

1,320-nm and 810-nm Lasers Compared in Saphenous Vein Tx

BY KERRI WACHTER
Senior Writer

LAKE BUENA VISTA, FLA. — Endovenous saphenous-vein obliteration with a 1,320-nm laser produces results comparable to those of radiofrequency, the preferred method, and better than those of 810-nm laser treatment, Girish Munavalli, M.D., said at the annual meeting of the American Society for Laser Medicine and Surgery.

Treatment with an 810-nm-diode laser uses that wavelength's hemoglobin specificity to essentially boil blood and transfer the heat to the vein wall, shrinking it. Radiofrequency (RF) treatment works by heating the vein wall to contract collagen. The 1,320-nm laser uses the water specificity of that wavelength to heat water and collagen in the vein wall to cause contraction, said Dr. Munavalli, a dermatologic surgeon affiliated with Johns Hopkins University, Baltimore.

In this retrospective study, 36 patients were treated with the 810-nm EVLT system (Diomed Inc.), 98 were treated with

Duplex ultrasound at 1 day, 6 weeks, and 6 months post treatment.

Using the 810-nm laser, "we saw thickened vein walls on Duplex ultrasound," said Dr. Munavalli, also of the University of Maryland, Baltimore. With RF, "we frequently saw a double wall within the vein."

With the 1,320-nm laser, "we actually observed complete retraction of the vein wall and disappearance of the lumen."

At 1-year follow-up, occlusion rates were 86%, 98%, and 92% for the 810-nm laser, 1,320-nm laser, and RF procedures, respectively. At 2 years, the rates were 82%, 96%, and 90%. ■



COURTESY DR. ROBERT WEISS

The 810-nm Diomed EVLT system burns holes into an ex-vivo segment of vein in the absence of blood.



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DR. MUNAVALLI

the 1,320-nm CTEV system (CoolTouch Inc.), and 224 were treated with RF using fast pullback at 90° C. The Closure Plus catheter (VNUS Medical Technologies Inc.) was used to facilitate closure in RF procedures. Endovenous occlusion was performed with single puncture under Duplex-guided tumescent anesthesia.

The 810-nm-laser procedure was performed using manual pullback; the 1,320-nm-laser procedure was performed using automatic pullback (1 mm/sec); and the RF procedure was guided by temperature feedback from the embedded thermocouple feedback loop. CoolTouch, Diomed, and VNUS provided discounted use of equipment for the study. Lead author Robert A. Weiss, M.D., receives consulting fees from CoolTouch and VNUS.

All treatments were evaluated using

VERBATIM

"Ask a child, "Does your boo-boo itch at night?" and not "Does this nodule cause you pain or irritation during the nocturnal hours?""

Dr. Ira L. Skolnik, on communicating effectively with pediatric patients, p. 31

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As presented at the 29th Annual Hawaii Dermatology Seminar

The Promise of Using TNF Inhibitors in Dermatology for the Treatment/Prevention of Psoriatic Arthritis Symptoms

Jennifer C. Cather, MD

Director of Clinical Research
Texas Dermatology Research Institute
Co-director, Cutaneous Lymphoma and Graft vs Host Disease Clinic
Baylor University Medical Center
Dallas, Texas

Expanding Systemic Treatment Options for Chronic Plaque Psoriasis: The Safety and Efficacy of TNF Inhibitors

Richard G.B. Langley, MD, FRCPC

Assistant Professor of Medicine
Director of Research
Division of Dermatology
Dalhousie University
Halifax, Nova Scotia, Canada

Discussion

**Jennifer C. Cather, MD and
Richard G.B. Langley, MD, FRCPC**

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- Understand the most recent clinical trial data regarding the safety and efficacy of TNF inhibitors for the treatment of psoriasis and psoriatic arthritis
- Discuss the potential for TNF inhibitors to provide substantial improvements in the quality of life for patients with psoriasis and psoriatic arthritis
- Evaluate, through case studies, practical aspects for the use of TNF inhibitors in the dermatology practice, including appropriate patient selection

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