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Questions and Answers

Fill me in

Q: What's the longest lasting filler of all time? Are there any others that may be approved by the FDA anytime soon?

A: Permanent fillers such as silicone and semipermanent fillers such as Radiance and Sculptra are longer lasting than the hyaluronic acid fillers, but they may not be ideal choices for most individuals. Temporary fillers lasting six to nine months in duration provide flexibility as the face continues to age and the skin thins. Moreover, semipermanent fillers such as Radiance and Sculptra have potential long-lasting or permanent side effects that may make them less desirable than temporary, FDA-approved fillers such as Restylane, Hylaform and Hylaform Plus. Restylane Touch, Perlane, Anika and Juvederm are additional hyaluronic acid filler agents being evaluated for possible future approval.

Top-shelf acne treats

Q: What's the preferred method of treating acne grades 3 and 4 in the dermatology office?

A: Grade 3 and 4 nodulocystic acne is effectively treated with Accutane. Alternative effective

therapies include Smoothbeam laser and Photodynamic Laser Therapy.

Mother matters

Q: A client who is pregnant wants to know what skin care products she can use. She's all of a sudden developed severe acne on her back and face, which were once spot-free. What should I recommend? Can she use retinoids? I heard that they are off limits. Is there anything I should avoid doing in terms of skin care or spa treatments?

A: Retinoids are contraindicated in pregnancy. Pregnant patients with acne can undergo extraction, but peels or oral or topical prescription medications should be avoided unless the obstetrician specifically approves their use.

Wax on, wax off

Q: Should you perform a wax on someone who is diabetic? What about psoriasis?

A: Diabetic patients can undergo waxing as long as the procedure is performed carefully to avoid potential skin abrasion or burn. Psoriatic patients may experience a local flare of their psoriasis with potentially traumatic procedures such as waxing. While not an absolute con-

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traindication, such patients should be informed of this potential risk.

Fighting plaques

Q: Are the new FDA-approved immunosuppressive medications for psoriasis dangerous?

A: The new biologic agents for psoriasis are designed for individuals with psoriasis who would otherwise require light or systemic therapy. These new drugs are effective in clearing psoriasis but are not cures for the disease. Biologic agents are generally well-tolerated, but can result in an increased risk of infection, reactivation of tuberculous, neurologic symptoms and blood abnormalities. ■

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