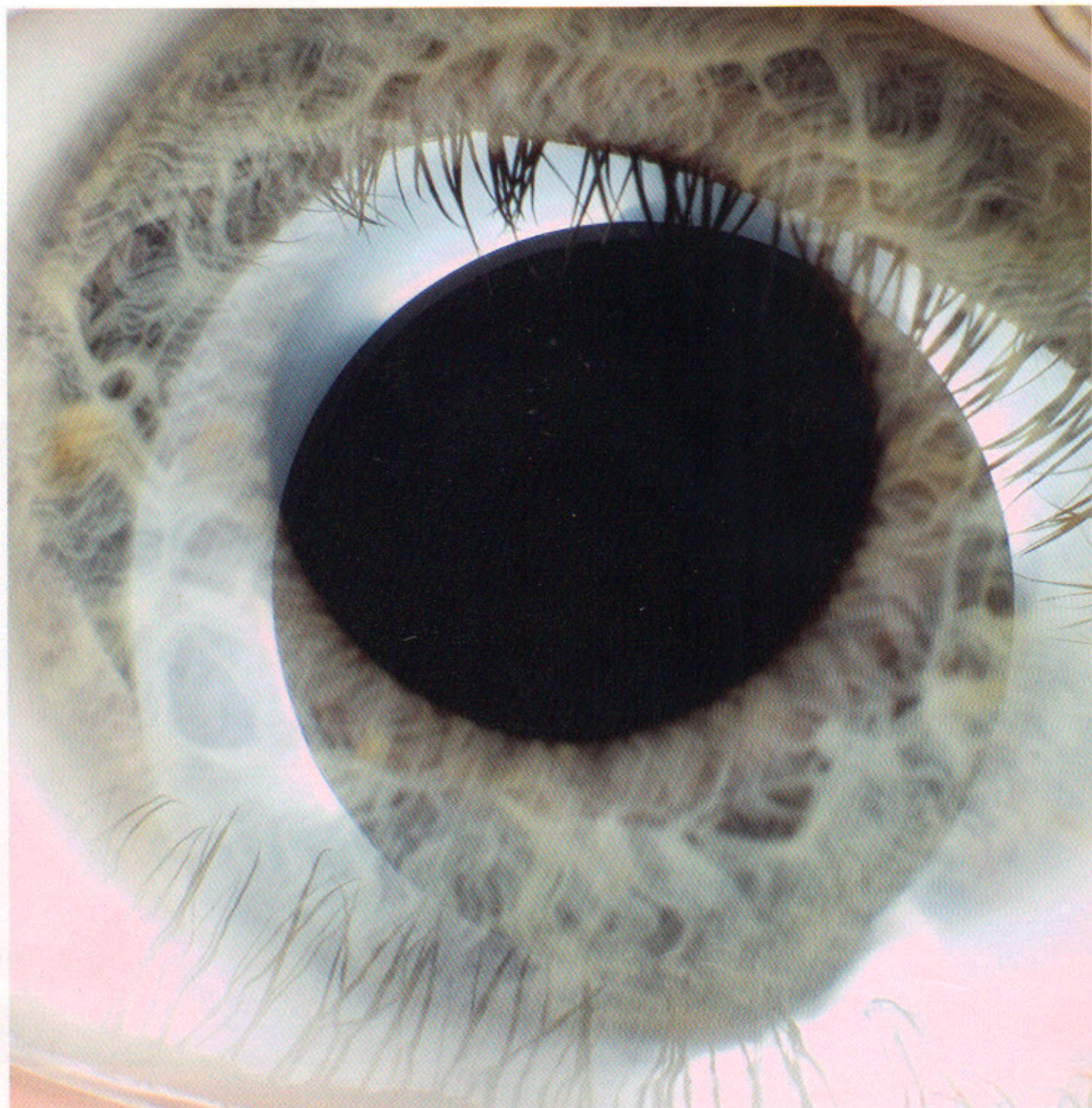


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TREATMENT OF SCAR TISSUE WITH A COMBINED INTENSE PULSED LIGHT/ND:YAG LASER SYSTEM: A CASE STUDY

ABSTRACT

Background: Effective treatment of hypertrophic and keloid scarring is an ongoing problem. Intralesional steroids are the mainstay of treatment for enlarged red scars, but can induce side effects such as skin atrophy and telangiectasia. This paper reports a case study of a 32-year-old female who presented with an atrophied, vascular scar, which occurred as a result of aggressive steroid treatment on an existing keloid on her right décolleté/breast.

Methods: Six treatments were administered with the Nd: YAG laser and IPL hand-piece of the Lumina Multifunctional system (Lynton Lasers, UK).

Results: An excellent cosmetic improvement was seen, removing all trace of steroid induced thread veins and reducing the residual erythema. The laser/IPL treatments also created pronounced collagenesis and subsequent improvement in skin thickness; alongside the vascular clearance expected.

Conclusions: Treatment with a combination of Intense Pulsed Light and Nd: YAG laser has been shown to improve the vascular component and apparent skin thickness of an atrophied scar, occurring after steroid treatment of an existing keloid scar.

INTRODUCTION

Scars cause debilitating aesthetic, functional and psychological effects and are a significant area of unmet and underestimated medical need. With the increasing emphasis on aesthetic appearance, there is a high consumer demand for scar

treatment. Both hypertrophic and keloid scars are wounds that heal overzealously above the skin surface. Although both can be pink to purple and raised, keloid scars continue to grow and hypertrophied scars can regress over time. Both can occur after trauma, surgical or accidental; however, the recurrence of keloid scars is more common after simple excision.

In both keloid and hypertrophic scar formation, an excessive accumulation of collagen synthesis or decreased collagen degradation occurs (1). Skin tension is frequently implicated in hypertrophic scar formation and abnormal scar healing commonly involves areas of high skin tension, such as the anterior chest, shoulders, and upper back (2).

Several different non-surgical options have been described to treat abnormal scars, including pressure, silicon gel, and intra-lesional steroid injection (1). Triamcinolone injections have been used as common treatment to induce flattening, fading, and decreased symptomatology of scars.

Triamcinolone (Kenalog) is a corticosteroid, and works to reduce excessive scarring by reducing collagen synthesis, altering glucose-aminoglycan synthesis, and reducing production of inflammatory mediators and fibroblast proliferation during wound healing and after (3).

Triamcinolone is generally administered intra-lesionally at four to eight-week intervals. If non-operative measures are unsuccessful in the treatment of abnormal scars, operative intervention