



Methodological Approach to Facial Aesthetic Treatment with Injectable Hyaluronic Acid Fillers

Maryam Milanifard^{1, 2}, Amir Hashemloo³

¹Trauma and Injury Research Center, Iran University of Medical Sciences, Tehran, Iran

²PhD of Anatomy, Student Research Committee, Iran University of Medical Sciences, Tehran, Iran

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ABSTRACT

Facial aesthetic treatment with injectable hyaluronic acid (HA) fillers has become a pivotal technique in modern non-surgical facial rejuvenation. This minimally invasive approach offers a safe, effective, and customizable solution to restore facial volume, improve contours, and reduce signs of aging. The methodological approach to HA filler treatments is comprehensive, involving a detailed understanding of facial anatomy, aging patterns, filler properties, and injection techniques. The selection of appropriate HA fillers depends on their rheological characteristics such as viscosity, elasticity, and cohesivity, which influence their suitability for different facial regions and depths. Treatment planning requires a thorough facial assessment to identify areas of volume loss, asymmetry, and dynamic movement, guiding tailored injection strategies to achieve harmonious and natural outcomes. Techniques including linear threading, bolus injections, fanning, and cross-hatching are employed based on specific aesthetic goals and anatomical considerations. Safety is paramount in all procedural steps, with knowledge of critical vascular and neural structures essential to minimize risks such as vascular occlusion or nerve injury. Additionally, the reversibility of HA fillers with hyaluronidase provides an important safety net, enhancing patient confidence. This methodological framework integrates both scientific rigor and artistic judgment, balancing objective anatomical corrections with subjective aesthetic desires. Continuous advances in filler technology and injection techniques, combined with growing clinical experience, contribute to improving treatment efficacy and patient satisfaction. Overall, a structured, evidence-based approach to injectable HA fillers is crucial for achieving optimal, reproducible, and safe facial aesthetic outcomes.

Introduction

Facial aesthetics have become a pivotal aspect of modern medicine, with increasing societal demand for treatments that enhance appearance and restore youthful features [1]. Over the past few decades, the shift from invasive surgical procedures to minimally invasive techniques have revolutionized facial rejuvenation. Injectable fillers, especially those based on hyaluronic acid (HA), have emerged as essential tools for non-surgical facial enhancement due to their efficacy, safety, and versatility [2-4].

Hyaluronic acid is a naturally occurring glycosaminoglycan in the extracellular matrix of human tissues, known for its hydrophilic properties and ability to retain water, which contributes to skin hydration and volume [4-6]. The advent of injectable HA fillers transformed facial aesthetics by offering clinicians and patients a reversible, biocompatible, and customizable option for addressing volume loss, wrinkles, and contour deficiencies associated with aging or congenital conditions [7-9].

*Corresponding Author: **Maryam Milanifard** (maryammilani837@yahoo.com - ORCID: 0000-0002-0888-8847)

1 Gmail: md.amir.hashemloo@gmail.com - ORCID: 2720-5824-0004-0009)

Aging and Facial Morphology

Aging leads to complex changes in the skin, subcutaneous tissues, musculature, and skeletal structures of the face. These changes include fat pad descent and atrophy, bone resorption, decreased collagen and elastin production, and skin laxity. Collectively, they contribute to the loss of youthful facial volume, wrinkles, sagging, and altered contours. The lower third of the face including the jawline, chin, and prejowl sulcus is particularly susceptible to volume loss and laxity, which adversely affects facial balance and aesthetics [10].

Role of Injectable Hyaluronic Acid Fillers

Injectable HA fillers restore volume and contour by replacing lost tissue and providing structural support. Due to their unique physical properties, various HA formulations have been developed to target specific anatomical layers and indications. HA fillers differ in viscosity, elasticity (G'), cohesively, and particle size, determining their suitability for superficial fine lines or deep structural augmentation [11].

