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**ENGLISH TITLE (USE A CAPITALIZE 14 PT BOLD,
AND A TRIANGULAR HEAD IF MORE THAN
ONE LINE FORMAT)**

Balance

NAME LASTNAME

MASTER OF NAME

IN

PROGRAM NAME

Appropriate Spacing

SCHOOL OF NAME

MAE FAH LUANG UNIVERSITY

Academic year of submission

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ACKNOWLEDGEMENTS

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Line Spacing
2 lines

0.5 inches Writing an acknowledgement is the last and the best part of the dissertation writing process. It is a statement written by the author acknowledging the persons who assisted in writing the dissertation by being involved in different ways. You have the choice in your dissertation to leave out the acknowledgement, but this hardly ever happens. There has to be a way for you to thank the persons who helped you, made sacrifices in terms of time and effort and supported you to complete your dissertation successfully.

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After all it is not the proper etiquette as not to do so. Acknowledgments do not need to comply with any fixed format or structure. It should be written in simple and in a personal tone. But sometimes, simpler matters turn out to be more difficult than one assumes.

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Thesis Title

English Title

2 inches

Title, use a capitalize only the first word, the first word after a colon or a dash, and proper nouns

Author

Name Lastname

Degree

Master of Name (Name of Program)

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Advisor

Academic Position Name Lastname, Degree

Co-Advisor (if any)

Academic Position Name Lastname, Degree

Academic Position Name Lastname, Degree

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ABSTRACT

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Describing the abstract as a summary is accurate, but is also an understatement.

Generally, an abstract contains the thesis of research conducted, the methods through which the thesis was tested, the findings of the research, and any final thoughts. An abstract should be as succinct as possible, and readers should not have difficulty comprehending the purpose of the research.

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According to the APA, abstract length is limited to 120 words. Abstracts longer than 120 words may be truncated when included in databases, limiting searchability. The information included in an abstract depends on the type of paper. A report of an empirical study should contain a statement of the problem, subjects, method, findings and conclusion.

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Keywords: Keyword/Keyword/Keyword/Keyword

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TABLE OF CONTENTS

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ABSTRACT

(4)

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(Page)

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CHAPTER 2

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LITERATURE REVIEW

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2.1 Previous Related Studies

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^{0.5 inches} Stratigos, Dover & Arndt (2000) considered treatment of cutaneous pigmentation as one of the most interesting areas of cutaneous laser surgery. They reviewed the 4 main short-pulsed, pigment-selective lasers in clinical use at that time, and Q-switched ruby ^{1 inch} laser (694 nm, 25-40 nanoseconds) was one of them which used successfully for decades in treatment of superficial pigmented lesions, such as ephelides, solar and labial lentigines, and flat seborrheic keratoses. Dermal and mixed epidermal/dermal pigmented lesions like melasma shows variable responses.

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2.1.1 Indications for Facial Resurfacing

Laser facial resurfacing treat extensive cutaneous changes duo to solar damage, and other skin lesions including (Goodman, 2007; Kilmer & Semchyshyn, 2005)

^{0.75 inches} 2.2.2.1 Irregular pigmentation and Dyschromia: Many epidermal pigmented lesions that are due to photoaging, such as ephelides, lentigines, seborrheic keratoses, dermatosis papulosa.

2.2.2.2 Vascular lesions: Like telangiectasia, angiomas with venous lakes, standing erythema, and flushing disorders.

2.1.2 Contraindications to Nonablative Technologies

Because of the possible varied side effects and complications after cutaneous laser surgery, it is essential that each patient receive consultation before treatment to asses the risk factors of adverse sequelae and contraindications (Tanzi & Alster, 2008; Goodman, 2007; Kilmer & Semchyshyn, 2005) which include

This is a prospective randomized controlled bilateral left-right comparison trial. It was performed in accordance with Good Clinical Practice. The treatment protocol has been reviewed with each patient who then signed the informed consent. The research was accomplished at Mae Fah Luang University Hospital, Bangkok (Outpatient department).

According to the Clinical Assessment of Repigmentation degree, The mean results of the three dermatologists assessment showed 14 patches (82%) out of the 17 patches were given score 1 which means 1%-24% repigmentation, while only 3 patches (18%) were given 0 score, 6 his means that carbon dioxide laser has achieved mild repigmentation effect in vitiligo patches.

