

## Can Mesotherapy Be Used to Treat Obese Patients Successfully? Maybe

*Robert P. Pitera, MD*

**At the Meso-Spa, we screen our prospective patients over the phone to try to discourage those that we feel are unsuitable candidates for successful mesotherapy treatment. Normally, we try to treat those people who are in the 10 to 30 pounds excess weight range, because I know that people in this range will get excellent results. While patients above this weight range will have improvement, it is much more difficult to provide superb results. Now and then, we consult with a patient who passes the screening process, and every once in a while I will decide to treat them. I wish to present this case, which demonstrates that if an obese patient has realistic goals, they may get satisfactory results.**

This patient is a 40-year-old obese female. When she walked into my office for her consultation, my first thoughts were, why is she here? How did she get by my front office staff? My immediate impression was to quickly interview her and send her on her way. As we talked, however, she sounded very desperate in describing her inability to lose weight. She had tried multiple diets, weight loss pills, and other treatments. We have heard all of this before so this was not a surprise. I described to her in depth what mesotherapy is and how in my opinion how it should be used to get optimal results. I was trying to nicely persuade her that mesotherapy was not a viable option, as I thought it would be a failure in someone of her size. To be polite, I had her change into a gown for an examination. I was overwhelmed by what I saw. She had a pendulous abdominal mass.

This type of patient is not someone that I would normally treat. A large percentage of my practice has been treating mostly younger patients who work in the media or as models. I tried repeatedly and unsuccessfully to get her to agree that mesotherapy was not for her. She kept saying that she would like to try the treatments. I began to wear down, even though I do not accept failure well and do not want an unhappy mesotherapy patient going on the Internet or to the media and talking about a treatment failure. This harms all of us, so we need to be responsible, maximizing our happy patients and having no tolerance for failure.



before



2 weeks after the fifth treatment

After further discussion, I asked her that if I agreed to take her on as a patient, what would be an acceptable outcome? She explained that she was very realistic and had no illusion of ever having a 24-inch waist. This seemed like a reasonable answer and was a good start. She said that if I could just even out the folds in her stomach that she would be very happy. I

started thinking that maybe this was an attainable goal. If she were telling me her true feelings, that she would be happy with these limited results, maybe it could be done. With that, I gave in. If nothing else, it would be a learning experience.

We agreed that she would need at least 10 sessions to approach her goal, but she initially signed up only for 5, to see if she saw positive results before continuing. I asked if she had ever had thyroid studies done, and she indeed had thyroid tests previously ordered by another physician with the following results: T4, 1.4; TSH, 2.87. She was taking 50 mcg of Synthroid (levothyroxine). I ordered a reverse T3, and the result was 0.37. I am aware that some colleagues would have switched this patient over to Armour thyroid and I considered doing this. Some would have changed or adjusted her medications. Ultimately, I decided to do neither. I am not a fan of using glandulars, as I am worried about health issues, and in this case was I excited about playing endocrinologist with an obese individual, so I left her thyroid alone. Measurements taken both above and below the umbilicus were: above umbilicus 98 cm (39.2 in); below umbilicus 116 cm (46.4 in); height 6 feet 1 inch; weight 270 lb.

She tolerated her first procedure well. Normally during the first session I tend to underdose the patient because I wish to minimize side effects and see how they will react to the medications. I do this so that I know they will return for additional treatments. I can always increase the medications later. My initial cocktail consisted of phosphatidylcholine (PC), lidocaine, aminophylline, conjugated linolenic acid, L-carnitine, isoproterenol, yohimbine, pentoxifylline, and collagenase. The PC accounted for approximately one third of the syringe volume. She was injected with one-half-inch needles with the injections placed one-half inch apart.

She returned the following week for follow up. She said that swelling was minimal and that she experienced no pain or discomfort. With this knowledge and also knowing what was ahead, I increased the PC dose and had her return in 2 weeks. On return, she reported that there was an increase in swelling and overall discomfort, which she described as “quite tolerable”; again I increased the PC dose. During this time I started to think about the sheer bulk and magnitude of what I was trying to treat and started thinking about using a deeper injection.

On the day of her next appointment I decided to inject her deeply using a multilevel technique with a longer needle, even though I worry any time that I change things as you never know what the outcome will be. On her next visit she said that the swelling was tolerable so once again I increased the PC dose. The PC now accounted for approximately 60% of the

volume of each syringe.

The photos shown were taken 2 weeks after her fifth treatment. I am very satisfied with the outcome, but more importantly, she was extremely happy and has since signed up for 5 more treatments. She has also begun to discuss future treatment of her legs, which I will have to think about.

While I do not generally recommend treating obese patients to avoid unsatisfied patients, if patients are carefully screened and have realistic expectations, I have found that the results can be very satisfying.

**Robert P. Pitera, MD**, offers private and semiprivate mesotherapy training to those interested in obtaining hands-on experience. Dr Pitera was one of the first practitioners of mesotherapy in the United States and gave the very first lecture on mesotherapy presented to attending and resident physicians in a US teaching hospital setting. He has a successful practice in New York City and is on staff at a NYC teaching hospital. Dr Pitera is the current vice president of the American Board of Mesotherapy and serves on the boards of directors of both the American Society of Mesotherapy and the American Journal of Mesotherapy, for which he is also an editor. Dr Pitera has lectured on mesotherapy internationally and is available to lecture on request. You may contact Dr Pitera at:

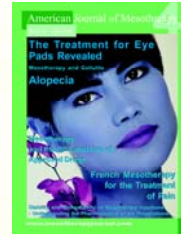
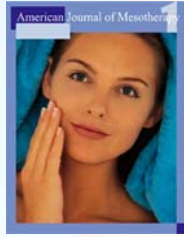
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