

249

EFFECTS OF NON-ABLATIVE REJUVENATION LASER TREATMENT IMMEDIATELY FOLLOWING BOTOX INJECTION**Natalie Semchyshyn and Suzanne Kilmer***Laser and Skin Surgery Medical Group, Sacramento, CA*

Background and Objectives: Botox is a popular and effective treatment for dynamic rhytids. It is a neurotoxic protein complex that exerts its effect by inhibiting acetylcholine release at the presynaptic neuromuscular junction. Non-ablative resurfacing treatments have also become well-liked by patients and physicians due to the minimal downtime associated with treatment. Currently, same-day non-ablative laser treatments are performed prior to Botox injection due to the concern that the laser may inactivate the botulinum toxin. On occasion, it may be desirable to perform non-ablative laser after the Botox has been injected (i.e., patient afterthought, scheduling concern). To determine whether the use of non-ablative rejuvenation laser/IPL immediately following Botox injections has any effect on the efficacy of the Botox treatment.

Study Design/Materials and Methods: Twenty subjects received Botox injections to either the glabellar or crow's feet areas. One side of the treated glabellar or periorbital area was treated with either VBeam laser, SmoothBeam laser, CoolGlide laser, or an IPL/RF device within 10 minutes of Botox injection. Pre- and 2 week post-treatment photographs were compared.

Results: No decrease in efficacy of Botox denervation was observed when glabellar or perioral areas were treated with VBeam laser, SmoothBeam laser, CoolGlide laser, or IPL/RF device within 10 minutes of Botox injection.

Conclusions: Patients may be treated with several non-ablative lasers and IPL/RF devices immediately after Botox injection without loss of Botox efficacy or other apparent untoward effect.

in a split-face study. Subjects began a course of full-face retinoid therapy using Tazarotene 0.1% cream one time a day at bedtime. Concurrently, one half face was treated with PDL (V-Star, Cynosure, Inc., Chelmsford, MA) using 0.5 milliseconds pulse, two passes 1 minute apart, at a fluence 1 J/cm² below purpuric threshold. PDL treatments were repeated at 4-week intervals for a total of three treatments. Improvement was evaluated based on photographic comparison to pre-treatment, 3 and 6 month intervals.

Results: Both laser and non-laser treated sides exhibited improvements in pigment, redness, and some textural improvement. There were no side effects and treatments were well tolerated. Those starting with a greater degree of photo-damage exhibited the greatest improvement.

Conclusions: Comparison of treatments and possible synergies and issues will be discussed.

254

PHOTODYNAMIC THERAPY OF BASAL CELL CARCINOMAS: A CLINICAL AND HISTOLOGICAL ANALYSIS**Luis Torezan, Nuno Osorio, and Cyro Festa***Hospital Clinicas, Universidade Sao Paulo, Brazil*

Background and Objective: Photodynamic therapy (PDT) with topical 5-ALA is an alternative treatment for non-melanoma skin cancers. In this study, we evaluated the efficacy of PDT for nodular and superficial basal cell carcinomas (BCCs).

Study Design/Materials and Methods: Thirteen superficial and 10 nodular BCCs from 23 patients were enrolled. Although patients presented more than one tumor, only one lesion per patient was selected. All lesions were biopsied before treatment and occluded with 20% 5-ALA, 2% dimethylsulfoxide, and 2% EDTA in oil-in-water emulsion for 12 hours. The tumors were irradiated with non-coherent light source in the red and infrared spectra (Xenon lamp). The number of treatments varied from 1 to 3. All treated areas were excised and submitted to histological examination.

Results: Complete clinical and histological responses were observed in 92.31% of superficial BCCs and in 60% of nodular BCCs. Excellent cosmetic results were also achieved. All patients referred stinging or burning sensations during light irradiation and erithma and edema were noted right after therapy. More treatment sessions were necessary for nodular BCCs.

Conclusions: PDT with topical 5-ALA is effective for superficial BCCs and gives good cosmetic results. Its indication for nodular BCCs should be considered only after rigorous evaluation.

252

PULSE DYE LASER TREATMENT OF PHOTO-AGING WITH AND WITHOUT CONCURRENT TAZAROTENE 0.1% CREAM THERAPY**Emil Tanghetti***Sacramento, CA*

Background and Objectives: Pulse dye laser (PDL) has been shown effective in the treatment of photo-aging. Similarly, topical retinoids have been used to treat sun-damaged skin. In an effort to improve outcomes, a number of combination therapies have been used. The goal of this study is to evaluate if there is a synergistic effect of combining PDL and retinoid therapies.

Study Design/Materials and Methods: Ten male and female subjects presenting with symptoms of photo-aging were enrolled