

Needle Roller May Rival Dermabrasion

BY MICHELE G. SULLIVAN
Mid-Atlantic Bureau

LOS ANGELES — A miniature roller equipped with dozens of microfine 30-gauge needles that repeatedly puncture the facial epidermis may be a good alternative to laser resurfacing or dermabrasion for some patients.

The Medical Roll-CIT induces collagen formation without destroying the epidermis, Philip Miller, M.D., said at the fall meeting of the American Academy of Facial Plastic and Reconstructive Surgeons. "It's straightforward, simple, and easy to do," said Dr. Miller, a plastic surgeon in New York City. "People are back in public in 2-5 days—and, most importantly, patients are highly satisfied with the results."

Patients prepare for the procedure with daily applications of concentrated vitamins A and C for about 3 weeks. Both the



COURTESY DR. PHILIP MILLER

Micropunctures surround islands of uninvolved epidermis after the procedure.

lotion and the roller are made by South Africa-based Environ Skin Care Ltd.

Before the procedure, a nerve block and topical anesthetic are given. The physician rolls the device over the areas to be treated multiple times, in a random pattern, creating hundreds to thousands of tiny puncture wounds. The wounds are about 1.5 mm deep—just deep enough to reach the papillary dermis, Dr. Miller said.

The procedure does cause bleeding; the skin should be covered with damp swabs for absorption. Bleeding stops quickly, and after it does, the vitamin lotion is applied again. Patients are instructed to apply the lotion for 3 weeks. "The needle wounds serve as channels to direct the nutrients to the dermis," Dr. Miller said.

There is no need for postoperative narcotic medication. After healing is complete, there is no photosensitivity, he said.

Dr. Miller has performed the procedure on 11 patients (6 for acne scars and 5 for mild rhytids). Nine patients (82%) said they experienced a 70%-79% improvement from baseline, while two rated their improvement as 50%-59%. There were no pigmentary changes on any treated skin, even Fitzpatrick types V and VI.

Dr. Miller said he has no financial interest in the device. ■

Tisseal Can Facilitate Concomitant Brow Lifts

ATLANTA — Dermatologic surgeons who shy away from brow lifts are losing about 80% of their blepharoplasty patients, as most blepharoplasty candidates also need a concomitant brow lift. But a fibrin glue technique could change all that, Steven Rotter, M.D., said at the joint annual meeting of the American Society for Dermatologic Surgery and the American College of Mohs Micrographic Surgery and Cutaneous Oncology.

Brow lifts typically should be done be-

fore or at the same time as blepharoplasty, but many dermatologic surgeons are uncomfortable with the bone tunnels and fasteners usually used for central fixation during a brow lift. The technique described by Dr. Rotter involves the use of Tisseal—a fibrin glue product—instead of the bony fixation.

The glue is applied following complete release of the periosteum, and the tissue is held in place with even pressure for 2-3 minutes. Because studies have shown that fixation is required for 6-12 weeks in

patients undergoing a brow lift, botulinum toxin type A is used to treat all of the depressors and thereby serves as an effective fixator for the needed duration, said Dr. Rotter, a dermatologic surgeon in private practice in Vienna, Va.

The use of the Botox means that muscles don't need to be removed, and the use of the glue means that bone holes don't need to be created. "And any dermatologist can easily do this in an hour or an hour and a half," Dr. Rotter said.

—Sharon Worcester

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