



LASERS

PIGMENTED LESION TREATMENT AND REJUVENATION IN ASIANS BY USING 532/670/1064NM PICOSECOND LASER.

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Background: Asians are a population with various skin phototypes, ranging from Fitzpatrick's classification type III to V. Asian skin tends to present melasma, lentigines, nevus of Ota, Hori nevus and postinflammatory hyperpigmentation. The use of Q-switched (QS) lasers for the treatment of pigmented lesions has become popular in the past decades. Currently, picosecond lasers have been demonstrated positive results for treatment of pigmented lesions and less hyperpigmentation side effect in Asians. The purpose of this presentation is the clinical efficacy and side effects associated with the 532/670/1064nm picosecond laser treating pigmented lesion and rejuvenation in Asians.

Observation: The 532nm single pass for lentigo and 670nm for nevus of Ota and Hori nevus and 1064nm with micro-lens array for rejuvenation were practiced. We also conducted low fluence picosecond laser at 1064nm utilizing the multi-pass technique with a large spot size (laser toning) every two weeks is suggested as a modality to treat melasma. Generally, multiple sessions are needed for successful outcomes. Adverse effects such as mottled hypopigmentation have also been noted following repeated laser treatment for nevus Ota. Only a very small number of patients have postinflammatory hyperpigmentation after 532nm treatment.

Key message: Using picosecond laser for treating pigmented lesions is a better option for Asian skin types, because there are more efficient effects and few side effects.