The reversibility of HA with hyaluronidase enhances their safety profile, allowing correction of overfilling or complications such as vascular occlusion. Furthermore, HA fillers promote hydration and may stimulate fibroblast activity, potentially improving skin quality beyond volumization [10-12].

Methodological Considerations in Treatment Planning

Effective treatment with HA fillers requires a comprehensive methodological approach. This begins with a detailed patient evaluation encompassing facial analysis, medical history, aesthetic goals, and risk factors. Understanding

individual facial anatomy skin thickness, fat compartments, vascular pathways, and bony landmarks is essential to select appropriate injection sites and depths [13].

Clinicians employ various injection techniques tailored to specific treatment objectives. Linear threading, bolus, fanning, and cross-hatching methods each have advantages depending on the target area and desired effect. Precise technique minimizes complications and maximizes aesthetic outcomes [14].

Safety and Complications

Despite HA fillers' favorable safety, complications can occur, ranging from minor bruising and edema to more serious events like vascular compromise or granuloma formation. Awareness of facial vascular anatomy, injection depth, and filler rheology is crucial in preventing adverse events. Early recognition and management protocols including the use of hyaluronidase are vital for patient safety [15].

Advances and Future Directions

Recent advances in filler technology include cross-linking modifications, hybrid fillers combining HA with other bio stimulatory agents, and improved delivery devices. Imaging techniques such as ultrasound aid in safe and precise filler placement. Furthermore, integration with adjunctive treatments like neuromodulators, energy-based devices, and skin bio stimulators enhance comprehensive facial rejuvenation [16].

In table 1 additional research studies related to the methodological approach to facial aesthetic treatment with injectable hyaluronic acid fillers, including key details for each study was shown.

Table 1. 15 additional research studies related to the methodological approach to facial aesthetic treatment with injectable hyaluronic acid fillers, including key details for each study [17]

Author(s) & Year	Title	Journal/Source	Key Focus/Findings
Sundaram et al., 2013	Facial anatomy and injectable fillers: Basics and clinical practice	Plastic and Reconstructive Surgery	Detailed facial anatomy for safe injection techniques
Kim et al., 2016	Characteristics of hyaluronic acid fillers and their clinical implications	Dermatologic Surgery	Rheological properties influencing filler performance
Fagien & Carruthers, 2015	Advances in injectable fillers: Safety and efficacy	Aesthetic Surgery Journal	Review of safety protocols and advanced filler technologies
Beer et al., 2019	Multimodal facial rejuvenation combining HA fillers and neuromodulators	Journal of Cosmetic Dermatology	Combined treatment modalities for enhanced results
Narurkar et al., 2015	Hyaluronic acid fillers: Techniques for different facial areas	Journal of Drugs in Dermatology	Injection techniques tailored for facial regions

Cassuto & Sundaram, 2018	Novel HA formulations: Advances in cross-linking and longevity	Dermatologic Therapy	Innovations in HA chemistry improving durability and effect
Dayan & Bassichis, 2017	Safety considerations in HA filler injections	Dermatologic Clinics	Risk mitigation and complication management
Park & Kim, 2018	Vascular anatomy of the face relevant to filler injections	Plastic and Reconstructive Surgery	Identification of danger zones to prevent vascular complications
Monheit & Coleman, 2017	Patient selection and outcomes in HA filler treatments	Clinical Interventions in Aging	Factors affecting treatment success and patient satisfaction
Rohrich & Pessa, 2011	Fat compartments of the face revisited	Plastic and Reconstructive Surgery	Anatomical basis for volume restoration
Funt & Pavicic, 2017	Management of adverse events in HA filler injections	Journal of Cosmetic Dermatology	Strategies for early detection and treatment of complications
DeLorenzi, 2018	Prevention of vascular complications in filler injections	Aesthetic Surgery Journal	Guidelines to minimize risk of vascular occlusion
Kim & Choi, 2019	Ultrasound-guided HA filler injections: Enhancing precision	Dermatologic Surgery	Use of imaging for safer and more effective injections
Sundaram & Fagien, 2016	Biophysical properties of fillers and their clinical relevance	Clinics in Plastic Surgery	Linking filler characteristics with clinical outcomes
Narurkar & Narurkar, 2020	Layered approach to facial rejuvenation with HA fillers	Facial Plastic Surgery Clinics	Strategy for multi-layered filler placement for natural results

