An outbreak of devastating facial stigmata caused by a single unlicensed aesthetic practitioner

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INTRODUCTION

The definition of cosmetic (aesthetic) practice is somewhat subjective. According to the American Society of Plastic Surgeons, “cosmetic plastic surgery includes surgical and nonsurgical procedures that enhance and reshape structures of the body to improve appearance and confidence” [1]. The Professional Standards for Cosmetic Practice report, published by the Cosmetic Surgical Practice Working Party of the Royal College of Surgeons of England, describes aesthetic practice as “operations and all other invasive medical procedures where the primary aim is the change, restoration, normalization, or improvement of appearance, function, and well-being at the request of an individual” [2]. Although life-threatening incidents are rare in the field of aesthetic practice, complications can lead to drastic changes in a patient’s image, causing extreme distress.

For this reason, only qualified and competent professionals should be allowed to practice. Despite numerous efforts to define cosmetic practices as medical procedures, there have been repeated reports of unlicensed aesthetic practitioners illegally performing medical procedures [3]. A common misconception is that aesthetic procedures are generally harmless. The public therefore tends to overlook the risks and focus instead on the economic benefits of using unlicensed practitioners.
This article reports on an outbreak of devastating facial stigmata caused by a single unlicensed cosmetic practitioner. By addressing current regulations on the practice of medicine and the vulnerability of the public in the healthcare system, this study aims to provide insights on protecting the public from potentially disastrous complications.

METHODS

Description of the outbreak
During 1 week in November 2021, five patients presented to Bucheon St. Mary's Hospital for the management of facial hypertrophic scars (Fig. 1). Each patient had been treated for skin rejuvenation by the same unlicensed medical practitioner. They reported that the perpetrator was a 72-year-old woman who had run her business for more than 25 years. She frequently changed the contact number and location of her practice. The procedures were scheduled through a personal network and were performed in motels and spas. The procedures involved repetitive dermal needling for bloodletting and evacuation of sebum, and disfigurement occurred within a month. Despite months of needling by the practitioner, aimed at improving the scars, the symptoms were aggravated. The victims presented at our hospital after the practitioner abandoned them, refusing to answer their calls. Although only five patients were treated at our institution, we were informed that dozens of other clients had regular appointments with the same practitioner. The victims were not only stigmatized by the facial disfigurement, but also experienced psychological trauma and severe distress.

Patients
The patients' characteristics are listed in Table 1. Four female patients and one male patient with a mean age of 57.00 ± 4.56 years were included. The mean duration of treatment was 4.80 ± 0.98 months, and the mean number of procedures was 4.60 ± 1.02. Typically, the patients had multiple erythematous scars on both cheeks (Fig. 1). In one patient, ectropion of the right lower lid was observed due to severe scar contracture (Fig. 2A).

![Fig. 2. Ectropion caused by severe scarring. A 54-year-old woman presented with hypertrophic scarring on both malar areas. (A) Scars on her right cheek caused ectropion of the right lower eyelid. (B) Regardless of continued triamcinolone injections and gel sheeting, the ectropion persisted, mandating subsequent surgical correction.](image)

Table 1. Characteristics of five patients with facial scars caused by illegal aesthetic treatments

<table>
<thead>
<tr>
<th>Patient no.</th>
<th>Sex</th>
<th>Age (yr)</th>
<th>Extent of injury</th>
<th>Duration of treatment (mo)</th>
<th>No. of treatment exposure</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Female</td>
<td>51</td>
<td>Both cheeks</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>2</td>
<td>Female</td>
<td>54</td>
<td>Both cheeks and right lower eyelid</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>3</td>
<td>Female</td>
<td>56</td>
<td>Left cheek and glabella</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Female</td>
<td>60</td>
<td>Both cheeks</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>Male</td>
<td>64</td>
<td>Both cheeks, glabella, and posterior neck</td>
<td>5</td>
<td>5</td>
</tr>
</tbody>
</table>

Mean ± SD

<table>
<thead>
<tr>
<th>Age (yr)</th>
<th>Duration of treatment (mo)</th>
<th>No. of treatment exposure</th>
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</thead>
<tbody>
<tr>
<td>57.00 ± 4.56</td>
<td>4.80 ± 0.98</td>
<td>4.60 ± 1.02</td>
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</table>
Medical services delivered by unlicensed providers are a common phenomenon in many low- and middle-income countries [11]. Informal providers are defined as those who sell medical goods and services and dispense health information without the endorsement or permission of state authorities [12]. Informal providers such as traditional birth attendants or medical vendors often provide medical services for those who cannot access public health services. Consequently, it is difficult to detect and intervene in a timely manner when adverse outcomes are caused by unlicensed practitioners. Doctors are distinguished from informal providers by their level of training and knowledge of a delineated set of biomedical concepts and procedures, by their ethical commitment, and by certified guarantees of competence [13].

Although multiple factors contribute to the prevalence of unlicensed aesthetic practices, the primary factor that attracts patients to unlicensed practitioners is cost. In Korea, the National Health Insurance Service provides almost 100% healthcare coverage [14] with a high reimbursement rate. However, the aesthetic practices that are not covered by medical insurance are relatively expensive, and many people are lured to unlicensed practitioners for purely financial reasons.

The second factor is Korea’s dichotomous medical system. Two types of medical doctors (i.e., contemporary medicine doctors and traditional medicine doctors) are educated and licensed to practice medicine or permission of state authorities [12]. Informal providers are defined as those who sell medical goods and services and dispense health information without the endorsement or permission of state authorities [12]. Informal providers such as traditional birth attendants or medical vendors often provide medical services for those who cannot access public health services. Consequently, it is difficult to detect and intervene in a timely manner when adverse outcomes are caused by unlicensed practitioners. Doctors are distinguished from informal providers by their level of training and knowledge of a delineated set of biomedical concepts and procedures, by their ethical commitment, and by certified guarantees of competence [13].

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luctant to report the matter because they had implicitly agreed to
the illegal practices. Since there were no institutional measures to
support the victims and suppress further incidents, there was a
strong possibility that the number of similar victims would rise.

Numerous unreported cases of illegal aesthetic practices contin-
ue to be performed. Because most victims choose illegal pro-
cedures for economic reasons, they are less likely to receive qualified
treatment for their complications. In the cases presented here, the
victims continued receiving illegal procedures from the perpetra-
tor until her desertion. Thus, the scars worsened and management
became even more difficult. There is a pressing need to improve
the regulatory safety system in this community. The establishment
of a financial support system would also allow patients to seek qual-
ified treatment for complications.

In Korea, both the high level of acceptance for complementary
medicine and the absence of institutional measures to protect vic-
tims and prevent unlicensed aesthetic practitioners from practicing
contributed to this outbreak. Although the financial cost of unli-
censed aesthetic practices may be low, the price of adverse outcomes
can be devastating. Only five patients presented to our institution,
but the authors suspect that the number of unreported cases was
much greater. As medical experts, plastic surgeons are obligated to
educate and inform the public about the harm caused by illegal aes-
thetic practices. To press for legislation that will prevent further il-
legal practices, we must report relevant cases to the authorities more
often. The authors believe that this study provides insights that can
help formulate future policies.

NOTES

Conflict of interest
No potential conflict of interest relevant to this article was reported.

Ethical approval
The study was approved by the Institutional Review Board of Bu-
cheon St. Mary's Hospital (IRB No. HC22RISI0072) and performed
in accordance with the principles of the Declaration of Helsinki.

Patient consent
The patients provided written informed consent for the publication
and use of their images.

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