

DR. MARY LUPO DISCUSSES STRATEGIES FOR CHEMICAL PEELS

July 5, 2012 - New Orleans, LA - Mary P. Lupo, M.D., board certified dermatologist and clinical professor of dermatology at Tulane University School of Medicine, presented "Superficial to Deeper Peeling: Indications and Limitations" on June 8, 2012 at the 9th European Academy of Dermatology and Venereology Spring Symposium in Verona, Italy. With more than 28 years of practicing in the field of dermatology, Dr. Lupo shared her knowledge, experience and techniques with chemical peels.

A chemical peel works as a resurfacing technique that removes the top layers of the skin by means of a chemical, as opposed to heat with a laser or mechanical means with a dermabrasion. Chemical peels are traditionally used to treat photodamage, melasma, active acne, mild acne scars, active rosacea, post-inflammatory redness and post-inflammatory pigmentation. Chemical peels encourage new collagen formation and renew epidermal skin so pores and fine lines appear smaller, while acne and skin discoloration are improved. Chemical peels can be used to treat an array of medical and cosmetic skin conditions, but there are limitations in the effectiveness of peels in improving inherited large pores, laxity, deep lines and folds, deep scars, dermal melasma and small dilated blood vessels.

There are three levels for chemical peels: 1. superficial (partial epidermal of various depths), 2. medium (entire epidermis into upper papillary dermis), and 3. deep (entire papillary dermis into deep dermis). The chemical is chosen based on the skin type and color of the patient as well as the skin disorder being treated. A lighter, less aggressive peel is ideal for darker skin suffering from acne or discoloration, and a more aggressive peel works best for older skin with wrinkles and discolorations. The most common types of peels used by Dr. Lupo are TCA (trichloro acetic acid), Jessner's solution, salicylic acid, hydroxy acids (glycolic and lactic) and lipo-hydroxy acid.

Once the level and strength of the chemical peel are determined, it is important to prep the skin before the treatment. An individualized pre-peel skin care program is designed to speed up the results from a peel. Skin degreasing immediately before the treatment is also necessary to prepare the skin for the peel.

While some patients see results soon after the peel, a proper post-peel program is essential in order for all patients to receive the best results. After a chemical peel, patients should use a moisturizer for at least one week and avoid picking the treated area. Patients should stay out of the sun and always use a daily broad-spectrum sunscreen.

Although chemical peels are noninvasive, the treatment may be harmful to some patients. Patients who are unwilling to follow the pre- and post-peel protocol should not receive a peel as they will not get optimal results and it may cause more damage to the skin. It is critical to understand the patient's history before a chemical peel treatment begins. Some key factors include ethnicity, post-inflammatory hyperpigmentation, smoking, tanning, herpes simplex, sleep habits, picking, hypertrophic scars and warts. Also, any patient with a history of oral isotretinoin (Roaccutane/Accutane), skin irradiation or delayed healing from chronic medical conditions may not be suited to receive a peel. If new pain occurs (may indicate infection) or beet-red patches appear (suggest early hypertrophic scarring), treatment should be discontinued in order to protect the patient's health.

Chemical peels continue to be viable treatment options for a number of skin disorders, especially for patients wanting to improve the color and texture of their skin. In order to get the best results from a chemical peel, patients should be evaluated by a board certified dermatologist to ensure proper treatment and care. Choosing a peel that complements each patient and following the proper pre- and post-peel protocol will leave the skin looking healthier and more radiant with an overall improvement to surface texture.

All of the procedures mentioned in Dr. Lupo's presentation are based on her personal experience and opinion. She recommends all board certified dermatologist receive the proper education and training before performing any procedures. She highly recommends that all patients choose a physician trained in an accredited residency program who has then passed the certifying exam and who is practicing within the scope of care of that specialty.