

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
In this Issue
on page 13

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

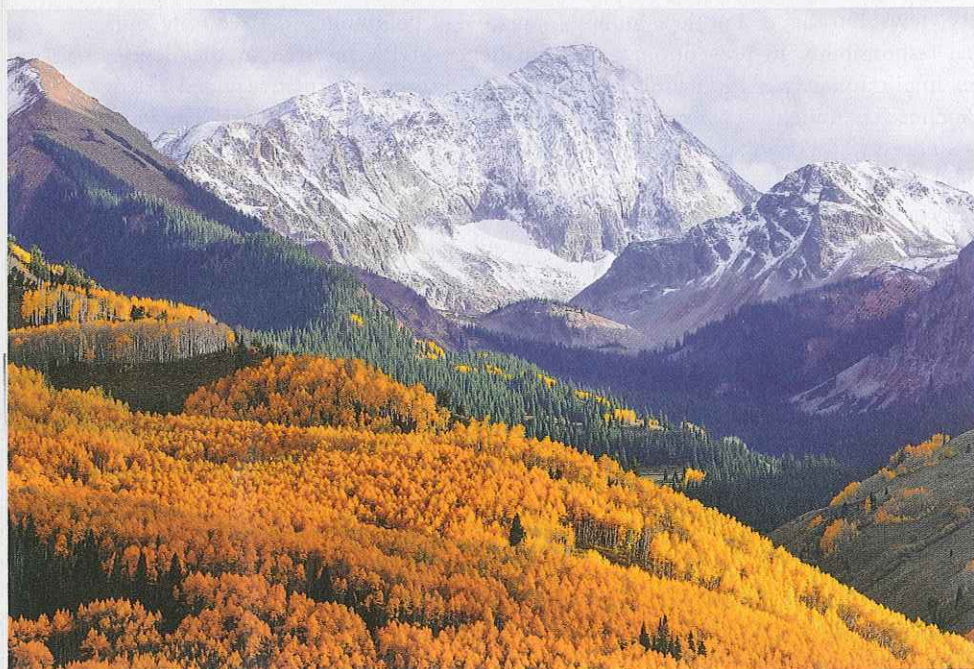


Figure 1. At the most recent Cosmetic Bootcamp meeting, dermatologists and plastic surgeons gathered in St Regis Aspen Resort in Aspen, Colorado.



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

1550 and 1927 fractional devices. Infra-orbital hyperpigmentation, especially in darker skin is best addressed with 1550 nm fractional lasers, he said. The key is to use it on lower energy levels and repeat the procedure several times. For all energy-based devices used for treating hyperpigmentation, combination with skin care optimizes treatment outcomes.

RESTORING VOLUME

Injections of soft tissue augmentation products have been evolving over recent years. Daniel Kapp, MD, a plastic surgeon, discussed methods of injections into the embryologic planes of the face to recreate and restore volume in an anatomically correct manner.

One pearl that I gleaned was his injection of fillers into the deep tissue of the nasal alar junction with the upper lip. Dr. Kapp inserts a needle to the bone and then aspirates to make certain that he is not in a vessel. Once in that deep plane, approximately 0.5–1.0 mL of hyaluronic acid filler may be inserted to raise the projection of the nose. He also uses thicker fillers to restore the temporal areas and injects in the periosteal plane in this region as well. Dr. Kapp mixes the Radiesse with lidocaine with epinephrine both for comfort and to minimize bruising.

ACNE TREATMENT

The cosmetic burden imposed by acne and its scars was also discussed (See related article on page 26). Treating the symptoms of acne and improving the patient's appearance was paramount for any measure of outcomes. Variability based on the individual's etiology requires different treatments rather than a cookbook approach for all patients.

In many women, hormonal issues that may result in effectively elevated andro-

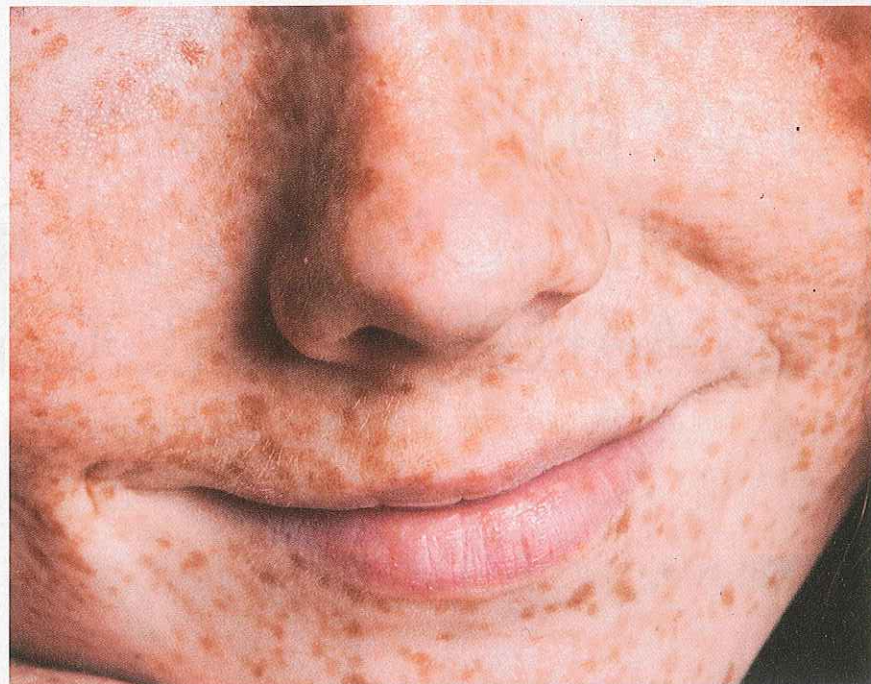


Figure 2. Hyperpigmentation was a hot topic at the meeting.

spironolactone. Treating the scars from acne can help patients not only look better but feel better about themselves.

Improvement in these scars may be accomplished by using TCA applied into the base of the scar, with fractional erbium resurfacing or with fractional CO₂ laser resurfacing. The modality selected depends on the depth, the skin type and the goals and risk tolerance of the patient.

Ava Shamban, MD, demonstrated her celebrity injection techniques and discussed combining various modalities for optimal outcomes. Her high-end patients have requirements that mandate impressive results, minimal downtime and solutions for each skin issue. By using peels and lasers for the outer surface of the skin, fine lines and pigment can be fixed. Various fillers and volumizers help to provide scaffolding



Figure 3. Various light sources can be used to treat hyperpigmentation.

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.

gens, whether from dietary sources or from endogenous sources, may be treated by measuring the underlying hormones and treating any diseases that increase male hormones. Improvement may be obtained with oral contraceptives or with

and support to the aging face. Topical products help to lighten and polish the surface while avoiding irritation. By using the full palette available to her, Dr. Shamban helps her patients look their best on and off camera.

The Cosmetic Bootcamp meeting also produced a wealth of information during the live treatment sessions and the lectures. Marketing and management of cosmetic practices as well as FDA regulatory concerns about counterfeit cosmetic products were other highlights that will be covered in future columns. ■

Dr. Beer is in private practice in West Palm Beach, FL. He is also a volunteer clinical instructor in dermatology at the University of Miami, a consulting associate in the Department of Medicine at Duke University and shareholder and director of the Cosmetic Bootcamp meeting.

Disclosure: Dr. Beer is an owner of Theraplex LLC, and consults, speaks or performs clinical trials for Mediciis, a division of Valeant, 3M, Sanofi Aventis, Bioform Medical, Allergan and Stiefel, a GSK company. He is also a shareholder and director of the Cosmetic Bootcamp meeting.