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medical dermatology update

Questions and Answers

Melasma treatments

Q: Are there any new treatments for melasma?

A: Fractional laser skin resurfacing, also known as the Fraxel laser, recently gained FDA approval for the treatment of melasma. This unique laser technology microscopically resurfaces portions of the skin without breaking the skin's protective outer barrier. Patients typically require three to five treatment sessions to obtain maximum benefits. The study that provided the basis for FDA approval demonstrated marked improvement of melasma in 70 percent of patients treated. The Fraxel laser is also beneficial for overall skin rejuvenation and pigmentary problems and is FDA-approved for the treatment of periorbital wrinkles and sun spots.

Acne zapper

Q: I recently heard about a new home device for treating acne. Are you familiar with the device and if so, does it work?

A: The Zeno acne-clearing device recently gained FDA approval for the treatment of mild-to-moderate inflammatory acne. The handheld device delivers a precisely controlled, low-level heat dose to the pimple, which causes the bacteria to self-destruct. The regimen consists of two

to three two-and-a-half minute treatment cycles in the span of 12 to 24 hours. In the FDA trial, 90 percent of blemishes treated had resolved or faded within 24 hours.

Scaling between the third and fourth or fourth and fifth toes is most commonly due to fungal infection.

Reduce large pores

Q: Are there any therapies to reduce large pores?

A: While there is no treatment that is uniformly effective in shrinking pores, GentleWaves LED therapy and the Fraxel laser can lessen the appearance of porous skin. The former affects the enzymes that breakdown collagen and stimulates collagen production. The latter technology causes microscopic thermal injuries to the skin, which stimulates collagen production without inflicting a visible burn.

Capillaries and dots

Q: Are there any topical solutions for broken capillaries and red dots?

A: While there are several topical ingredients that are beneficial in treating diffuse erythema (redness), there is no topical solution for



telangiectasia or angiomas. However, these vascular lesions respond well to laser therapy.

Facial hypopigmentation

Q: I heard that antidandruff shampoo can help facial hypopigmentation. Is this true and if so, how should it be used?

A: Shampoos that treat seborrhea such as Loprox, Nizoral and zinc pyrithione-based over-the-counter shampoos can also treat facial seborrheic dermatitis. They are not effective in treating vitiligo or atopic dermatitis. They are also ineffective in treating pityriasis alba, a common cause of facial hypopigmentation.

Ingrown brow hair

Q: I have a recurring ingrown hair in my brows. It just keeps coming back every time I tweeze it. What's your advice on how to get rid of this problem?

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A: The best treatment for ingrown hair is a combination of Vaniqa to decrease hair growth, Retin-A or Differin cream to facilitate extrusion of the hair, and a topical antibiotic to lessen secondary infection. The addition of a low-potency topical steroid to decrease inflammation is also sometimes helpful.

Pedi woes

Q: Is dry skin on the feet or between toes always an indication of a fungal infection?

A: Scaling between the third and fourth or fourth and fifth toes is most commonly due to fungal infection. Scaling on the soles can also be a sign of fungal infection. However, psoriasis dyshidrotic eczema or contact dermatitis can also cause scaling of the feet. A simple microscopic examination of the scales can be performed in the dermatologist's office to determine if a fungal infection is present.

Cancer label for cream

Q: I have heard that the topical cream that my dermatologist prescribed to treat my dermatitis can cause cancer. I discontinued use when I heard about this but, my dermatologist feels I should continue it. What are your thoughts on that?

A: Although there is no data from studies in human patients proving this link, in February, the FDA decided that there was a plausible risk of lymphoma from use of Protopic or Elidel cream. They added a black-box warning to the labeling. The American Academy of Dermatology opposed the black-box warning and believes that these drugs are safe, if used properly. You should discuss the potential benefits and risks of continuing therapy with your dermatologist. ■

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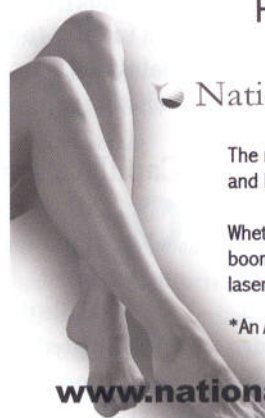
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