



SUBMIT YOUR ABSTRACT FOR INTERFACE EXPO 2026

DEAR RESEARCHER

We invite you to submit your poster abstract for Interface Expo 2026, the pioneer one-day medical aesthetics Congress that unites global expertise with the leaders of tomorrow, taking place at the Queen Elizabeth II Centre on Saturday 21st November 2026.

This is your opportunity to showcase your innovative research, share insights, and contribute to the ongoing advancement of aesthetic medicine. We encourage you to submit abstracts that highlight the latest clinical research, educational mentorship, and integrative approaches to the field.

ABSTRACT SUBMISSION DEADLINE: 9TH OCTOBER 2026

Abstract deadline: Friday 9th October

Researchers notified of review outcome: Monday 26th October

Poster presentation at Interface Expo, London: Saturday 21st November

ABSTRACTS WILL BE GIVEN PRIORITY IF THEY DEMONSTRATE:

- Innovative and original ideas
- Findings from clinical research
- A focus on education and mentorship
- Case series or case studies
- Regenerative medicine and aesthetics
- Integrative approaches to aesthetic medicine and surgery
- Innovations or novel treatment modalities/protocols
- An international and/or multidisciplinary perspective



PRESENTED POSTERS WILL BE JUDGED BY OUR ACADEMIC PANEL, WITH PRIZES AWARDED TO THE HIGHEST SCORING UK AND INTERNATIONAL PRESENTATIONS

INTERFACE expo

ABSTRACT REVIEW AND SCORING:

Your submission will be reviewed by our Scientific Coordinators and Committee, comprising UK and international experts across various professions. Abstracts will be scored on a scale of 1–5, based on:

- Clarity of title and objectives
- Importance to aesthetic medicine and surgery, and/or aesthetics education
- Explanation of methods and results
- Discussion of implications for practice
- Originality

SUBMISSION GUIDELINES:

- Abstracts must be Harvard referenced
- Only English-language abstracts will be accepted
- Word limit: 200 words
- Maximum of 4 authors per abstract
- Must be an original piece of research

RESEARCH COMMITTEE



MR JAMES OLDING

Specialist Registrar Maxillofacial
Surgery & Founding Director of
Interface Aesthetics



DR SARIKA GROVER

Doctor and Interface
Aesthetics Research Lead



JULIE SCOTT INP

Aesthetic Practitioner
& Injectables Trainer



DR ROHAN SHANKARGHATTA

Foundation Year 2 Doctor &
Co-research Lead



DR ISHTIAQ ALI

Epiphany Mentor, Dentist,
Medical Student



DR NIKOLA KULIK

Dentist and Aesthetic
Practitioner

INTERFACE expo

2025 WINNERS

BEST INTERNATIONAL POSTER

BEST UK POSTER

LIP FILLER ACROSS GENDERS AND GENERATIONS

Kuhn Daif Magro A¹, Trombetta M¹, Gomes Dallegiane F¹, Bonali A¹, Sanjapito E¹, Borges dos Santos EF¹, Pulvrenti LMA¹
¹ Vascular Surgeon, ² DGS, PhD, ³ Speaker Aesthetic Aesthetics (Brazil), ⁴ Faculty Interface Aesthetics (London UK), ⁵ Faculty Interface DAI (Paris) Photo Ageing R3 / Brazil, ⁶ Dental Surgeon, Educational Institution: Facimed Center - Passo Fundo RS / Brazil

Background / Objectives
 Lip augmentation has become a popular procedure and a key component in addressing cosmetic concerns when clinical practice today. This method improves the signs of facial aging¹ (hypertrophy and thinning) and (HA) fillers are increasingly favored for this minimally invasive procedure. To achieve optimal cosmetic and aesthetic outcomes, a fundamental understanding of the relevant anatomical components is essential, including detailed lip topography, muscular and subcutaneous organization, and pertinent vascular structures of the lip, while also considering significant changes that occur with aging². Additionally, understanding the physiology of the aging face is crucial in this context³. Starting the procedures as early as the third decade of life, intrinsic factors including hormonal changes and genetically determined processes produce alterations in skin quality and structure. Genetically, extrinsic aging through environmental influences, namely exposure to UV radiation and smoking, accelerate the loss of skin integrity. The objective of this study was to present a series of clinical cases demonstrating lip applications across different genders and generations, with respect to the unique particularities and needs of each individual. (Table 1).

Methods and Results
 In three clinical cases, four patients were recruited to undergo lip augmentation. This technique was performed either alone or in conjunction with other treatments, according to each patient's proposed treatment plan. All patients received single-session applications of Juvederm Voluma and/or Juvederm Volbella totaling between 1 and 2 mL. Each case was documented using Vectra 3D Imaging System (Vectra H2) before and 30 days post-procedure (Figures 1-24).

Table 1: Generation Baby Boomer, X, Y and Z

Generation X: Born between 1946 and 1964 (18 to 35 y.o.)
Generation Y: Born between 1965 and 1980 (36 to 51 y.o.)
Generation Z: Born between 1981 and 1996 (42 to 58 y.o.)
Generation X: Born between 1987 and 2012 (27 to 54 y.o.)

