

FACIAL VESSELS

Pulsed dye laser effective Tx for facial telangiectasia

BY LESLIE SABBAGH, STAFF CORRESPONDENT

New Orleans — Facial telangiectasias can be effectively treated with the pulsed dye laser with extended pulse durations, Emil A. Tanghetti, M.D., said at the annual meeting of the American Society for Laser Medicine and Surgery.

The clinical professor of dermatology, University of California, Davis, recently studied 20 subjects, eight male and 12 female, between 40 and 70 years of age, who were treated for facial ves-

sels ranging in size from 0.1 to 1.2 mm.

The treatment consisted of single pulse at 1 Hz, 20 and 40 msec pulse durations, 7 mm spot size, power of 14 to 16 J, and one, two, or three passes until vessel disappearance or intravascular coagulation was seen.

The V-Star 595nm laser (Cynosure) was used. The system has a pulse duration of 0.5, 2, 20, or 40 msec; spot sizes of 7, 10, or 12 mm, with maximum fluences of 20 J/cm²

for 7mm spot size, 10 J/cm² for 10mm spot size, and 7 J/cm² for the 12mm spot size. Adjunctive cooling is the SmartCool device.



Dr. Tanghetti

Patients included Fitzpatrick Types I to III who had vessels that were 0.2 to 1.2 mm in size. People with tans and those with skin Types IV to VI were not included in the study. Tan patients are not indi-

cated for treatment because of the chromophore for the laser is hemoglobin.

"We attempted to eradicate vessels in one to two treatments. However, to achieve this, the treatments needed to be at the purpuric threshold," said Dr. Tanghetti, head, Sacramento Center for Dermatology and Laser Surgery.

Clinical Impressions

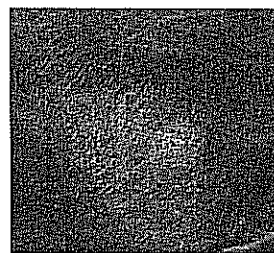
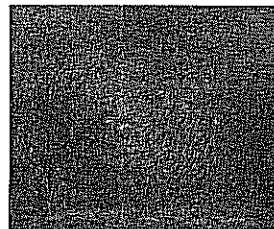
The treatment, he said, "works very well. Patients have some transient purpura."

He found that refrigerated cooling with 20 and 40 msec pulsed dye laser and the single and multiple pass treatment facilitates the clearance of facial telangiectasias. Purpura was a constant finding with the fluences required for significant clearances in one to two treatment sessions. The train of pulse in these longer pulses can be used effectively to multiply pulse the smaller vessels. The 40 msec pulse width offers an effective treatment for larger vessels up to 1.2 mm on the face.

Side effects

Patients tolerate the treatment very well, he noted, although older patients had a little more purpura than the younger patients due to vessel fragility. Side effects, he said, were minimal — no patient had crusting or scarring. All had some degree of purpura; one had transient hyperpigmentation, and all reported slight discomfort with the procedure, which did not require anesthesia.

"Due to the configuration of the pulse train in the current long pulse pulsed dye lasers, we doubt that purpura-free treatment can be reliably performed in one to two treatment sessions with any of the current pulsed dye laser systems. There is a need for a purpura-free treatment, but we now have a 595 laser with long pulse durations to better treat large vessel telangiectasia (0.5 to 1 mm)," he said. DT



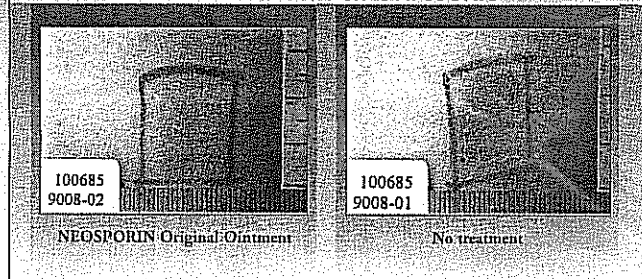
Before (top) and after two laser treatments over a three-week period. (Photographs courtesy of Emil A. Tanghetti, M.D.)



SURPRISE Neosporin helps significantly minimize the appearance of scars!

In a clinical study, NEOSPORIN helped minimize the appearance of scars 38% better than no treatment!

COMPARISON OF WOUND SITES AT 90 DAYS*



THE TOPICAL ANTIBIOTIC FOR BETTER HEALING^{3,4}

Use as directed.

*Based on in vitro activity. In vitro activity does not necessarily correlate with clinical results. Based on an evaluator-blind clinical study comparing the appearance of treated and untreated minor abrasions on the same subject, when used as directed twice daily until healed. Do not use longer than one week unless directed by a physician. Results were statistically significant (P<0.001).
References:

1. Pyszkowy SL, Allen AM, Smith RW, et al. Allergic contact hypersensitivity to neomycin, neophenacaine, and benzocaine: relationship between age, sex, history of exposure, and reactivity to standard patch tests and use tests in a general population. *Arch Dermatol.* 1979;115:908-909.
2. Pyszkowy SL, Horanura JH, Smith RW, Allen AM. Allergic hypersensitivity to neomycin relationship between patch test reaction and "use" tests. *Arch Dermatol.* 1979;115:713-715.
3. Berger HC, Proctor HG, Yen ZH, et al. Cefazolin sodium. A newly formulated topical broad-spectrum antibiotic ointment for burn care. *Cutis.* 2000;65:451-456.
4. Layton JJ, Barker FM. Comparison of topical antibiotic ointments, a wound protector, and antiseptics for the treatment of human breast wounds contaminated with *Staphylococcus aureus*. *J Fam Pract.* 1987;24:931-934.

Neosporin® is a registered trademark of SmithKline Beecham.
© 2001 Warner-Lambert Consumer Group, a Division of Pfizer Inc.

PH-1-4912