

CHAPTER 2

LITERATURE REVIEW

2.1 Previous Related Studies

-0.5 inch-
→ Stratigos, Dover and 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 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.

→ 2.1.1 Indications for Facial Resurfacing

SubTopic : use Capitalize Each Word

-0.5 inch-
Laser facial resurfacing treat extensive cutaneous changes duo to solar damage, and other skin lesions including (Goodman, 2007; Kilmer & Semchyshyn, 2005)

-0.75 inch-
→ 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 assess the risk factors of adverse sequelae and contraindications (Tanzi & Alster, 2008; Goodman, 2007; Kilmer & Semchyshyn, 2005) which include


2.2.3.1 Concurrent isotretinoin remains a controversial issue.

2.2.3.2 Current or recent tan or intention to expose to high-dosage ultraviolet radiation. This is of much greater concern in patients who seek visible laser or light source treatment.


 -1 inch- 1. Pregnant or breast feeding women.

2. Personal history of hypertrophic scar.

 -1.25 inch- 1) It is accomplished by Patient Satisfaction Score (PSS), where all participants in the study are given questionnaire to evaluate their response after one month of the last laser session, they have been asked to choose one of four choices to answer the appreciation question.

 -1.5 inch- A. The three dermatologists assess the photos individually by choosing one of percentages (0-100%) to indicate the rate of regimentation for each lesion for all of the participants.

B. All the patients completed the three sessions of laser therapy. They visited the clinic every two weeks after each laser session for follow up and photography. One month after the last laser session, photographs were taken to all treated patches to be used in the assessment.

 -1.75 inch- a. After all assessors completed their assessment, results taken and were scored into numbers to be analyzed statistically, as shown in table 2.1.