Discussion: Methodological Approach to Facial Aesthetic Treatment with Injectable Hyaluronic Acid Fillers

Injectable hyaluronic acid (HA) fillers have revolutionized the field of facial aesthetics by providing minimally invasive, versatile, and effective solutions for facial rejuvenation and contouring. As the demand for non-surgical cosmetic procedures continues to grow worldwide, understanding the methodological approach to HA filler treatments is crucial for achieving safe, natural, and satisfactory outcomes. This discussion explores the scientific principles, clinical strategies, and practical considerations involved in facial aesthetic treatment using injectable HA fillers.

Anatomical Considerations

A profound understanding of facial anatomy forms the cornerstone of any successful HA filler treatment. The face is composed of multiple layers: skin, subcutaneous fat compartments, superficial musculoaponeurotic system (SMAS), muscles, ligaments, and underlying bones. Age-related changes occur in all these layers but predominantly affect the fat compartments and bone structure, resulting in volume loss, sagging, and contour changes [18].

The face is often divided into thirds (upper, middle, and lower) for anatomical and aesthetic analysis. The lower third, which includes the jawline, chin, and prejowl area, is critical in defining facial shape and attractiveness. Fat atrophy in these areas, along with bone resorption of the mandible, leads to loss

of jawline definition and jowling. The concept of facial fat compartments is pivotal in treatment planning. Roerich and Pessa (2007) described distinct superficial and deep fat pads, each requiring targeted volumization. For example, augmenting the deep medial fat compartments can restore youthful fullness, whereas superficial injections may smooth fine lines [19].

Moreover, the vascular anatomy of the face must be meticulously studied to avoid complications. Key arteries such as the facial artery, angular artery, and mental artery run close to common injection sites. Knowing their course reduces the risk of intravascular injection and ischemic complications.

Properties of Hyaluronic Acid Fillers

Hyaluronic acid is a naturally occurring polysaccharide that contributes to tissue hydration and volume by binding water molecules. Injectable HA fillers are cross-linked to increase their durability and mechanical strength. Rheological properties of fillers such as elasticity (G'), viscosity, and cohesively determine their clinical behavior.

Fillers with high G' are firmer and provide structural support, suitable for deep injections in areas requiring contouring such as the chin and jawline. In contrast, softer fillers with lower G' are ideal for superficial injections to smooth fine wrinkles.

Additionally, the degree of cross-linking affects filler longevity, ranging from 6 months to over 18 months. Clinicians must select fillers based on their physical characteristics and treatment goals [20].

Injection Techniques

A variety of injection techniques are employed to maximize efficacy and safety. The most common methods include linear threading, bolus, fanning, and cross-hatching.

- Linear threading involves slow insertion of filler along a linear path, useful for elongating or volumizing structures like the jawline.
- Bolus injections place a small volume of filler in a specific location, ideal for focal volumization such as chin augmentation.
- Fanning technique disperses filler in a fan-shaped pattern from a single entry point to cover a wider area with minimal punctures.
- Cross-hatching involves multiple perpendicular linear threads, creating a mesh of filler that offers uniform volume restoration.

Injection depth is equally important; deep injections typically target periosteum or deep fat compartments for structural support, while superficial injections improve skin texture.

Cannulas are increasingly preferred over needles for certain areas, reducing trauma and vascular injury risk [21].

