Atrophic Acne Scars Improved With Nd:YAG Laser

BY KATE JOHNSON
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MONT TREMBLANT, QUE. — Objective improvement of atrophic facial acne scars can be achieved with the 1,064-nm Q-switched neodymium:YAG laser, according to recently published study.

"This is one of the few papers that [exist] actually showing objective criteria for a problem that's difficult, sometimes, to visually assess in terms of degree of improvement," Roy Geronemus, M.D., told this newspaper. Dr. Geronemus coauthored the study, which is in press, with Paul Friedman, M.D., who is in private practice in Houston, and Greg Skover, Ph.D., of Johnson & Johnson.

Speaking at a symposium on cutaneous laser surgery sponsored by SkinCare Physicians of Chestnut Hill, Dr. Geronemus outlined the study, which used the Primos 3-D optical imaging system to assess skin topography in 11 patients at baseline, and at 1, 3, and 6 months after their fifth and last laser treatment.

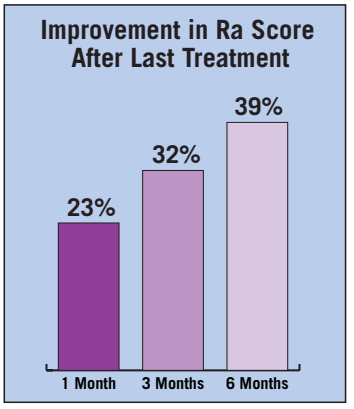
"One of the problems we face in dermatology, and specifically in the area of laser medicine, is that there is a tremendous lack of objective evidence to substantiate the benefits, or lack thereof, of a particular treatment," Dr. Geronemus said.

At midtreatment (1 month after the third treatment), an 8.9% improvement in patients' Ra scores was seen. The Ra score is a measurement of skin smoothness and is calculated by averaging the height of all points of the topographic profile (Arch. Dermatol. 2004;140:1337-41).

This improvement in Ra score increased to 23% at 1 month after the last treatment and to 32% and then 39% at 3 months and 6 months after the last treatment, said Dr. Geronemus, who is in private practice in New York.

"The continued incremental improvements were an indication of ongoing dermal collagen remodeling long after the last treatment session," he explained at the meeting.

He has no associations with any company involved in these treatments. ■



Postop Radiation Banishes Some Keloids for Good

FLORENCE, ITALY — Complete remission of nearly 90% of keloids followed surgery and postoperative radiation, according to a report at the 13th Congress of the European Academy of Dermatology and Venereology.

With her colleagues, Monica Bellinvia, M.D., of the Institute of Dermatological Sciences of the University of Milan's Ospedale Maggiore, retrospectively analyzed the charts of 152 patients with 187 keloids treated with surgery and orthovoltage radiotherapy over the past 22 years (follow-up: 6 months to 18 years).

Complete remission occured in 166 lesions (89%), with a partial response in 21 lesions (11%). Relapses occurred in 17 lesions from 1 month to 6 years' post treatment, but the 5-year relapse-free rate was 85%, she said.

Excisional surgery was performed on all patients, with care taken to minimize tension at the wound site. Radiation followed within 48 hours in 48 lesions, within 3-7 days in 108 lesions, and within 8-23 days in 31 lesions. Surrounding tissues were protected from radiation.

Total radiation administered ranged from 15 Gy to 40 Gy, although a subanalysis of the data determined that the most therapeutic and cosmetically effective dose was between 25 Gy and 30 Gy.

—Betsy Bates