

 #WCD2019

AEDV

HIGHLIGHTS

24th World Congress of Dermatology (WCD)

10-15
JUNIO
2019

Milán



Patrocina:

janssen  Immunology
PHARMACEUTICAL COMPANIES OF 

Organiza:



AEDV

HIGHLIGHTS

24th World Congress of Dermatology (WCD)

10-15
JUNIO
2019

Milán



Estética y laser

Dra Paloma Borregón Nofuentes

Patrocina:



Organiza:



Basic cosmetic Dermatology

- **BoNTA:** long term effects (Dr Doris Hexsel)?
- **Special risks of treating skin of color**
 - Hiperpigmentation/ hipopigmentation
 - Abnormal scarring
- **Tranexamic acid** (Dr. Khushboo Minni)
 - Recommendation: oral TXA 250 mg bd 3 months
 - Low weekly doses to mantain efficacy
- **Female intimate rejuvenation** (Dr. Nicola Zerbinati)
 - Surgery
 - Microablative fractional CO2 laser
- **Deoxicolic acid**
 - Jowls and preaxillary fat (off label)

[Rationale and design for fractional microablative CO₂ laser versus photothermal non-ablative erbium:YAG laser for the management of genitourinary syndrome of menopause: a non-inferiority, single-blind randomized controlled trial.](#)

Flint R, Cardozo L, Grigoriadis T, Rantell A, Pitsouni E, Athanasiou S. Climacteric. 2019 Jun;22(3):307-311. doi: 10.1080/13697137.2018.1559806. Epub 2019 Jan 24.

PMID: 30676818
[Similar articles](#)



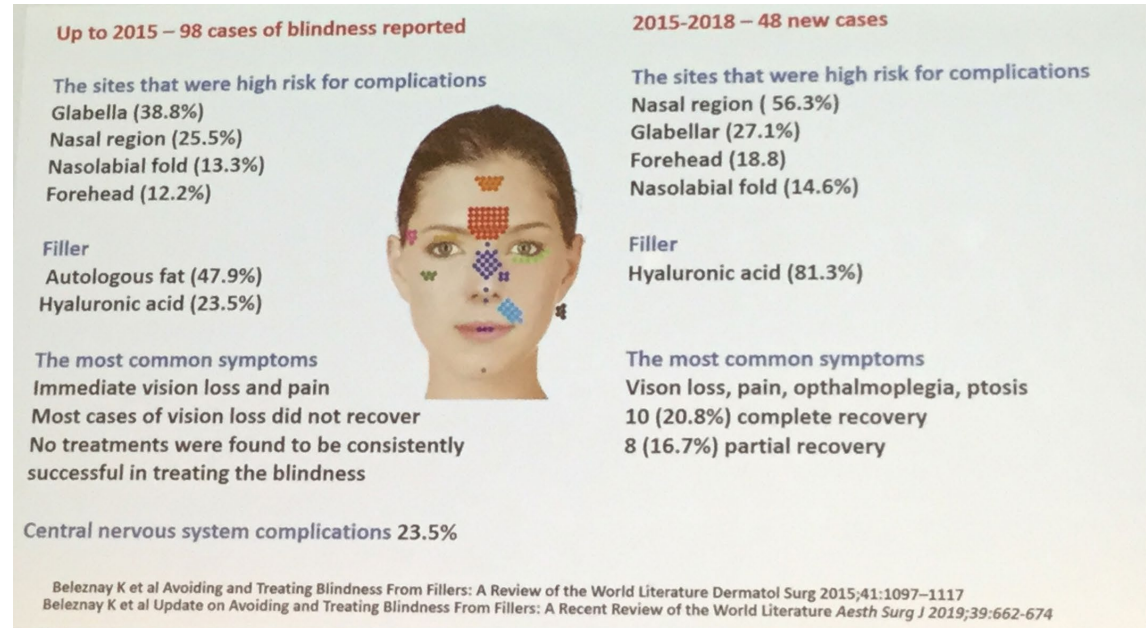
Complications I

- Management of patient's expectations
- Chlorhexidine : keratitis
- **Fillers**
 - Nodules
 - Inert granuloma
 - Antibiotics...hialuronidase...culture or biopsy...intralesional corticosteroids
 - Amoxi-clav 4 g /day 15 days
 - Clarithromycin 500 mg + moxifloxacin 400 mg bid for 10 days
 - Ciprofloxacin 500-750 mg bid 2-4 weeks
 - If longer duration >6 weeks: minocycline 100 mg daily 6 months
 - Fluctuant: incision + drainage, culture- for aerobic (including mycobacterial) and anaerobic bacterial and fungal
 - NO Hialuronidase
- **Dental work:** better avoid it 2 weeks before and after filler injections
 - No need for prophylactic antibiotics

Complications II

Vascular:

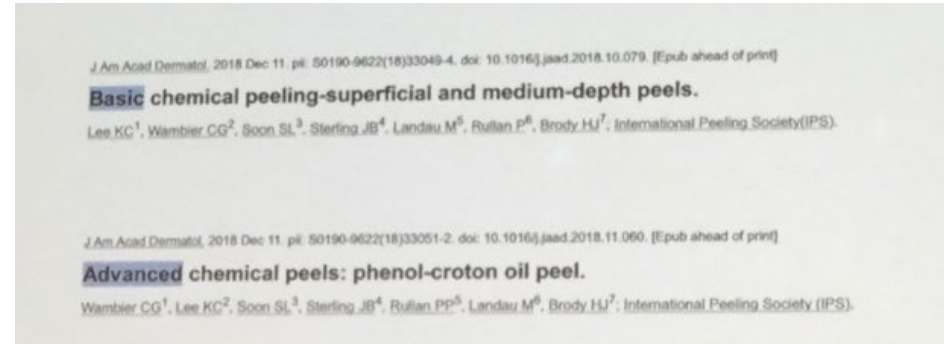
- If suspected: stop treating+ measures to improve blood Flow and dissipate the agent
 - Hialuronidase
 - Aggressive massage
 - Warm compress
 - Nitroglycerin
- Aspirin for anti-inflammatory and antiplatelet effects



Cosmetic Dermatology

Chemical peels (Dr. Gary D Monheit)

- Medium Depth wounding
 - TCA 50%
 - Liquid phenol 88% USP
 - Combinations
 - Solid CO2 + 35% TCA (Brody)
 - Jessner's + 35% TCA (Monheit combination peel)
 - Glycolic acid 70% + 35%TCA (Coleman)



Association of facial exercise with the appearance of aging

- A régime of at-home facial exercises maintained for 20 weeks seemed to improve mid-face and lower face fullness

[Association of Facial Exercise With the Appearance of Aging.](#)

Alam M, Walter AJ, Geisler A, Roongpisuthipong W, Sikorski G, Tung R, Poon E.
JAMA Dermatol. 2018 Mar 1;154(3):365-367. doi: 10.1001/jamadermatol.2017.5142. No abstract available.
PMID: 29299598 [Free PMC Article](#)
[Similar articles](#)



Hypertrophic scars and keloids

- **Genetics**
- **Best option**
 - combining treatments
- **Injectable**
 - Corticosteroids
 - 5FU
 - Bleomycin
- **Radiotherapy**
- **Cryotherapy**
 - Better selective: intralesional (with a needle) and fractional ()
- **Laser and other EBDs**
 - Vascular lasers?
 - Fractional lasers
- **Matteo Tretti Clementoni**
 - Ablative fractional laser....TAC (sometimes with 5FU)...BoNTA

[J Plast Reconstr Aesthet Surg. 2019 Jan;72\(1\):4-11. doi: 10.1016/j.bjps.2018.05.052. Epub 2018 Jun 25.](#)

Treatment of keloid scars with intralesional triamcinolone and 5-fluorouracil injections - a randomized controlled trial.

[Hietanen KE¹, Järvinen TA², Huhtala H³, Tolonen TT⁴, Kuokkanen HO⁵, Kaartinen IS⁶.](#)

Author information

Abstract

Keloids have high recurrence rates. Current first-line therapy is triamcinolone (TAC) injection, but it has been suggested that approximately 50% of keloids are steroid resistant. We compared the efficacy of intralesional 5-fluorouracil (5-FU) and triamcinolone injections in a double-blind randomized controlled trial. Forty-three patients with 50 keloid scars were treated with either intralesional TAC or 5-FU-injections over 6 months. There was no statistically significant difference in the remission rate at 6 months between the 5-FU and TAC groups (46% vs 60%, respectively). Local adverse effects were higher in the TAC group compared to the 5-FU group. Occurrence of skin atrophy in TAC group was 44% and in the 5-FU group 8% ($p < 0.05$). Also the occurrence of telangiectasia in the TAC group was 50% and in the 5-FU 21% ($p < 0.05$). Vascularity of the keloids, assessed by spectral imaging and immunohistochemical staining for blood vessels, after treatment decreased in the TAC group, but not in the 5-FU group ($p < 0.05$). Fibroblast proliferation evaluated by Ki-67 staining significantly decreased in the TAC group ($p < 0.05$) but increased in the 5-FU group ($p < 0.05$). TAC and 5-FU injections did not differ in their clinical effectivity in this randomized study, but 5-FU injections lead to increased proliferation rate and did not affect vascular density in histological assessment. Due to the greater number of adverse effects observed after TAC treatment, 5-FU injections may be preferable for cosmetically sensitive skin areas.

Copyright © 2018 British Association of Plastic, Reconstructive and Aesthetic Surgeons. Published by Elsevier Ltd. All rights reserved.

Prospective Randomized Controlled Study to Determine the Effect of Topical Application of Botulinum Toxin A for Crow's Feet After Treatment With Ablative Fractional CO₂ Laser

Mahmoud, Bassel H. MD, PhD; Burnett, Christopher MD; Ozog, David MD*

Dermatologic Surgery: January 2015 - Volume 41 - Issue - p S75-S81
doi: 10.1097/01.DSS.0000452642.83894.ab
Original Article



- Matteo Tretti Clementoni
 - Treatment of keloid and hipertrophic scars