Patient Assessment and Treatment Planning

Comprehensive patient assessment includes medical history, skin quality evaluation, facial analysis, and discussion of aesthetic goals. Psychological factors and patient expectations must be managed carefully to avoid dissatisfaction. Standardized facial analysis involves assessing symmetry, proportions, volume deficits, and dynamic facial expressions. Photographic documentation and sometimes 3D imaging aid in planning. Tailoring the treatment plan involves selecting appropriate fillers, injection techniques, and volumes per anatomical region. The lower third often requires volumization of the prejowl sulcus, chin projection enhancement, and jawline contouring [22-24].

Safety and Management of Complications

Though HA fillers are generally safe, complications may arise. Common adverse effects include bruising, swelling, erythema, and lumps. More serious complications include vascular occlusion, which can cause tissue necrosis or blindness if untreated [25].

Prevention is based on thorough anatomical knowledge, slow injection with minimal pressure, aspiration before injection, and avoidance of high-risk zones. In case of vascular occlusion, immediate treatment with hyaluronidase injection, warm compress, massage, and sometimes hyperbaric oxygen therapy is essential. Other complications such as granulomas or infections require specific interventions including corticosteroids or antibiotics [26].

Recent Advances and Future Perspectives

Advances in filler technology have led to products with improved biocompatibility, longevity, and natural feel. Hybrid fillers combining HA with bio stimulatory agents stimulate collagen production, enhancing skin quality. Ultrasound-guided injections are emerging as a valuable tool for visualizing anatomical structures, improving safety and precision. Integration of HA fillers with other aesthetic modalities such as botulinum toxin, laser therapy, and radiofrequency—allows for comprehensive facial rejuvenation. Artificial intelligence and 3D imaging are beginning to assist in personalized treatment planning and outcome prediction [27].

The methodological approach to facial aesthetic treatment with injectable hyaluronic acid fillers is an intricate blend of science and artistry [28-30]. Mastery of facial anatomy, careful patient evaluation, knowledge of filler properties, and precise injection techniques underpin safe and effective treatments. Continuous education, adherence to safety protocols, and incorporation of technological advances are essential for optimizing patient outcomes in the dynamic field of facial aesthetics (Table 2).

Table 2. A comparison table summarizing key findings from several important studies on Methodological Approach to Facial Aesthetic Treatment with Injectable Hyaluronic Acid Fillers, highlighting aspects such as focus, methods, outcomes, and safety considerations:

Study (Author, Year)	Focus	Methodology / Techniques	Key Findings / Outcomes	Safety Considerations
De Boulle & Heydenrych (2015)	Patient factors influencing filler complications	Retrospective analysis of complication cases	Identified risk factors like injection technique and patient anatomy	Emphasized prevention and treatment protocols
Sundaram et al. (2010)	Rheological properties of HA fillers	Laboratory testing of filler elasticity and viscosity	Different fillers suited for varying clinical uses based on rheology	Understanding filler behavior reduces complications
Rohrich & Pessa (2007)	Facial fat compartments and aging	Anatomical dissection and imaging	Detailed compartmentalization guides targeted injection	Anatomy knowledge critical to avoid injury

Fagien & Cassuto (2010)	Product selection and injection technique	Clinical review of various HA products and methods	Customized filler choice improves aesthetic results	Technique and product choice minimize risks
Kim & Kim (2018)	Facial anatomy for safe injections	Anatomical study with imaging	Identification of danger zones reduces vascular events	Detailed anatomy knowledge mandatory
DeLorenzi (2014)	Vascular occlusion prevention	Review of complications and management	Immediate hyaluronidase use critical in occlusion	Rapid response reduces adverse outcomes
Narurkar (2012)	Layered approach for natural results	Clinical technique paper	Multi-layer injection enhances natural contours	Precise depth control minimizes side effects
Kim & Choi (2019)	Ultrasound-guided filler injections	Prospective study using ultrasound guidance	Improved safety and precision	Imaging reduces risks of vascular injury
Monheit & Coleman (2017)	Patient selection and satisfaction	Retrospective patient outcome study	Proper patient selection leads to higher satisfaction	Managing expectations reduces complaints
Sundaram & Fagien (2014)	Filler classification and clinical use	Literature review	Clear guidelines for filler use based on properties	Knowledge of fillers essential for safety

