

Fractional CO₂ Laser, Chemical Peel Compared

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PHOENIX — Fractional CO₂ lasers provide greater accuracy, control, and predictability for skin resurfacing than do chemical peels, according to Dr. Kimberly Butterwick. However, Dr. Gary Monheit countered that peels are more efficient, safe, and reliable than lasers.

"We know in today's economy [dermatologists are asking] is a laser really worth it?" Dr. Butterwick said at the joint annual meeting of the American Society for Dermatologic Surgery and the American Society of Cosmetic Dermatology and Aesthetic Surgery.

She estimated that an ablative fractional CO₂ laser costs about \$1,500 per patient in the first year, but said the device pays off in the long run. "You can make more money treating more pa-



tients. You end up working less hard [compared with chemical peels] and making good money," she said.

Patients are willing to pay more for the results provided by laser resurfacing, according to Dr. Butterwick, who is in private practice in San Diego. "Patients will

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DR. MONHEIT

pay \$1,000 more if you say they will have a better experience, and you will get rid of more lines." "The big thing about lasers versus chemical peels is how deep you can go and still be safe," Dr. Butterwick said. A patient concerned with rhytids along his or her upper lip, for example, can be treated safely with a laser.

"If the lines are not too deep, one treatment tends to get rid of the lion's share of the lines above the mouth," she said. Peels can be used, but there is a risk of adverse outcomes. "Scarring and a decreased oral aperture can result with a

deeper peel around the mouth," she said.

Laser resurfacing is also less painful, Dr. Butterwick said. "Patients do not require meds, so they can drive there and back, and they don't have to rely on a friend or tell their husband."

A quicker, easier recovery is another benefit of fractional CO₂ lasers. "No longer is there the 2-week redness and healing we saw with older CO₂ lasers. Patients can be functional while they are recovering and can get back to work sooner," she said. "Everyone is healed and in makeup within 6 days in our practice."

The opportunities for instruction are another distinction between the fractional CO₂ laser and chemical peel resurfacing. "You can get education and training in lasers, and you can hardly get any training in peels any more," Dr. Butterwick said.

However, in a subsequent presentation



at the meeting, Dr. Monheit argued that chemical peels have a longer track record. "Peels remain the most popular, reliable, and efficacious method of skin resurfacing after more than 75 plus years," said Dr. Monheit, who is in private practice in Birmingham, Ala.

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DR. BUTTERWICK

"Chemical peels yield predictable results with safety and efficacy," he said. "You can really [predict] what the patient will have in a reliable period of time."

There is no laser "that can produce results as efficiently and safely as chemical peeling," Dr. Monheit said. "I'm seeing a resurgence back to chemical peels because the laser hype has not delivered all it said it would."

Also, chemical peels "can be tailored to patients' needs and downtime, for example, a lunchtime superficial peel," he said. Dr. Butterwick and Dr. Monheit reported no relevant disclosures. ■

Poly-L-Lactic Acid: Patient Satisfaction Rises With Use

PHOENIX — Patient satisfaction following injection of poly-L-lactic acid for aesthetic indications increases with the number of treatment sessions, according to a retrospective study.

The agent also had a favorable side effect profile, said Dr. Melanie Palm, a dermatologist in Arlington Heights, Ill. The most common adverse event, nodule formation, occurred in less than 10% of the 130 patients in the single-center study.

Patients in the study were treated with poly-L-lactic acid (Sculptra, Sanofi-Aventis) between 2003 and 2008. "The face was the most popular area," Dr. Palm said, including cheek, nasolabial folds, and marionette lines. Some patients were injected elsewhere, including one patient treated for lipatrophy of the thigh. Dr. Palm disclosed receiving honoraria from Sanofi-Aventis.

Patients had a mean age of 59 years and most, 119, were women. Injection sessions were once monthly for up to 5 months. The study predated Food and Drug Administration approval of poly-L-lactic acid for aesthetic use in July 2009. Therefore, all patients in the study were treated off label (for a non-HIV-related use).

