skin EXPERTS
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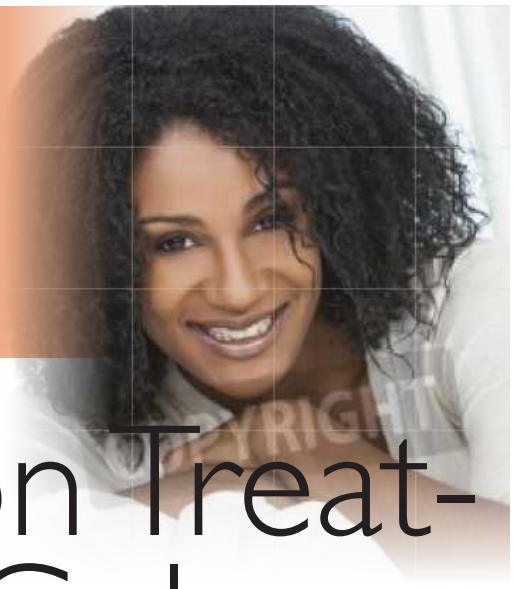
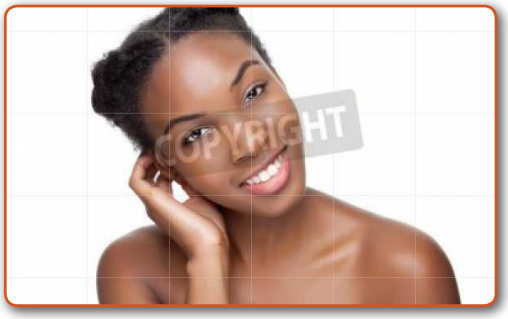


Pigmented Lesion Treatment in Skin of Color



Lentigines and Freckles

Light brown spots called lentigines and freckles are the most common signs of sun-induced aging. They may be found on sun affected areas of the body including the face, shoulders, arms and upper back and increase in number and prevalence with age. Freckles can begin in adolescence and are more uniform in their distribution, size and color. Lentigines are common in Asian skin. Intense pulsed light (IPL), long pulsed Nd:YAG lasers and Q switched lasers – which emit very short pulses of high energy – may be used to treat lentigines and freckles. A reduction in pigmentation is often seen after three to six treatments every two to three weeks.

Postinflammatory hyperpigmentation (temporary darkening post procedure) is a possible side effect of this treatment. IPL may have a lower risk of postinflammatory hyperpigmentation, but require more treatment sessions to achieve the desired clinical outcome. Q switched lasers may require only one or two sessions; however, they carry a higher risk of postinflammatory hyperpigmentation and generally have a downtime of one week. It is important to wear sunscreen and practice sun-safe behaviors before and after treatment. The use of topical bleaching creams pre- and post-treatment can help to reduce the risk of postinflammatory hyperpigmentation.

Nevus of Ota and Hori's Macules

Nevus of Ota is a birthmark characterized by dusky brown and bluish pigmentation along the cheekbones. This skin lesion is common in skin of color, especially the Asian population. Acquired Bilateral Nevus of Ota-like Macules (or Hori's macules) present themselves as multiple brown-gray to brown-blue spots typically located over the cheekbones. Pigmentation is acquired, often presenting in adulthood. The Q switched ruby, alexandrite and Nd:YAG lasers have all been used to treat these conditions, and the most common side effect is temporary skin pigmentation.

Dermatosis papulosa nigra

Dermatosis papulose nigra (DPNs) are benign growths consisting of multiple dark brown smooth bumps on the face and neck. They are most common in African Americans, and approximately 50 percent of patients with DPNs report a family history. They are more common in women and slowly increase in size and number with age. While they are commonly referred to as

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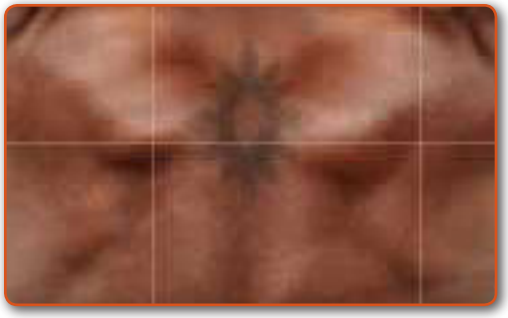
moles, they have no risk of malignancy and although DPNs are a benign skin condition, cosmetic disfigurement from the lesions may cause patients to seek treatment. The growths may also become irritated by clothing, jewelry or eyewear.

Treatment options vary and often depend on the size of the lesion. Electrodessication is the most commonly performed procedure and involves an electrode contacting the skin, causing superficial tissue dehydration. Most of the damage is in the top layer of skin, and there is minimal risk of scarring and hyperpigmentation as long as lower power settings are used. Patients must avoid picking the treated areas and to use sunscreen after the procedure. This reduces side effects of pigmentation. Other treatment options include snip excision with scissors, cryosurgery, curettage and laser removal.

Tattoo Removal

As tattoos continue to rise in popularity, so has the demand for an effective method of tattoo removal Lasers can be used to remove some but not all tattoos. Effective tattoo removal depends on the color of the tattoo. Bluish black tattoos are more



responsive than other colors to laser therapy, and lighter inks tend to be resistant. Purple, yellow and green tones can be challenging to treat. Multicolor tattoos may require the use of two or more types of lasers. Q switched or picosecond lasers that emit very short pulses of high energy are required to adequately destroy tattoos and are favored due to deeper penetration and less pigment absorption, thus a reduced risk of discoloration or scarring after the treatment. The laser energy pulse, which is in the billionths of a second, releases the pigment into the skin so it can be naturally reabsorbed and disposed of by the body. Multiple treatment sessions are typically required. Postinflammatory pigmentation can occur, so a test treatment should always be performed. Sun exposure should be avoided before and after treatment, and topical antibacterial ointments may be used after treatment to reduce the risk of infection.

The challenge in treating pigmented lesions in skin of color is to achieve effective results with minimal complications. It is important to seek board-certified physicians with training in treating ethnic skin.