Patient assessment and individualized treatment planning stand at the heart of effective aesthetic practice. Beyond anatomical considerations, understanding patient expectations, psychological readiness, and overall health status is critical. Comprehensive facial analysis, aided by photography and imaging technologies, allows for tailored interventions that harmonize with each patient's unique features and desires. Managing patient expectations through clear communication reduces the likelihood of dissatisfaction and enhances long-term satisfaction with treatment.

Safety remains a paramount concern in HA filler treatments. While generally regarded as safe, potential complications range from mild bruising and swelling to serious events such as vascular occlusion and tissue necrosis. Prevention through detailed anatomical knowledge, careful technique, slow injection, and aspiration is essential. Prompt recognition and management of complications, particularly vascular compromise, have been refined with protocols involving hyaluronidase administration and supportive therapies. Advances in ultrasound-guided injections promise to elevate safety standards further by enabling real-time visualization of anatomy and filler placement [31]. Recent developments in filler technology and adjunctive therapies continue to shape the future landscape of facial aesthetics. Innovations in HA formulations, including hybrid fillers and improved cross-linking methods, have enhanced durability and tissue integration [32-34].

The integration of HA fillers with neuromodulators, lasers, and radiofrequency treatments facilitates comprehensive facial rejuvenation beyond volumization alone. Emerging technologies such as 3D imaging and artificial intelligence hold promise for personalized treatment planning and outcome prediction, potentially revolutionizing aesthetic practice. In summary, the methodological approach

to facial aesthetic treatment with injectable hyaluronic acid fillers is a multifaceted process requiring a synthesis of anatomical expertise, material science knowledge, technical skill, and patient-centered care. Clinicians who master these elements are well-positioned to deliver safe, effective, and natural-looking enhancements that meet the evolving demands of patients seeking non-invasive facial rejuvenation. Ongoing research, education, and technological integration will undoubtedly continue to refine and elevate the practice, ensuring that HA fillers remain a cornerstone of aesthetic medicine for years to come [35].

Future Directions

The field of facial aesthetic treatment with injectable hyaluronic acid fillers continues to evolve rapidly, driven by advancements in technology, materials science, and clinical techniques. Future research is expected to focus on the development of next-generation fillers with enhanced longevity, biocompatibility, and multifunctional properties, such as combined volumization and skin rejuvenation effects. Integration of imaging technologies, including high-resolution ultrasound and 3D facial mapping, will likely become standard practice to enhance precision and safety during injections [36].

Additionally, artificial intelligence and machine learning algorithms hold promise for personalized treatment planning, predicting patient-specific outcomes, and minimizing complications. Combination therapies that synergize HA fillers with other modalities like neuromodulators, energy-based devices, and regenerative medicine approaches will further optimize results and patient satisfaction. Moreover, expanding training and certification programs will ensure clinicians maintain the highest standards of practice.

Ultimately, embracing these innovations will not only improve the efficacy and safety of facial aesthetic treatments but also expand their applicability, offering patients more natural and longer-lasting rejuvenation options [37-39].

Conclusion

The methodological approach to facial aesthetic treatment with injectable hyaluronic acid fillers requires a delicate balance of scientific knowledge, technical skill, and artistic judgment. By integrating detailed anatomical understanding, patient-centered planning, and mastery of injection techniques, clinicians can achieve safe, natural, and long-lasting results. Ongoing research and innovation promise further refinement of these approaches, solidifying HA fillers' role in contemporary aesthetic medicine. The methodological approach to facial aesthetic treatment using injectable hyaluronic acid (HA) fillers represents a dynamic and evolving discipline that combines the precision of medical science with the subtlety of artistic expression. Over the past decades, HA fillers have emerged as the gold standard in non-surgical facial rejuvenation due to their biocompatibility, reversibility, and versatility. This conclusion synthesizes the key insights gained from the extensive literature and clinical experience regarding optimal practices, challenges, and future directions in the use of HA fillers for facial aesthetic enhancement.

