

HIGHLIGHTS

24th World Congress of Dermatology (WCD)

10-15 JUNIO 2019





Patrocina:







Lasers

June 14 friday

José Manuel Miralles López

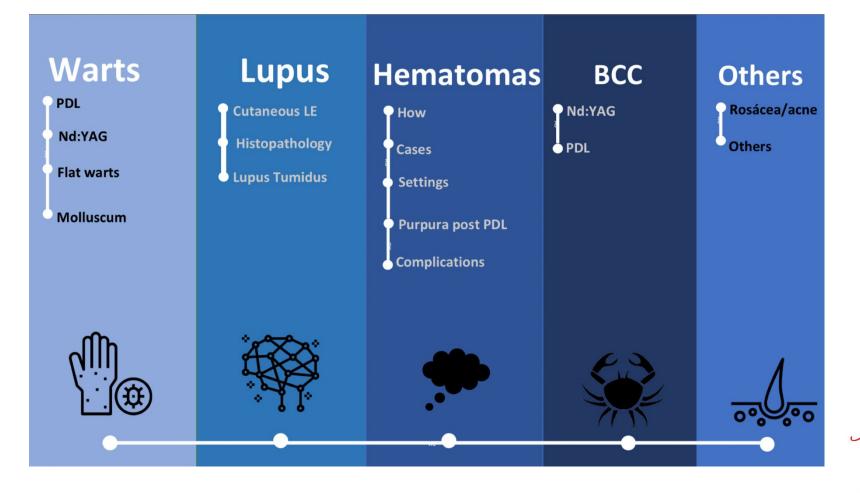
Palma de Mallorca

Patrocina:





Best presentation about lasers of all the congress from Dr. Pablo Boixeda (Spain): Vascular lasers and other dermatologic indications (PDL and ND-YAG)





Hematoma and PDL

Hematomas Cases

Pulsed dye laser on ecchymoses: clinical and histological assessment

Adrián Alegre-Sánchez¹ · D. Saceda-Corralo¹ · G. Segurado-Miravalles¹ · D. de Perosanz-Lobo¹ · P. Fonda-Pascual¹ · O. M. Moreno-Arrones¹ · D. Buendía-Castaño¹ · B. Perez-García¹ · P. Boixeda¹

Lasers Med Sci. 2018



24 h Post PDL







BCC



всс PDL

Short study

- PDL 1 month before Mohs surgery
- 7 mm 2 ms 15 J, stacking (2)
- 5/6 patients No BCC



Pre

Post-PDL

Mohs: No BCC

The effect of pulsed dye laser on high-risk basal cell carcinomas with response control by Mohs micrographic surgery. Alonso-Castro L¹, Rios-Buceta L, Boixeda P, Paoli J, Moreno C, Jaén P. Lasers Med Sci 2015

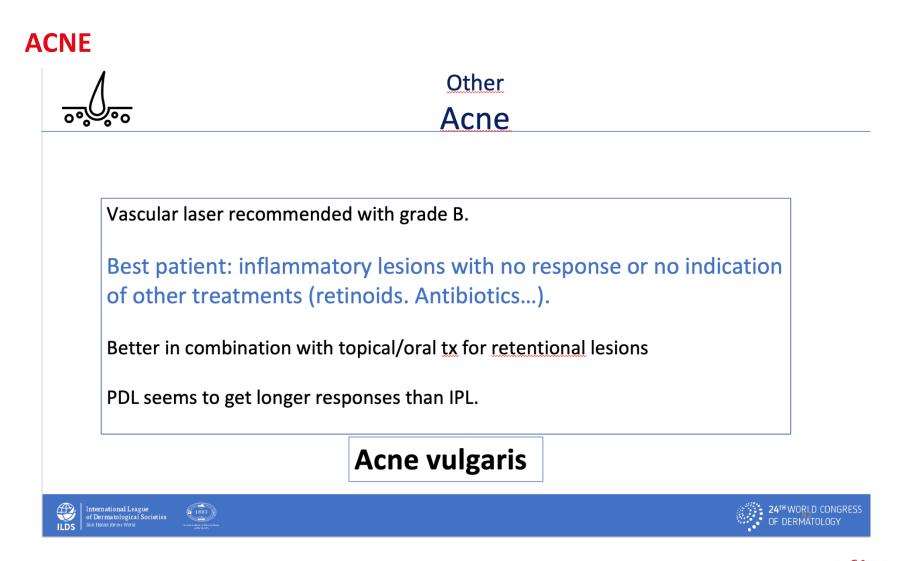


Pre

Post-PDL

Mohs: No BCC







Postinflamatory pigmentation in fototypess IV-VI Dr. Manuskiatti (Thailand)

- Prevention or treatment?
- Topical corticosteroids: lower PIF level but no significantly better results.

