



LASERS

SUCESFUL USE OF LASERS IN TOUGH PRIMARY CUTENOUS AMYLOIDOSIS: 10 CASES FROM INDIA

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Introductio:Primary cutenous amyloidosis is rare chronic dermatosis in india ,but it recalctitent to medical line of treatment. It presents mainly as macular type and other common type is lichen.First has cosmetic problem due to hyperpigmentation.Lichen amyloid presents mainly over shin. .Both are difficult to cure by available medical treatments like topical steroids,DMSO ,I immunosupresents .So, we tried ablative and fractional erbium and Q NDYAG lasers with better outcome.

Materials and methods We treatred 10 cases of PCA .6 cases belongs to macular and 4 cases are lichen type.Age group:25-65 years.M:F ratio was 4:6. All had disease since few months to year.We treated macular type with multiple settings of both ablative and pigmentary lasers.In Lichen type,we used 3mm & fractional erbium for 1-4 sittings. We used fractional 7X7 mm tip and 3 mm erbium 2940 nm laser and Q Ndyag 1064nm & 532 nm in cases of pigmented macular type.But only erbium ablative laser for itchy lichen type.We gave oral endoxan 50 mg daily for few months in 7 cases.Fellow up after every 4 week end and clinical photography was taken. In addition to their direct therapeutic effect,fractional lasers also act through transepidermal drug delivery (TED) of the topical steroid into the hair follicle. This property of fractional lasers is popularly known as "laser-assisted drug delivery.

Results :Response to treatment was assessed on a quartile physician assessment scale.We gave oral endoxan 50 mg daily for few months in 7 cases.Response was good in 2 cases grade 3 in 30% cases ,40% response in 4 cases and poor (grade4)in another 20% cases.side effects are few and transient.

Discussion:Though primary cutenous amyloidosis is rare dermatosis in india,very difficult to treat due to lack of a good treatment.We tried to use lasers in both types and hadbetter outcome.Patients satifaction was better in all cases.