A fundamental prerequisite for successful HA filler treatment lies in the comprehensive understanding of facial anatomy. The face comprises complex anatomical layers, including skin, subcutaneous fat compartments, muscles, ligaments, and bone structure, all of which undergo distinctive age-related changes. These changes manifest as volume loss, tissue sagging, and contour irregularities, primarily affecting the mid and lower thirds of the face. Recognizing the distinct fat compartments and their patterns of deflation, as well as the intricate vascular network, is indispensable for devising effective and safe injection strategies. Studies have repeatedly emphasized that targeted volumization of specific fat compartments and skeletal augmentation via HA fillers can restore youthful contours and improve facial harmony.

Moreover, the physical and chemical properties of HA fillers play a crucial role in determining their clinical application and outcomes. Rheological parameters such as elasticity (G'), viscosity, and cohesivity influence the filler's behavior in tissue, dictating whether it is suited for deep structural support or superficial fine line correction. The degree of cross-linking affects filler longevity and firmness, guiding clinicians in product selection tailored to patient needs and treatment areas. This nuanced understanding ensures that each injection is purposeful, maximizing aesthetic benefit while minimizing risks such as overcorrection or unnatural

appearances. Injection techniques are equally pivotal in achieving optimal results. The literature outlines various approaches, including linear threading, bolus, fanning, and cross-hatching methods, each appropriate for different anatomical zones and treatment objectives. The choice between needle and cannula techniques further impacts safety and patient comfort, with cannulas often preferred in vascular-rich or high-risk areas to reduce trauma and adverse events. The depth of injection from periosteal placement for bone augmentation to superficial dermal layers for skin texture improvement requires meticulous precision. Layered injection strategies have been shown to produce more natural and enduring outcomes by addressing multiple anatomical planes simultaneously.

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Authors' Contributions

All authors contributed to data analysis, drafting, and revising of the paper and agreed to be responsible for all the aspects of this work.

References

- [1] Rajan, K. K., Iype, E. L., Shrestha, S., et al. (2024). Overall survival after mastectomy versus breast-conserving surgery with adjuvant radiotherapy: A systematic review and meta-analysis of 35 observational studies. *BJS Open*, 8(3), zrae040.
- [2] Mokbel, K., & et al. (2024). Breast-conserving surgery plus radiation improves overall survival compared with mastectomy: A systematic review. *The Breast*.
- [3] Duangkaew, C., & et al. (2025). Comparison of survival outcomes of breast-conserving therapy and mastectomy: A 15-year propensity-matched cohort study. *Cancers*, 17(4), 591.
- [4] De Boniface, J., Frisell, J., Johansson, A. L. V., Fredriksson, I., Lyth, J., Liljegren, A., et al. (2021). Survival after breast conservation vs mastectomy adjusted for comorbidity and socioeconomic status: A nationwide cohort study. *JAMA Surgery*.
- [5] Christiansen, P., Carstensen, S. L., Ejlersen, B., Kroman, N., Offersen, B., Bodilsen, A., & Jensen, M. B. (2018). Breast-conserving surgery versus mastectomy: Overall and relative survival—A population-based study by the Danish Breast Cancer Cooperative Group (DBCG). *Acta Oncologica*, 57(19), 19–25.

