

LASERS

## LASER TREATMENT OF EPIDERMAL NEVI: A MULTICENTER RETROSPECTIVE STUDY WITH LONG-TERM FOLLOW-UP

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Introduction: Epidermal nevus types include verrucous (VEN), sebaceous (NS), Becker (BN), ILVEN, and other rare types. They are usually disfiguring, and patients strongly demand cosmetic removal. Many destructive methods have been tried with a high scarring risk or recurrences. Laser treatment appears appealing. Nevertheless, large series with long-term follow-up are missing.

Objective: To evaluate long-term effectiveness and safety of lasers for epidermal nevi.

Materials and methods: Bicentric retrospective cohort study including all patients treated for epidermal nevi by laser experts in the university hospital of Nice in France and the university medical center of Amsterdam in The Netherlands. All patients were evaluated on pictures by two independent dermatologists. Patients' auto-evaluation and satisfaction were recorded. All patients with less than one year follow-up were excluded. Lesions' characteristics, laser types, and any recurrence or scarring were registered.

Results: 70 patients were included: 23 VEN, 16 NS, 26 BN, 2 ILVEN, 1 smooth muscle hamartoma, 1 rounded and velvety epidermal nevus, and 1 nevus lipomatosus superficialis. The follow-up period ranged between 12 and 127 months (median 37 months). VEN and NS patients were treated with ablative lasers. More post-treatment good responders (82% vs. 50%), long-term good responders (70% vs. 44%), less recurrences (48% vs. 88%), and higher satisfaction (83% vs. 56%) were noted in VEN than in NS, respectively. Regarding BN, Q-switched lasers failed to show any improvement in 25 of the 26 patients.

Conclusions: Ablative lasers can treat VEN with good aesthetic results, but they have limited efficacy for NS. We do not recommend using aggressive settings to treat the whole thickness deep into the dermis in one session. To avoid disfiguring scars, we advise flattening the lesion first, then using lower parameters to treat selectively until the upper











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dermis. Q-switched lasers should not be used anymore to treat BN.



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