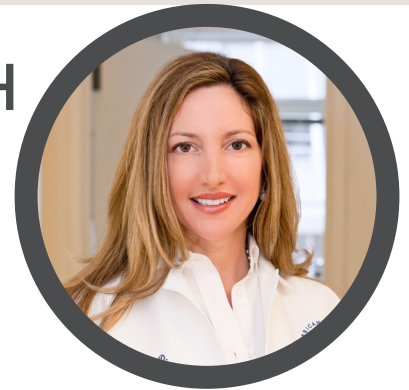


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CLINICAL ANALYSIS OF MELASMA TREATMENT WITH 1927NM DIODE LASER

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Biography

Tracy Evans has graduated with honours, Phi Beta Kappa from Vassar College in New York. She attended Medical School at the University of Connecticut where she completed both her Medical School training and earned a Master's degree in Public Health. She conducted research for the National Institute of Health for two years on Skin Cancer. She has completed her Residency in Dermatology at Emory University in Atlanta, Georgia. She was Fellowship trained and certified by the American College of Mohs Micrographic Surgery and Accreditation Council of Graduate Medical Education at the University of Pittsburgh Medical Center. She founded her private practice in San Francisco, CA in 2008. She has authored several articles and book chapters on skin cancer and Mohs surgery. She has presented at multiple national and international meetings for her research on cost, quality of life, and skin cancer outcomes.

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Melasma is a chronic skin disorder which is cosmetically complicated to treat due to rebound phenomenon and irritant contact dermatitis from the treatments themselves. Multiple factors contribute to the pathology including ultraviolet radiation, hormonal alterations within the estrogen or progesterone pathways, genetic predisposition, inflammation, and increased prevalence in patients with Fitzpatrick skin types III-VI. We have achieved significant reduction of hyperpigmentation in women of all Fitzpatrick skin types without side effects, including exacerbation of existing pigmentation with a low energy, low density, non-ablative fractional 1927nm diode laser. Each patient was treated at a depth of 170 μ m, 5 mJ, 2.5% coverage, 4 total passes, with 2-6 treatments at least 4 weeks apart. All patients were pretreated for at least four weeks with Skin Medica Lytera® 2.0 (am/pm), broad spectrum sunscreen SPF 46 with niacinamide(am), compounded hydroquinone 6% (HQ) with tretinoin 0.05%, hydrocortisone 0.5%, kojic acid 4% (pm). Immediately post treatment: Lytera® 2.0, compounded HQ, clocortolone pivalate 0.1% and broad spectrum SPF 46 with niacinamide. While melasma has a propensity for rebound, our patients remain clear of recurrence 6 months post therapy.



Figure.1 Before and After of Fitzpatrick skin type type III, melasma treated with fractional 1927 nm diode laser status post two treatments at a depth of 170 μ m, 5 mJ, 2.5% coverage, 4 total passes, 4 weeks apart