



DERMOSCOPY AND SKIN IMAGING

DERMOSCOPIC EXAMINATION AND FOLLOW-UP SHOULD BE MANDATORY FOR THE CO₂ LASER TREATMENT OF ACQUIRED JUNCTIONAL MELANOCYTIC FACIAL NEVI

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Background: Treatment of acquired junctional melanocytic naevi on the face can be challenging due to scar formation. As a noninvasive imaging technique, dermoscopy significantly enhances the clinical differentiation of pigmented melanocytic lesions.

Objectives: The study objectives included an assessment of the efficacy and safety of the CO₂ fractional laser for removing small acquired junctional melanocytic nevi less than 5 mm and usefulness of dermoscopy for the monitoring of the nevus before treatment and the one-year follow-up period.

Methods: We performed a retrospective review of 618 patients with 1545 facial nevi. CO₂ fractional laser was performed at 2-month intervals until complete clearance occurred. The effect of the therapy was monitored by clinical and dermatoscopically. Acquired junctional melanocytic nevus was evaluated according to global dermatoscopic patterns such as globular, reticular and homogenous pattern. The Global Assessment Scale (GAS) scores were used to assess the overall results by patients and physician. After treatment, all treated areas were evaluated by dermoscopy at two, six and 12 months with respect to structures of nevus cell remnant, scars, hypo/hyperpigmentation, erythema, and fibrosis.

Results: 1320 nevi (85 %) were successfully treated in one session. 120 (8 %) and 75 (5 %) required second and third sessions, respectively. Only thirty naevi (2 %) required more than 3 sessions. At the end of one year, patients' (97 %) and physicians' (95 %) GAS scores were rated as excellent and good, respectively. No serious side effects were observed.

Conclusions: As a new therapeutic approachment, CO₂ laser was found extremely effective in completely removing small acquired junctional melanocytic nevus with dermatoscopic follow-up. Dermoscopy, should be performed by a dermatologist before treatment, is not only helpful for understanding ablation levels during treatment, but also detects the nevus cell remnants and to decide the requirement of the new session again.

