



ACNE, ROSACEA, AND RELATED DISORDERS (INCLUDING HIDRADENITIS SUPPURATIVA)

## BIOPHOTONIC LIGHT THERAPY, CURRENT MANAGEMENT OF ACNE

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Introduction: Acne vulgaris is a chronic inflammatory disease of the pilosebaceous unit and it is observed equally in both sexes and nearly all races. Despite that fact, that well elaborated guidelines for the treatment of acne exist, we still see ourselves confronted with moderate to severe acne cases with unsatisfying treatment results.

Objective: The aim of our study was to evaluate the efficacy of an alternative light source-based acne treatment (LSATx) – outside the international guidelines – in order to examine its consideration as a further standard procedure. In a retrospective study we evaluated 98 patients who received each 12 treatments.

Materials and Methods: During the period of May 2016 to July 2018 we performed in total 1176 LSATx on 98 patients over the age of 16 years with moderate to severe acne. As the LSATx components are costy and not insurance covered only patients with the following criteria decided to choose the LSATx: 1. Non-responders to isotretinoin treatment (minimal treatment time 6 months), 2. Patients with absolute or relative contraindications against Isotretinoin treatment (eg. patients with history of depression, high cholesterol, creatinine kinase increase during Isotretinoin treatment, Thrombosis).

Our treatment protocol consists of twelve treatments twice a week using a 415 and 470nm LED light emitting lamp to be applied after application of a fluorescent photoconverting gel within 9 minutes.

Results: 98% of our patients responded successfully to the LSATx. That means the skin was either clear, almost clear or at least a reduction of IGA >= 2 levels could be revealed. 92% sustained results after two months.

Adverse events (hyperpigmentation, erythema) were transitional and required no medication.

Conclusion: We recommend integrating LSATx into the guidelines for acne treatment as a further option for patients with moderate to severe acne.