Tyrosinase inhibitors : hydroquinone

- Second line picoseconds fractional laser combined with oral tranexamic acid (250 mg per os x 12 h)
- Q-switched laser 1064 nm low fluences
- Fractional picosecond laser (Picotoning) . 6-8 mm spot, painting technique, one sesión every 2 weeks.
- Minimizing inflammatory reaction and sun protection are fundamental.
- Topical tranexamic or intralesional less efective.



Managing risks in vaginal laser Dra. Negosanti (Italy)

Gold standard fractional Co2 laser

- Objective: renew the vaginal tissue and improve function.
- Treat endovaginal area, vulva, and also perineal and perianal area
- 3 sessions (every 30-40 days)
- Useful in scleroatrofic lichen.
- Management of perianal pruritus.
- Pain: endovaginal treatment is not painful. In sourrounding areas EMLA Or pliaglis.
- Pain after treatment: paracetamol
- No tight clothes
- Vaginal discharge not abundant during the first days (use gauze compress9)
- Infections: recurrent herpes, rare bacterial vaginosis.
- Postlaser cystitis: fosfomycin or nitrofurantoin.
- 14% patients not responding to treatment.



Laser for tattoos elimination: complications and what is new Dr. Nouri (EE.UU.)

- Depigmentation and textural changes
- Allergic reactions
- Paradoxical darkening
- Ulceration
- Potential carcinogenesis (INKS)
- Reactive lymphoid cutaneous hyperplasia
- ASWT (Acoustic shock wave therapy)



Management of resurfacing complications (ablative and non ablative) Dr. Amer (Egypt)

- Usually mild adverse reactions.
- Profesional inexperience
- Inadequate post-laser care
- Patient characteristics
- Burns, scars, discromia, ocular damage and infections
- Fractional CO2 Laser: infection produces delayed epithelization and prolonged erythema. Post-treatment steroids increase the risk of infection
- Scars risk should be warned. 3,8% SCARS (INFECTION) manuskiatti
- Special care with neck and chest.
- Excessive fluence or density may cause retraction of the lower eyelid.
- Koebner possible.



EBD And comlications (cryolipolysis, radiofrecuence, HIFU) Dr. Ocampo (Mexico)

- **Cryolipolisis**: correct election of the candidate. Erythema, burning , hematoma, petechia, hipersensitivity, itch, postinflammatory hiperpigmentation, paradoxical adipocyte hiperplasia, prolonged pain. Pannculiti
- Morphee cryolipolysis induced.
- There are lower cost equiment but higher risk of complications and burns.
- Radiofrequiency. Real expectations. Erythema and edema disappear quickly. Erosions and burns. Atophy and pigmentary problems ares exceptional.
- HIFU: mild erythema and edema, submandibular feeling of pain
- Other complications extremely rare: nodules, blisters, pigmentación. 0,2% adverse effects: transient paresia without sequelae. Ulcer, necrosis.



Ipl complicaations and management Dr. Galimberti (Argentina)

- Dark phototypes higher risk (needs filthers with longer wavelength)
- Very important correct cooling
 - Correct management of end point
 - Hair removal: perifollicular erythema
 - vascular: avoid withening
 - Pigmentations : darkening of brown spot without darkening of surrounding skin
- Need for previous test



Increasing safety in the laser clinic Dr. Amer (Egypt)

- Training is very important
- Risks are underestimated for laser user
- Minimizing stress reduces risk (Gold standard check list of aerial sector)
- Even the reception of the clinic is important.
- Adequate maintenance of equipment.
- Assess the risk levels in each case in each laser and define the precautions to be taken



Selection of the patient in dermatological laser: when no is the better option Dr. Madan (UK)

- The modern laser dermatologist must know how to say no:
 - Incorrect indication
 - Better treatment options.
 - Incorrect diagnosis
 - Unreal expectations
 - Dysmorphophobia

Say no better before than after Better say no than i'm sorry



What is coming: laser 1726 nm

- Selective damage of sebaceous gland without affecting surrounding dermis and preserving epidermis
- Demonstrable histological damage at 24-48 hours (Tanghetti)
- Needs a good cooling system
- Effective and safe parameters
- Multiple pulses
- Great expectation in acne
- Other indications?

