

A new ERA for global Dermatology 10 - 15 JUNE 2019 MILAN, ITALY

LASERS

PIGMENTED LESIONS: THE ROLE OF LASERS AND INTENSE PULSED LIGHT TECHNOLOGY.

Sara Mazzilli⁽¹⁾ - Virginia Garofalo⁽²⁾ - Ester Del Duca⁽³⁾ - Mario Sannino⁽⁴⁾ - Alessandra Ventura⁽⁵⁾ - Ester Del Duca⁽⁶⁾ - Luca Bianchi⁽¹⁾ - Giovanni Cannarozzo⁽⁷⁾

University Of Rome Tor Vergata, Tor Vergata Hospital, Rome, Italy⁽¹⁾ - University Of Rome Tor Vergata, Tor Vegata Hospital, Rome, Italy⁽²⁾ - University Of Rome Tor Vergata, Tor Vergata Hospital, Rome, Italy⁽³⁾ - University Of Ome Tor Vergata, Tor Vergata Hospital, Rome, Italy⁽⁴⁾ - University Of Rome Tor Vergata, Tor Vergata Hospital, Rome, Italy⁽⁵⁾ -University Of Rome To Vergata, Tor Vergata Hospita, Rome, Italy⁽⁶⁾ - University Of Rome Tor Vergata, Dermatology, Rome, Italy⁽⁷⁾

Background: Cutaneous benign pigmented lesions are frequent targets of laser and intense pulsed light (IPL) treatment, through the disappearance of chromatic alteration.

Different lasers (continus waves CW systems and non continous waves) as well as surgical lasers (CO2 10600nm and Erbium: Yag 2940nm) have been used to treat pigmented lesions; however, they are not currently in wide use due to risk of scarring and dyspigmentation.

Use of selective lights (photothermolysis) has been replaced with better maintenance of tissue integrity with lower risk of discoloration and scarring.

Q-swithced (QS) emit pulses of very short duration are highly effective in lightening benign epidermal and dermal pigmented lesions such as solar lentigines, ephelides, café au lait macules, seborrheic keratoses,

The short pulsed QS systems commonly used to treat pigmented lesions today include Nd:YAG (532 and 1,064 nm), ruby (694 nm), and alexandrite (755 nm) lasers.

Non-coherent high-intensity pulsed light systems represented by IPL devices, have also been used to treat benign superficial pigmented lesions with significant lesional improvement

IPL devices emit polychromatic, noncoherent, and noncollimated light (420–1,400 nm) with varying pulse durations, for this reason considered is less selective than CW lasers.

Observation: A cohort of 20 patients affected by epidermal and dermal hyperpigmentation was treated CW laser and IPL.

We compared the efficacy and safety of CW lasers and non and IPL in long term management of this kind of skin discomfort.

Key message: We investigated selection criteria of best treatment choice, advantages and disadvantages, operating and post-operative procedures, of QS and IPL systems in the











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treatment of pigment lesions.



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