Laser Pearls
Creative combination Laser therapies for tough clinical problems

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Challenging case examples

1) Vascular malformations
   Nodular Hypertrophic PWS

2) Acne Scarring

3) Pigment problems-
   Ochronosis
Laser Pearls for challenging cases
Combination of modalities

What do you do when confronted with a challenging clinical problem?

Break it down-

1) PWS-PDL or KTP
2) nodules- LP 1064
3) lip elongation and “SQ overgrowth” – Excisions and electrosurgery
Hypertrophic PWS

- What modalities do we have at our disposal??
- Start small and advance incrementally-
- **PWS**-
- PDL 595 or KTP 532
- **Nodules/venous vascular malformations**-LP 1064
- **SQ overgrowth**- Excision and electrosurgery- Rhinophyma
Flat pink PWS in infants—response to PDL alone

1 month old

Post 5 rxs

10 mos old
PWS rx: Equivalent response:

PDL vs KTP 532

“purpuric” endpoint on each site

Parameters: Excel: 7mm spot, 6msec PW, 9-9.5 J/cm² (PDL: 10mm spot, 1.5msec PW, 9.75 J/cm²)

Post 5 rxs - equivalent response on each half
What about vascular nodules? Start with venous lakes?

Usually one rx combination
PDL 595 or KTP532+
LP 1064
Venous Vascular malformations - use of LP 1064

Eye shield and LP 1064, s/p 2 rxs
Complex, mixed Lymphatic-Venous malformation

Original lesion 6 years ago

2 weeks post 1 rx

Recently re-evaluated prior to rx

Combination- LP 1064 +Fract CO2 Lasers-
post 2 rxs
Venous Vascular Malformation Combo: LP1064 + fract CO$_2$ Lasers
Pilot study of Topical Rapamycin in Hypertrophic PWS

1990 pre-rx

2005 post several rxs

2012 recurrence after 7 yrs- pre-trial

Pre-trial -4 quadrants- PDL +/- Rapamycin +/- Fractional CO2

Compounded Rapamycin 1%-
“Chemistry rx”- Philadelphia

Post 2 test sessions
Hypertrophic PWS-Combo
595PDL, LP1064,+Fract CO₂

Immed post 1 rx
595nm PDL + LP1064

1 mo post 1 rx

POST 4 rxs —
PDL+ LP1064nm,
+Fract CO2+RAP
Challenging complex mixed vascular malformations

Pre-rx

Immed. post rx-w/electrosurgery + CO2 Laser

3 wks post single rx.
Debulking SQ overgrowth

Rhinophyma - Electrosurgical “artistic sculpturing”
Hypertrophic PWS-Rx approach??

Post single debulking rx with PDL 595, KTP 532, and LP 1064 vascular Lasers + Electrosurgery and fractional CO2
Serial excisions for lip elongation
Combination treatments—putting it all together”

WORK “in progress”

Post 8 sessions-PDL 595, KTP 532, LP1064, Fract CO2, multiple electrosurgery and excisional debulking surgeries, + Rapamycin post-op
Misadventures—learning new modalities—when we try to do more for our patients

LP Alex 755nm for hypertrophic PWS

2 wks post test

Immed post “smoothing abrasion” for repair

1 mo post abrasion

Immed post PDL and fractional CO₂

Fixing our own mistakes

Current- post several PDL + fract CO₂ Lasers
Challenging cases
Challenging Acne scarring

• Break it down-
  • 1) Medical control of acne - Accutane
  • 2) Sinus tracts and large scars - excisions
  • 3) Contour, texture - Erbium and fract CO2 And Dermal fillers
Acne Scarring patients
some of the most challenging patients of all!!

Erbium on scar
shoulders and full
ablative Erbium and
fract CO2

1 month post-op
Acne scar revision

Post laser, subcision + punch excisions

6 wks post-op

3 wks post-op
Rayana’s journey
Fractional & Fully Ablative CO2 Lasers
Combination treatment for traumatic tattoos with both color and textural deformity

Immed post single rx

2 weeks post single rx with Qs 1064 and Fractional CO2 Laser
Ochronosis
75 yr old hispanic post topical HQ
Ochronosis

Tests with Qs Ruby (694), Alex (755) & Nd:YAG (1064nm)
Treatment results

Pre-rx

Post 8 rxs with combination Qs1064 +Qs755 + fract CO2 each session

Min improvement after 5 Qs Lasers alone
Combination therapies

• Always try to use the best Laser or Laser combinations to achieve optimal results
• Use adjunctive modalities when appropriate to enhance outcomes or improve efficiency of achieving optimal results in fewer treatment sessions
• Some of my favorites:
  • Qs755 +KTP- reds and browns
  • Qs 755 +fract CO2 (traumatic tattoo, or rhytides and dyschromias)
  • Fract CO2 + full field ablative CO2( full face resurfacing)
  • Erb:YAG + fract CO2 (acne scarring)
  • PDL + fractional CO2- hypertrophic scar, poikiloderma and textural issues
Dealing with the Dissatisfied Patient

- We all have failures, side effects, complications or untoward sequelae
- How we approach the disappointed or dissatisfied patient is key
- Positive attitude- “we will make it right and stand by our work until you are satisfied”
- “killing the patient with kindness”- discounts, freebies and the like
Sometimes despite aggressive treatment we still get disappointing results.

2 mos post aggressive Erbium and CO₂ Laser rx
Unrealistic Expectations-

Pt upset with “loss of cheek volume”

Unhappy with cheek “dent”
Laser Resurfacing followed by Dermal Filler (DF)

- Pre-rx
- Post aggressive single rx. full field and fract CO2 resurfacing
- 6 mos post LSR and post single DF session
Managing Patient expectations

It is always best to under-promise and over-deliver than to over-hype any treatment.
Challenges

- Challenge yourself to always do better for your patient
- Seek out mentors and get well trained
- Be bold. But know how to deal with your complications
- Keep learning. Avoid complacency.
- Try to think out of the box - newer, better ways to treat your patients - innovative combinations