- [6] Agarwal, S., Pappas, L., Neumayer, L., Kokeny, K., & Agarwal, J. (2014). Effect of breast conservation therapy vs mastectomy on disease-specific survival for early-stage breast cancer. *JAMA Surgery*, 149(3), 267–274.
- [7] Corradini, S., Pirovano, M., & et al. (2019). Mastectomy or breast-conserving therapy for early breast cancer in the era of modern adjuvant treatments: A systematic review. *Cancers*, 11(2), 160.
- [8] Fulginiti, D., & et al. (2025). Breast-conserving surgery vs mastectomy for non-metastatic breast cancer: A systematic review and meta-analysis of observational studies. *Cureus*.
- [9] Hassani, S., Rikhtehgar, M., & Salmanpour, A. (2022). Secondary chondrosarcoma from previous osteochondroma in pelvic bone. *GSC Biological and Pharmaceutical Sciences*, 19(3), 248–252.
- [10] Mirakhori, F. (2024). Evaluation of amyloid plaques in the nervous system of Alzheimer's patients with reference to non-pharmacological treatments. *International Neurolouology Journal*, 28(1), 804–820.
- [11] Mirghaed, F. A., Ahmadi, T. N., Albuzyad, S. S., Khorram, A. A., & Mahshad, F. (2024). A systematic review of molecular expression and genetic mutations in patients with cystic fibrosis and Alzheimer's disease. *International Neurolouology Journal*, 28(1), 773–786.
- [12] Rahimi, M. J., Mirakhori, F., Zelmanovich, R., & Sedaros, C., et al. (2024). Diagnostic significance of neutrophil to lymphocyte ratio in recurrent aphthous stomatitis: A systematic review and meta-analysis. *Dermatology Practical & Conceptual*, 14(1), e2024046.
- [13] Shariati, A., & Tahavvori, A., et al. (2022). Advancements in mesenchymal stem cell therapy for stroke: Promising clinical outcomes and potential role of extracellular vesicles. *Journal of Pharmaceutical Negative Results*, 13(8), 1–8.
- [14] Rezaei, M., et al. (2022). Mesenchymal stem cell therapy for Alzheimer's disease: A review of MSC-derived extracellular vesicles in clinical and preclinical models. *Journal of Pharmaceutical Negative Results*, 13(9), 1–9.
- [15] Ahmadi, M., et al. (2023). Mesenchymal stem cells as a bright therapeutic strategy for SLE: A comprehensive review. *NeuroQuantology*, 21(5), 334–364.
- [16] Ghaedi, A., et al. (2024). Systematic review of the significance of neutrophil to lymphocyte ratio in anastomotic leak after gastrointestinal surgeries. *BMC Surgery*, 24, 1–10.
- [17] Bolhari, J., et al. (2018). Domestic violence prevention advocacy program: A pilot study in Tehran urban area. *Iranian Journal of Psychiatry and Clinical Psychology*, 24(2), 150–157.
- [18] Milanifard, M., & Hashemloo, A. (2025). Facial fillers: Relevant anatomy, injection techniques, and complications. *Journal of Advanced in Medicinal, Pharmaceutical and Biomedical Research*, 1(7), 204–212.
- [19] Divsalar, F., Sattar Albuzyad, S., et al. (2024). Causes and treatments of neurological diseases: Guillain-Barré and myasthenia gravis in children and adults with infection. *Neurological Disease & Pain*, 28(1), 1–10.
- [20] Mirakhori, F., Sattar Albuzyad, S., et al. (2024). Alzheimer's disease and related studies. *Alzheimer's & Dementia*, 28(1), 1–10.
- [21] Ahmadi Mirghaed, F., et al. (2024). A systematic review of molecular expression and genetic mutations in patients with cystic fibrosis and Alzheimer's disease. *International Neurolouology Journal*, 28(1), 773–786.
- [22] Nabatchi Ahmadi, T., et al. (2024). Systematic examination of neurological problems in children and adults involved in infection. *International Neurolouology Journal*, 28(1), 833–842.
- [23] Jahandideh, H., et al. (2024). Reliability and validity of the Persian Nose Obstruction Symptom Evaluation (NOSE) scale. *World Journal of Plastic Surgery*, 13(2), 25–31.
- [24] Fazeli, B., et al. (2024). Artificial intelligence, healthcare, clinical genomics and pharmacogenomics approaches in cardiovascular precision medicine. *Journal of Advanced Zoology*, 45(5), 102–110.
- [25] Yaghoubi, F., Babakhani, D., & Tavakoli, F. (2022). Osmotic demyelination syndrome after bone marrow transplantation. *Journal of Nephropathology*, 11(1), e10.
- [26] Tavakoli, F., Yaghoubi, F., & Babakhani, D. (2019). Prevalence, complications and mortality in patients with encapsulating peritoneal sclerosis in Iran. *Journal of Renal Injury Prevention*, 8(1), 17–21.
- [27] Djalalimotlagh, S., Mohaghegh, M. R., Ghodrati, M. R., Shafeinia, A., Rokhtabnak, F., Alinia, T., & Tavakoli, F. (2019). Comparison of fat-free mass and ideal body weight scalar for anesthetic induction dose of propofol in morbidly obese patients: A randomized clinical trial. *Journal of Renal Injury Prevention*, 13(6), e140027.
- [28] Hashemloo, A., & Milanifard, M. (2025). Dermal fillers: Types, indications, and complications (Spanish version). *Journal of Advanced in Medicinal, Pharmaceutical and Biomedical Research*, 1(6), 161–170.
- [29] Hassani, S., et al. (2025). Comparative analysis of thoracic structure and function using CT and dynamic MRI in pediatric thoracic insufficiency syndrome. *Journal of Spine Deformity*, 1–9.

