



Before Tx

After TriActive Tx

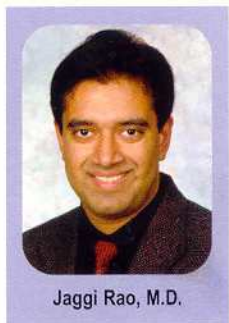
Photos courtesy of Jaggi Rao, M.D.

the standard treatment may be an effective technique?" Robert Weiss, M.D., an assistant professor of Dermatology at Johns Hopkins University School of Medicine, is presenting study results at ASLMS comparing two wavelengths for cellulite laser surgery. A total of 11 patients underwent surgery of the greater trochanter area with an 800 nm diode laser (Lumecca). "We sealed the vein up from the inside with a percutaneous percutaneous technique," Dr. Weiss explained. Another 10 patients were treated with a 1320 nm wavelength in modified CoolSculpting.

According to Dr. Weiss, "There were some major differences between the two wavelengths. The 800 nm is absorbed by blood, while 1320 is absorbed by water only. We found that the degree of bruising and the degree of postoperative tenderness in the first three days were dramatically reduced with the 1320 nm. These findings correlate with previous studies that we have performed on post-vein. In those studies, the 800 nm diode caused the postoperative or suppurative of the vein because the blood heats up to about 80° C where that laser pulse. This is in contrast to 1320 nm, where temperatures have been no higher than about 50° C. This is very similar

to radiofrequency, which is not the standard treatment. Because the 1320 nm only heats up water, it is only heating the vein walls, and not heating up any blood in the vein. Therefore, you do not end up with these extremely high temperatures and vein rupture. You do not get the postoperative bruising and tenderness. We can now offer virtually painless and bruise-free cellulite treatments without the expense of a RF catheter. The 1320 nm wavelength compares very favorably with RF in patient acceptance and in post-operative discomfort."

A prospective study to evaluate the efficacy of the TriActive system from Deka M.E.L.A. (Florence, Italy) in treating the face found improvement in muscular toning and increased circulation of the dermis. "Normally, the TriActive has two treatment handpieces. One is a body handpiece for cellulite and the other is a facial handpiece," said principal investigator Jaggi Rao, M.D., a dermatologist and a clinical fellow at Dermatology/Cosmetic Laser Associates of La Jolla, Calif. "A lot of attention has been received for the body treatment, but not nearly as much for the facial head for rejuvenation." The facial handpiece uses only one near-infrared diode laser (as opposed to six diode



Jaggi Rao, M.D.

lasers with the body head), localized cooling and mechanical massage.

The 20 patient study presented at ASLMS involved treating one half of the face only (randomly the right or left side). Sessions lasted ten minutes and were scheduled once a week for eight weeks total. "We took very high-quality photography using the VISIA imaging system (Canfield)," Dr. Rao said. "We also used the VISIA's cosmetic analysis program for assessing evenness as well as wrinkles." At three-month follow-up,

"we saw up to a 25% improvement in wrinkles and evenness as measured by the VISIA unit alone." All 20 patients also demonstrated improvement subjectively. "There was enhanced circulation and skin tone."

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Both a laser and dynamic cooling “appear to be essential components in improving skin tone,” Dr. Rao said. Patient comfort is also comparable to endermologie cellulite treatment. “Patients really enjoyed their sessions.”

One of the ASLMS meetings will be a one-year assessment following RF treatment of the lower face and neck using the ThermalCool RF System from Thermage, Inc. (Hayward, Calif.). Approximately 20 patients were typically treated for one session over their entire face. There were usually three passes on the face and one pass on the neck.

“We took pictures three months after treatment,” said lead investigator Laurie Jacobson, M.D., a dermatologic surgeon at the Laser & Skin Surgery Center of New York in New York City. “Patients showed improvement at three months, we followed them for the remainder of the year to see if that improvement was sustained. The majority of patients, in fact, did maintain the improvement.”

Patients gained weight to maintain improvement in the neck/face line or the neck/face line or in the body of the jaw. “Thermage provides you with a special camera using real-time, so the patient’s head can be placed in the same position each time.”

Dr. Jacobson said. Overall, approximately 70% of patients were able to maintain the benefits that they had gained initially. “Whereas the CO₂ laser has to be done in more of a skin quality treatment, Thermage addresses both. Aside from surgery, there is really nothing else that can effectively treat laxity of the lower face.”

CO₂ RFLAP/FLAP, Montreal, Canada: LaserPhase II clinical trial results will be presented at the ASLMS meeting in Dallas as well. Daniel Berman, M.D. will be making a video presentation at the ASLMS about “Facial Improvement by Non-Ablative, Non-Thermal LED Photostimulation In Vivo and In Vivo Surgery.” The presentation will outline methodology and results pertaining to the in vivo and in vivo evaluation of a new LED device (LaserPhase II). According to Dr. Berman, the in



Laurie Jacobson, M.D.

in vivo model demonstrated a reversal of the growth rate in collagenase cells in aging skin correlating with the in vivo clinical trial reaching 50% improvement in skin roughness and clinical depth for 20 photostimulated patients. This split face double-blind study demonstrated that we are now beyond the concept of thermal injury, with clinical results generally superior to most non-ablative thermal technologies.”

At the annual meeting of ASAPM (April 26 - 28 in Vancouver, Canada), a Hot Topic session is being co-hosted by Larry Young, M.D., a plastic surgeon in private practice in St. Louis, Mo. “Facial filler products are very diverse and evolving areas,” Dr. Young observed. Although collagen has been the mainstay of therapy for the past 20 years, “it requires a skin test, it is relatively expensive, it often does not produce a complete correction of the deformity, and does not last that long.”

Dr. Young believes the most exciting product is Restylane, a recently approved hyaluronic acid-based filler from Medline. “Restylane has good ease of injection and does not require a skin test. And depending on its formulation, it can last up to one year.” Potentially more durable is Restylane FX (also made by Medline, Inc.) which hydroxyapatite particles suspended in a methylmethacrylate gel. “Results have lasted up to five years in animals,” Dr. Young said. “Currently, this is an off-label use for cosmetic purposes. But

Restylane is being used a lot.” The product is approved in the U.S. for nasal and periorbital, urinary incontinence and as a radio spacer marker.

However, the downside of Restylane is that “it can’t be used to treat as wide a variety of conditions as Restylane,” Dr. Young said. “In the lips, there have been problems with lumpiness.” Therefore, Dr. Young and others refer

to Restylane as a semi-permanent filler. “When you move into the semi-permanent or permanent category of fillers, there is the potential for permanent problems. It is better to start off with a temporary filler to see how you like the outcome. You don’t want to have to do something invasive to get rid of it. By getting it out, you may end up with a visible scar. The bottom line for patients is ‘super beware’ and be very informed about what you are receiving.”

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