

Coming Soon: Topilase, a Cream That Can Fine-Tune Your Filler Results

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Dissolving fillers once required another poke of a needle. Now, a new cream could change the face of aesthetics.

By [Jolene Edgar](#) Published: Dec 23, 2022

 your lips need care too

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Botox in a bottle. Lip filler in a tube. Face-lift in a jar. Skincare has long aimed to emulate injectables and plastic surgery—typically to underwhelming effect. Both muscle-mellowing neuromodulators (like Xeomin and Dysport) and skin-plumping hyaluronic acid injections (à la Restylane and Juvéderm), rely on needles and cannulas to deliver them to their respective targets beneath the skin. And, let's be real, there will never exist a cream that can tighten slack skin like a surgeon's scalpel.

But now, we're hearing whispers of a first-of-its-kind topical potion called Topilase (from the French medical device company SoftFil, which was recently acquired by Canadian filler manufacturer Prolenium). Already in use across Europe and elsewhere overseas, the doctor-applied liquid isn't yet available in the United States, but could arrive sometime next year.

If you've ever had hyaluronic acid (HA) filler injections, then you're probably already familiar with hyaluronidase, the enzyme shot used to dissolve HA gels. Providers typically inject hyaluronidase—either shortly following filler or months to years later—to reduce or reverse an unwanted outcome. Reputable injectors make it a point to stock ample hyaluronidase not only to dial back exuberant volume and correct cosmetic blips, but to serve as an antidote to the most dreaded filler complication: a vascular occlusion, which occurs when filler accidentally enters a blood vessel, impeding circulation and threatening to cause skin death or blindness if not urgently treated.

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What is Topilase?

Developed by Sandrine Sebban, an aesthetic doctor in Paris, "Topilase is a complex of enzymes—hyaluronidase, protease, and lipase—that can help break down hyaluronic acid chains," Hema Sundaram, a board-certified dermatologist in suburban Washington, D.C., and a principal investigator on the pilot evaluation of Topilase, explains. The enzymes are combined with five soothing botanicals and formulated to be brushed on and massaged into the skin.

In the pilot evaluation, 17 women with persistent post-filler contour irregularities affecting their lips and/or under-eye region received one to three rounds of Topilase, plus massage. Subjects were 23 to 54 years old with a diverse range of skin types. The majority saw affected areas become more uniform following treatment and rated the experience as "comfortable" to "extremely comfortable."

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How fast Topilase performs depends on various factors, including which area it's applied to and how recently the HA was injected. While some patients see near-immediate improvement, most need up to three weekly treatments to get the outcome they're after.

Overall, "patients have been very happy with their results," Sundaram tells us. "To me, Topilase is a true innovation, because it's a completely noninvasive way of perfecting how the skin looks after HA injection. It can be that final icing on the cake that helps patients achieve the most natural-looking results."

How can Topilase improve filler results?

Yael Halaas, a board-certified facial plastic surgeon in New York City, also has hands-on experience with the product. She, too, finds that "it works very nicely for thin-skinned areas, like the lips and under eyes, where we tend to see irregularities and overfilling, and patients want a bit of correction." While Topilase makes a discernible difference, it can usually be used without fear of going too far—and erasing hundreds of dollars' worth of fullness. "It's not incredibly dramatic to the point where you're like, 'Oh, wow, my entire syringe is gone,'" Halaas adds.

The cream may also come in handy when treating dissolver-averse patients who'd rather live with slight filler imperfections than endure more needle pokes to correct them.

Topilase hasn't been studied for adjusting deeply injected filler—that little lump of HA that you can feel, but not see, along your jawbone, say—so it's best reserved for superficial injections in areas where the skin is thin enough for the liquid to permeate.

Board-certified Plano, Texas, oculoplastic surgeon Tanya Khan hasn't yet had the opportunity to try Topilase, but based on early intel, she's optimistic about its purported benefits, particularly for adjusting tear-trough filler. The under-eye area, given its unique anatomy, is tricky to treat with filler and rather prone to complications, like lumps, swelling, and the Tyndall effect (an obvious blue hue that arises due to the way light scatters when it hits HA particles sitting just below the skin).

Once Topilase is available, "I'll probably keep it on hand for small tweaks, especially for those who are having issues with depth of placement and get Tyndall effect frequently," Khan says.

Topilase is new to the market in the United Kingdom, where plastic and reconstructive surgeon Ashwin Soni injects patients in his Berkshire and London clinics. He isn't rushing to be an early adopter, however. While he admits that Topilase is "an innovative product" and says he's curious to see "what the clinical experience is as people start using it," he ultimately thinks "a lot more research needs to be published for us to really understand how effective it is."

How does Topilase compare to injectable hyaluronidase?

Aside from sharing a key enzyme, the two products really cannot be compared, largely because Topilase is classified and regulated as a cosmetic, and injectable hyaluronidase, as a drug.

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Injectable versions of hyaluronidase, like Hylenex, are actually FDA approved as "tissue permeability modifiers," intended to be given in combination with other injected drugs or fluids in order to boost their absorption, spread, and efficacy. Since hyaluronidase's role in aesthetics as an HA-filler reversal agent is not sanctioned by the FDA, this essential use is considered an off-label indication. (For the record, using drugs off-label is an exceedingly common and generally safe practice in medicine. Anyone who's ever gotten a lip flip has partaken in off-label neurotoxin.)

Our doctors are quick to note that Topilase is absolutely not a dupe for conventional hyaluronidase. "It's not going to replace—nor should it ever be thought of as a replacement for—injectable hyaluronidase," Halaas insists. Sundaram reiterates that Topilase falls into a "completely different category" than its needle-based counterpart.

By all accounts, the makers of Topilase are being extremely careful not to misrepresent their breakthrough product—and understandably so. The potential for buzz surrounding a "filler-melting cream" is enormous, and buzz often spirals into less-than-reliable clickbait, which raises the risk of instilling a dangerous false sense of security in uninformed patients and injectors. Make no mistake: Traditional hyaluronidase remains in a class of its own as "an emergency drug that needs to be injected to prevent tragic vascular complications," Halaas says. In such scenarios, "we'd never want injectors thinking they're safe just applying a cream."

Jolene Edgar

Jolene Edgar is a former New York City beauty editor turned freelance writer living in the Ocean State with her husband and two kids. She's been in the beauty game since 2000—she asks that you kindly don't do the math—writing primarily about skin-care and plastic surgery for *Cosmopolitan*, *Allure*, *Harper's Bazaar*, *Women's Health*, and other outlets. #LifeGoals include raising respectable humans who always wear the right amount of sunscreen, conquering a 60-minute Peloton ride with @robinnyc, and still being here, doing this, in another 18 years.

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