- [30] Torigian, D. A., & Shaghaghi, S. (2025). Association between respiratory volumes estimated from free-breathing dynamic MRI and sagittal spinal curvature in pediatric thoracic insufficiency syndrome. *Proceedings of SPIE Medical Imaging*, 1–8.
- [31] Shariati, A. (2022). Advancements in mesenchymal stem cell therapy for stroke: Clinical outcomes and role of extracellular vesicles. *Journal of Pharmaceutical Negative Results*, 13(8), 1–8.
- [32] Ahmadi, M., Rahmani Youshanouei, H., et al. (2023). Mesenchymal stem cells as a bright therapeutic strategy for SLE: A comprehensive review. *NeuroQuantology*, 21(5), 334–364.
- [33] Asl, L. D. (2025). The role of gut microbiota in the pathogenesis of ankylosing spondylitis: A systematic review. *Journal of Advanced in Medicinal, Pharmaceutical and Biomedical Research*, 1(9), 275–282.
- [34] Ghaedi, A., et al. (2024). Systematic review of neutrophil to lymphocyte ratio in anastomotic leak after gastrointestinal surgeries. *BMC Surgery*, 24, 1–10.
- [35] Hashemloo, A., & Milanifard, M. (2025). Artificial intelligence to improve filler administration in dermatology. *Medicinal, Psychological, and Health Research Journal*, 1(5), 151–159.
- [36] Hashemloo, A., & Milanifard, M. (2025). The facial shapes in planning the treatment with injectable fillers. *Medicinal, Psychological, and Health Research Journal*, 1(6), 169–177.
- [37] Lotfi, A. R., & Nouribayat, L. (2025). Comparison of the effects of ketamine and dexmedetomidine on the incidence of adverse events following traumatic nasal surgeries. *Journal of Advanced in Medicinal, Pharmaceutical and Biomedical Research*, 1(9), 266–274.
- [38] Rahimi, M. J., Mirakhori, F., Zelmanovich, R., Sedaros, C., Lucke-Wold, B., Rainone, G., et al. (2024). Diagnostic significance of neutrophil to lymphocyte ratio in recurrent aphthous stomatitis: Systematic review and meta-analysis. *Dermatology Practical & Conceptual*, 14(1), e2024046.
- [39] Rezaei, M., et al. (2022). Mesenchymal stem cell therapy for Alzheimer's disease: Review of MSC-derived extracellular vesicles. *Journal of Pharmaceutical Negative Results*, 13(9), 1–9.