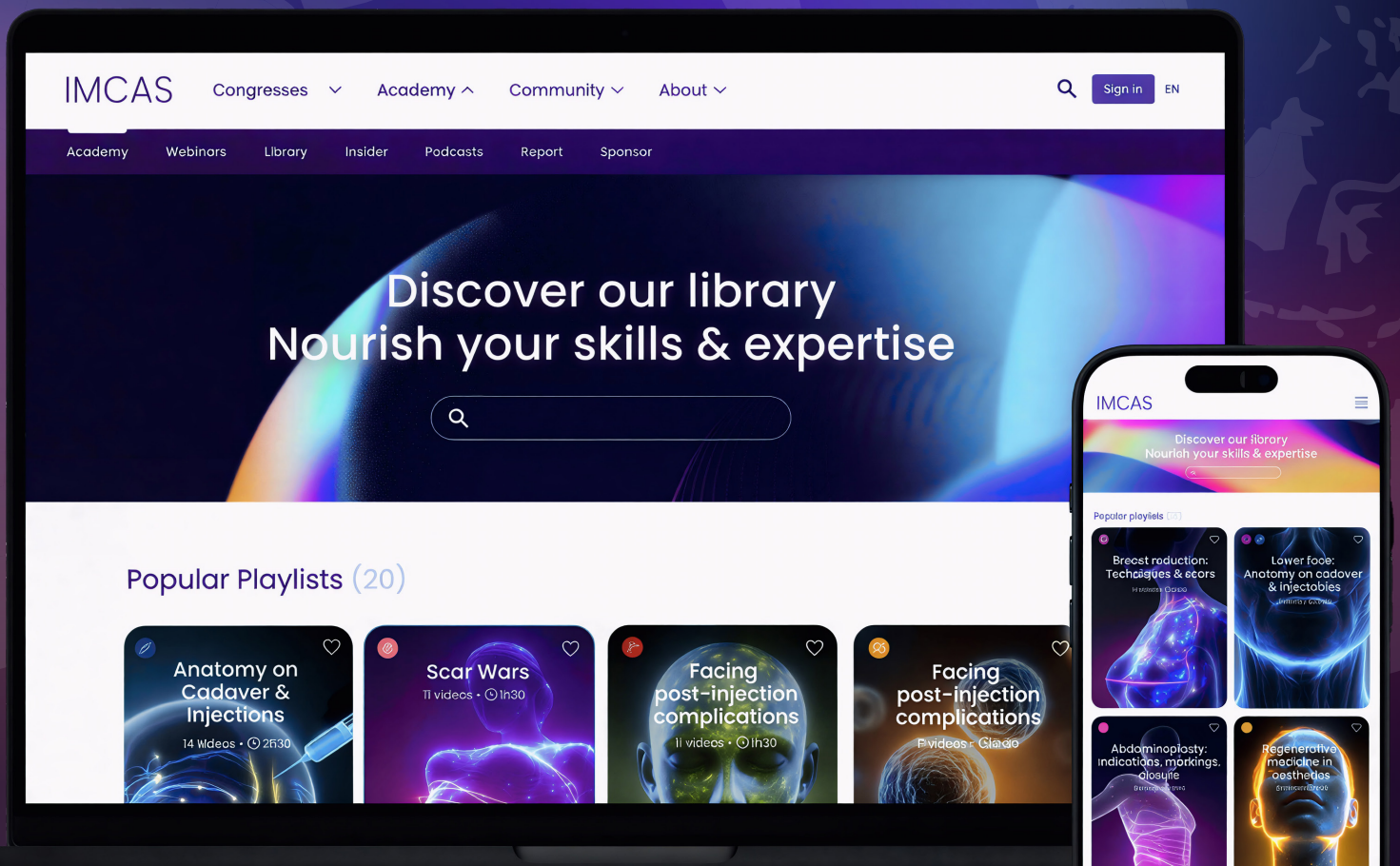

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