One patient noticed repigmentation in areas not treated by laser, she claimed that repigmentation started to occur in her neck and chest during period of the study, this encouraging news need to be verified in the light of any immunological effects of carbon dioxide laser or it is just an accidental event or something else. But we know that Vitiligo is known as a slowly responding disease so three months of laser sessions may be not enough to achieve complete clinical improvement in repigmentation.

Table 2.2 The Features of the CICU RF Laser Device

Line Spacing 2 lines

Item	Feature
Laser type	RF CO2 ALL METAL SEALED TYPE
Laser power	up to 30 watt
Laser mode	TEM ₀₀ (10.6 μm)
Pulse duration	100-5000 μs
Repetition	0.2-1 s/single
Overlap	1-10 TH
Distance	0.1-2 mm
Treatment area	1*1 - 20*20 mm

Table 2.2 (continued)

Item	Feature
Pixel quantity	up to 40,401
Pixel size	> 100 micron
Cooling	Air Cooling
Optical guide	Articulated arm

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Note. Pt. for (patient), CAR for (Clinical Assessment of the Repigmentation)

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Source Manstein, Herron, Sink, Tanner & Anderson (2010).

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Figure 3.1 CICU RF CO2 Laser Device

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After this relatively short period of follow up, the results, in conclusion, showed patient satisfaction score 16.7% (1 patient) were really satisfied, 66.7% (4 patients) were slightly satisfied and 16.7% (1 patient) with poor satisfaction.

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Table 3.7 Parameters of Laser Used in Patient no.3 (Lesion No.2) During the Three Treatment Sessions

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Parameter	Session								
	1	2	3	4	5	6	7	8	9
Duration (μ s)	2000	2000	1600	1200	1200	1500	3000	3100	3200
Duration (mJ/cm ²)	23.8	23.8	19	14.3	14.3	17.9	35.7	36.9	38.1
Repeat (s)	2	1	single	1	1	single	1	1	single
Overlap (TH)	1	1	1	2	1	1	1	1	1
Distance (mm)	0.8	1	1	1	1	1	1	1	1
Shape	square	square	circle	square	square	circle	square	square	circle
Dots	420	420	216	420	420	216	420	420	217

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Page No.

REFERENCES

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1. **REFERENCES**

2. **APPENDIX** for one appendix
or **APPENDICES** for many
appendices

3. **CURRICULUM VITAE**

REFERENCES

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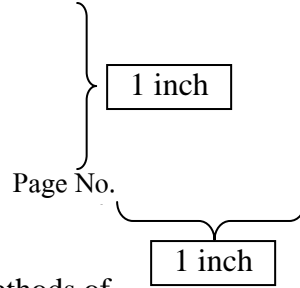
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APPENDIX A*

PATIENT DATA SHEET

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Patient Data Sheet

Patient no. - - (/ / 20)

MY RESEARCH

FRACTIONAL DIOXIDE LASER IN THE TREATMENT OF VITILIGO

PATIENT DATA

Hospital no. (HN) :

NAME:

DATE OF BIRTH : / / . AGE : yr.

SEX:

MARITAL STATUS :

OCCUPATION :

ADDRESS:

MOBILE NO.:

E-MAIL:

WHEN FIRST VITILIGO APPEARED ?

WHERE IN BODY STARTED (SITE) ?

SIZE OF LESION :

WHAT DRUGS USED ?

WHEN LAST DRUG USED FOR VITILIGO ? WHAT DRUG ?

* If you have only one appendix, do not type A

APPENDIX B

CLINICAL ASSESSMENT OF

REPIGMENTATION FORM

Assessment of Repigmentation (CAR)

Please indicate your choice by applying (X);

Patient no. 1						
Lesion no. 1						
Rate of Repigmentation	0%	1 - 24%	25 - 49%	50 - 74%	75 - 99%	100%

Patient no. 2						
Lesion no. 1						
Rate of Repigmentation	0%	1 - 24%	25 - 49%	50 - 74%	75 - 99%	100%

CURRICULUM VITAE

Line Spacing 2 lines

NAME Mr. Abedrazk Mohammed Ibrahim

Line Spacing 1.5 lines

DATE OF BIRTH 5 October 1970

Line Spacing 1.5 lines

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EDUCATIONAL BACKGROUND

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Iraq

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WORK EXPERIENCE

2003-2009 General Practitioner Doctor
Al-Aqsah HC, Mosul, Iraq

2001-2003 Resident Doctor
Dialysis Unit, Ibn-Sina hospital
Mosul, Iraq

1998-2000 Medical internship and training
Mosul hospitals