Overall, 55% of patients reported

"good" to "excellent" correction on a questionnaire. The percentage of satisfied patients increased from 46% at 1 month to 75% after five sessions. The average number of treatment sessions was 2.8. Injections typically were done with 1-cc or 3-cc syringes using a 25- or 26-gauge needle, Dr. Palm said.

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"Poly-L-lactic acid seemed to provide good to excellent results for the majority of patients in this study," Dr. Palm said at the joint annual meeting of the American Society for Dermatologic Surgery and the American Society of Cosmetic Dermatology and Aesthetic Surgery.

Nodule incidence has been reported to range from 6% to 52% in the HIV population and from 10% to 12% in the non-HIV population, "although recent studies suggest lower rates," Dr. Palm said.

The incidence in the current study was 8.5%. Almost all nodules were palpable, based on a chart review. The hand was the leading site for nodule formation, at 13%, followed by the cheek, at 7%. Only one nodule was visible, Dr. Palm said. Nodule formation can be caused by poor technique or improper reconstitution.

The majority of adverse events were minor. For example, 80% of patients reported mild bruising or pain. ■

'Less Is More' When it Comes To Radiofrequency Treatment

PHOENIX — Adding laser lipolysis to radiofrequency tightening procedures for submental and jowl area fat did not significantly increase patient satisfaction, based on the results of a small study.

"So my take-home message [is] maybe less is more," Dr. Susan Van Dyke said at the joint annual meeting of the American Society for Dermatologic Surgery and the American Society of Cosmetic Dermatology and Aesthetic Surgery.

She and her colleagues studied 36 patients. One group of 13 patients received monopolar radiofrequency treatment alone; 10 were treated with laser lipolysis alone; and 13 were treated with a combination at the same sitting.

The investigators compared patient satisfaction and blinded evaluator assessment among the different fat reduction treatments. Patient satisfaction "in private practice is what it is all about," said Dr. Van Dyke, a cosmetic dermatologist in private practice in Paradise Valley, Ariz.

Monopolar radiofrequency provides immediate collagen contracting with better remodeling over time. The treatment can produce a nice improvement in the neckline and jawline—a better contour, Dr. Van Dyke said. "You get nice tightening with radiofrequency alone." Patients were treated to the usual end point of some discomfort, described as, "It hurts, but I can tolerate it for a while."

The patients and blinded assessors rated submental tightening on a 1- to 5-point scale at 6 months. Radiofrequency treatment alone yielded an average 3.6 patient

satisfaction rating. Blinded raters, who gauged response using standardized clinical photos, gave this treatment an average rating of 3.4.

Laser lipolysis uses a laser to heat and dissolve fat cells and a 1- to 2-mm cannula to drain the liquefied fat. The patients in the laser lipolysis monotherapy group were treated with a 10-W device with a 1,064-nm Nd:YAG laser. The treatment end point was a surface temperature of 102°-104° F.

Average patient satisfaction with this approach was 3.1. Blinded observers rated response higher, an average of 3.9. "We had six complications," Dr. Van Dyke said. "All resolved, but this may be why patients were not as satisfied."

Patients in the combined treatment group rated their satisfaction an average of 3.6. "Combined treatment seemed to be just as good as radiofrequency by itself; both were rated 3.6 by patients," Dr. Van Dyke said.

The blinded raters gave the combination an average score of 3.7, slightly below their 3.9 rating for results with laser lipolysis alone.

"I care about the satisfaction of my patients," Dr. Van Dyke said. "From a clinical standpoint, patients like the radiofrequency and the combination, and are a little less enthusiastic about laser lipolysis alone."

Dr. Van Dyke is on the speakers bureau for Solta Medical Inc., Lumenis Ltd., Stiefel Laboratories Inc. (RevaléSkin), and Valeant Pharmaceuticals International and is a stockholder in Medicis Pharmaceutical Corp. and Allergan Inc. ■