

Perils and Pitfalls

This is a new column which will appear in each issue of Currents. "Perils and Pitfalls" will feature surgical questions on complications and answers from a variety of sources – committee members, educational sessions at local or regional dermatology meetings, and you, the members. A different committee member will edit the column each month. Please send in your questions to Laura Davis (ldavis@asds.net) and one of our Committee members will respond in a future issue of Currents. This month's column was edited by Roy G. Geronemus, MD.

Many of my patients consult me regarding the treatment of facial telangiectasia and erythema. I have used the pulsed dye laser for many years and my patients are typically bruised for one week to ten days after each laser treatment. Are there alternatives in the management of telangiectases and erythema that can be provided without bruising or post-treatment downtime?

There have been many advances in laser technology in the past several years that allowed for the safe and effective treatment of facial telangiectases and erythema without significant downtime. With the more significant advances has been the use of the long pulsed laser where rather than delivering pulse widths of yellow light in the microsecond or 1 to 2 millisecond range, the pulse width can be extended to 6 milliseconds or beyond, which has been very effective in minimizing post-treatment purpura or bruising. There are presently two companies that offer longer pulsed width dye lasers and these are the V-Beam from Candela and the V-Star from Cynosure.

Typically, these treatments can be performed as single, double, or triple pulsing without purpura, and depending upon the model, pulse widths are generally used by me at 6 to 10 milliseconds.

KTP lasers at 532 nm are also used for management of facial telangiectases. These lasers are particularly effective in the treatment of linear telangiectases as one can trace along the vessel and in most cases the patient can leave the office without significant crusting or edema. The newer larger spot size KTP laser (Laserscope) allows for the use of a 10 mm spot size at this wavelength with is also helpful for facial erythema.

Intense pulsed light sources (IPLs) can also be used for the treatment of telangiectases and diffuse erythema. Typically, multiple treatments can be performed with these devices and each treatment should proceed more cautiously with patients with darker skin phototypes.