

the dermatologist®

PRACTICAL AND CLINICAL INSIGHTS INTO TODAY'S DERMATOLOGY ISSUES | SEPTEMBER 2013

ACNE VULGARIS:

The Psychosocial And Psychological Burden Of Illness

Acne can affect any age group, and those with post-adolescent acne are increasingly being referred for dermatological care.

Treating Rare Fungal Infections:
Actinomycosis

Mitochondria of the Skin

Skin Cancer Review

BOARD REVIEW
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HIGHLIGHTS FROM COSMETIC BOOTCAMP 2013

At the meeting, experts in the field discussed the latest techniques and innovations to treat acne, hyperpigmentation, volume loss and more.

KENNETH BEER, MD

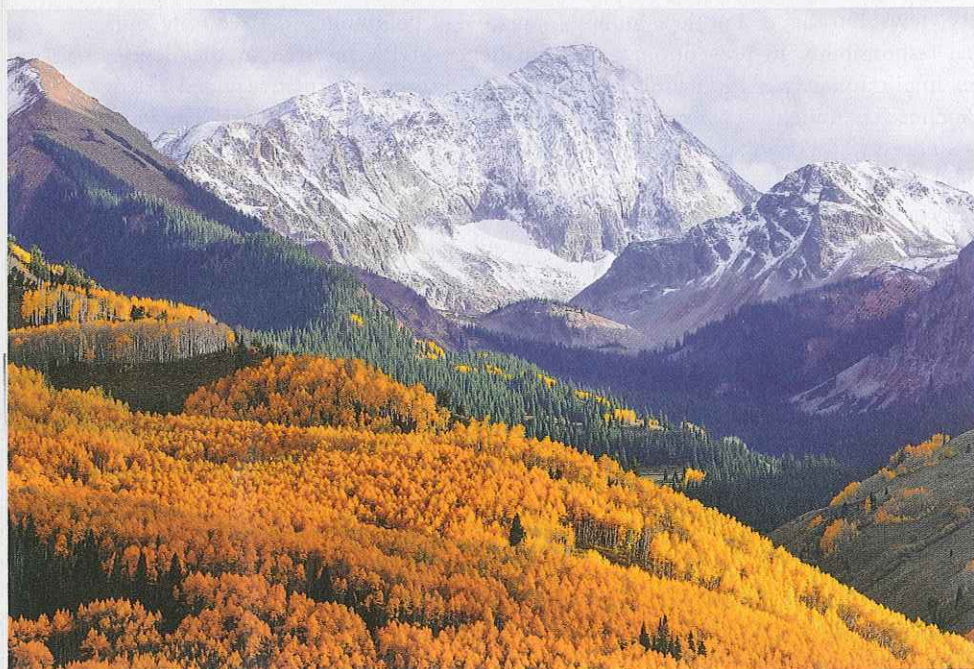


Figure 1. At the most recent Cosmetic Bootcamp meeting, dermatologists and plastic surgeons gathered in St Regis Aspen Resort in Aspen, Colorado.



Kenneth Beer, MD

Each year, the Cosmetic Bootcamp meeting amazes me. As with each meeting I attend, I love hearing about the new techniques and technologies that emerge within a short time. Like Darwinian finches, dermatologists and plastic surgeons in distant locations pioneer different paths that change the way that I practice. During the most recent Cosmetic Bootcamp, the newer lasers, topical products, surgical techniques and injectable soft tissue augmentation techniques I learned about change the way I practice when I return from the meeting.

Facial plastic surgeon Tim Greco, MD, discussed facial anatomy and injection techniques. I had the opportunity to ob-

serve him injecting the mid-facial region and it was unlike anything I have seen. Dr. Greco inflates the mid face to restore volume by inserting combinations of fillers. His technique uses adequate volume to fix the deficit. Unlike my present technique, Dr. Greco uses longer cannulas to ensure that he can inflate large areas with fewer entrance sites and in addition, he makes the entrance sites using a 25-gauge needle. By approaching the infraorbital regions with filler, he is able to eliminate the tear trough in a manner that I have not previously seen.

Oculoplastic surgeon Jose Montes, MD, provided an overview of surgical approaches to the periorbital region. I always find this helpful as it enables me to understand what issues are better suited to a surgical approach. Evaluation of eyelid laxity was explained and the snap test

of the eyelid was demonstrated. Surgical methods of dealing with periorbital fat pads and of extra eyelid skin were explained. For many in the audience, this not only helped to explain the limitations of lasers and injections but also to help them explain to their patients what surgical correction could accomplish.

ADDRESSING HYPERPIGMENTATION

Hyperpigmentation was a hot topic at the meeting. All hyperpigmentation is not created the same and hormonal, post-inflammatory and photodamage are slightly different. Darker skin types need different care than lighter ones. Mary Lupo, MD, advocated the use of tazarotene each night with effective sun protection daily. This avoids the use of steroids and of hydroquinone and was well tolerated by most patients, she explained. When selecting sun protection, it is critical, according to Dr. Lupo, to select broad-spectrum protection and to reapply it frequently. Any stimulation of the melanocytes by the sun will trigger increased pigment production.

Vic Narurkar, MD, discussed the use of various light sources to treat hyperpigmentation. With the caveat that any energy can worsen pigment, there are patients for whom these treatments really make a huge difference. Intense pulsed light is optimal for lighter skin types with photodamage while low fluence and low energy 1927 fractional lasers are optimal for a broader range of skin types and therapy resistant melasma. He plans an overall treatment plan that uses topical products, sun protection and a series of treatments.

For patients who have hyperpigmentation of the chest, face or neck Dr. Narurkar uses lasers including the

