SCARS AND STRIAE - WHAT WORKS, WHAT DOESN'T WORK!

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Introduction: Time heals all wounds but scars always remain at that site which indicates damage to collagen and elastin. Scars have an impact on patients' social aspect and quality of life.

Objective: To study different procedural treatment modalities done at dermatologists' office for scars and striae and plan proper selection, execution, and combination of techniques in skin type 4-5, which gives maximum improvement in eliminating, resurfacing, and raising the scars.

Materials and Methods: 30 subjects were included in the study and each one completed the treatment which ranged between 6-9 months. Subjective evaluation was done for each patient. Pre and post photographs were taken.

All patients were treated with a combination of 2-3 different procedures at a monthly interval. Patients were explained procedures ranging from chemical peels (retinol, TCA, Salicylic, mandelic), subcision, dermarollers, Platelet rich plasma, fractional skin resurfacing, microneedling radiofrequency, dermal fillers. They were explained about the importance of treating active acne to reduce the scarring.

Instructions for post procedure downtime, post procedure care, expected outcomes, likely complications, and pigmentary changes were given. Adherence to treatment was emphasized.

Results: None of the patients reported any adverse event except one patient developed post inflammatory hyperpigmentation. Pre and post photographs showed significant improvement in scars and striae. Subjective evaluation showed high satisfaction rate.

Conclusion: Treatments are safe, effective with high satisfaction rate. It is the physician's experience and knowledge of the device in hand, which determines, that best results can be delivered to patient of scars and striae.