Patient 1: Female, 26 y.o., Generation Z
 Treatment plan and product: 2 syringes (Figures 1 and 2)
 1-Lip contour: Juvederm Voluma (Brazilian)
 2-Lip contour: Juvederm Voluma (Brazilian)

Patient 2: Male, 29 y.o., Generation Y
 Treatment plan and product: 1 syringe (Figures 3 and 4)
 1-Lip contour: Juvederm Voluma (Brazilian)
 2-Lip contour: Juvederm Voluma (Brazilian)

Patient 3: Female, 68 y.o., Generation Baby Boomer
 Treatment plan and product: 2 syringes (Figures 5 and 6)
 1-Lip contour: Juvederm Voluma (Brazilian)
 2-Lip contour: Juvederm Voluma (Brazilian)

Patient 4: Female, 68 y.o., Generation Baby Boomer
 Treatment plan and product: 2 syringes (Figures 7 and 8)
 1-Lip contour: Juvederm Voluma (Brazilian)
 2-Lip contour: Juvederm Voluma (Brazilian)

Conclusion
 A comprehensive 360-degree assessment of patients undergoing minimally invasive procedures, with an emphasis on psychological and cultural factors in addition to anatomical parameters, is essential for achieving excellence in clinical results. The basis of all successful injections is a mandatory understanding of normal as well as variations of vital structures in an area, combined with meticulous injection techniques.

References
 1. Kuhn Daif Magro A, Trombetta M, Gomes Dallegiane F, Bonali A, Sanjapito E, Borges dos Santos EF, Pulvrenti LMA. 2024. Lip augmentation: A comprehensive 360-degree assessment of patients undergoing minimally invasive procedures. J Interface Aesthetics. 2024;1(1):1-10.
 2. Kuhn Daif Magro A, Trombetta M, Gomes Dallegiane F, Bonali A, Sanjapito E, Borges dos Santos EF, Pulvrenti LMA. 2024. Lip augmentation: A comprehensive 360-degree assessment of patients undergoing minimally invasive procedures. J Interface Aesthetics. 2024;1(1):1-10.
 3. Kuhn Daif Magro A, Trombetta M, Gomes Dallegiane F, Bonali A, Sanjapito E, Borges dos Santos EF, Pulvrenti LMA. 2024. Lip augmentation: A comprehensive 360-degree assessment of patients undergoing minimally invasive procedures. J Interface Aesthetics. 2024;1(1):1-10.

Treating the lower face in Caucasian vs. Asian Female Patients: Anatomical Variations, Ageing Patterns, and Ethnicity-Specific Treatment Strategies

Dr Melissa Turkizadeh MBBS BSc PGDip Clin Ed, Dr Andriana Omelyanova BSc BSc, Dr Youzrah Ahmed BDS BSc MFDS PGDip CAIT

INTRODUCTION

- Facial ageing is a complex, multi-layered process shaped by intrinsic and extrinsic factors and differs significantly between Asian and Caucasian women.
- These differences are particularly evident in the lower third of the face, where the jawline, chin, perioral region, and lower cheeks play a central role in perceived youth, harmony, and attractiveness.
- Differences in bone structure, skin architecture, fat distribution, ligament strength, and muscle activity guide ethnicity-specific treatment planning.

AIMS

Explore the key anatomical and ageing differences in the lower face between Asian and Caucasian female patients.
 Integrate structural and functional considerations into an ethnicity-informed approach.
 Inspire practitioners to refine treatment planning to enhance outcomes, while respecting each patient's unique facial identity.

CAUCASIAN FEMALE	ANATOMICAL VARIATIONS	ASIAN FEMALE
Thinner dermis with earlier photoaging ^{1,2}	SKIN	Thicker dermis with denser collagen bundles ^{1,3}
Early maxillary and mandibular resorption ³	SKELTAL STRUCTURE	Retains stronger structural support, but develops lower-face heaviness
Earlier descent of fat pads ^{4,5}	FAT AND LIGAMENTS	Bulkier jawline and squarer jawline ⁶
Perioral overactivity	MUSCULATURE	Masseter hypertrophy

TREATMENT STRATEGY CAUCASIAN FEMALE

- Volume and structural augmentation⁷**
 Structural augmentation with high-G HA fillers
 Chin projection, pre-jawline contour correction
 Jawline contouring
- Thread repositioning⁸**
 Thread lifting (PDO, PLLA or PCL barbed threads) to elevate descended jaw/marionette regions in mild-moderate laxity.
- Improve skin quality and resurfacing⁹**
 Botulinum toxin to platysma, DAO, and mentalis.
 Fractional CO₂ laser, RF micro-needling, and collagen stimulators
 Use of skin boosters and polynucleotides to improve hydration and laxity of the skin.

TREATMENT STRATEGY ASIAN FEMALE

- Contouring and proportion balancing¹⁰**
 Masseter reduction - facial slimming.
- Thread repositioning⁸**
 Thread lifting for early sub-tissue descent
 Used alongside botulinum toxin for masseter reduction
 Chin projection without elongation.
- Skin and pigmentation management¹⁰**
 Fractional 1550 nm non-ablative laser or low-energy Q-switched Nd:YAG for texture and pigmentation.
 Collagen stimulators used selectively in older patients to restore framework without adding bulk.

LIMITATIONS

This summary draws on heterogeneous studies with variable methodologies, imaging techniques, and population definitions, which may limit direct cross-ethnicity comparisons. Asian and Caucasian groups encompass wide anatomical diversity, and the overview may not capture all regional or individual variations. Treatment recommendations are generalised and should be adapted to each patient's unique anatomy and clinical presentation.

CONCLUSION

Ethnicity-specific planning leads to more natural, safe, and harmonious rejuvenation outcomes. Understanding structural and ageing differences is essential for tailored lower-face medical aesthetic treatment. It is important to consider extrinsic factors such as smoking and diet on facial ageing. Future studies could focus on ageing on a cellular and molecular level and compare this within different ethnic groups.

Submit your abstract to zeanab@interfaceaesthetics.co.uk