

Left margins
1.5 inch (all)

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

NAME LASTNAME

Font size 14 (all)

* MASTER/ DOCTOR

IN
PROGRAM NAME

SCHOOL OF NAME
MAE FAH LUANG UNIVERSITY

Academic year of submission

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ENGLISH TITLE MUST BE THE SAME AS THE COVER

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THIS THESIS IS A PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF

MASTER OF

IN

PROGRAM NAME

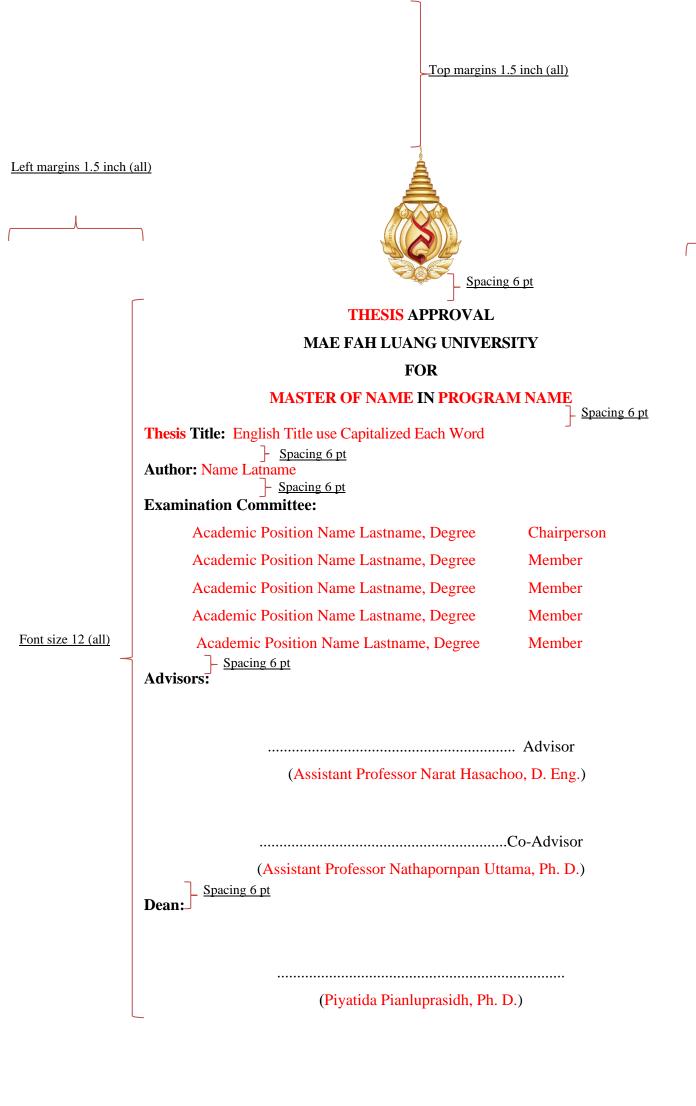
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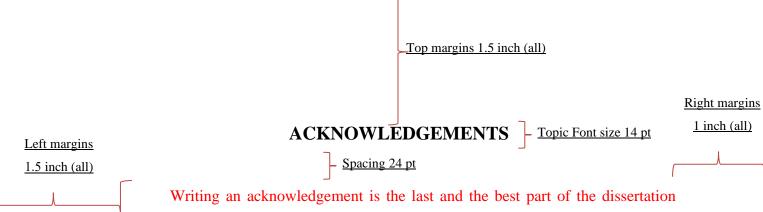
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*use 1.5 lines all book

Bottom margins 1 inch (all)



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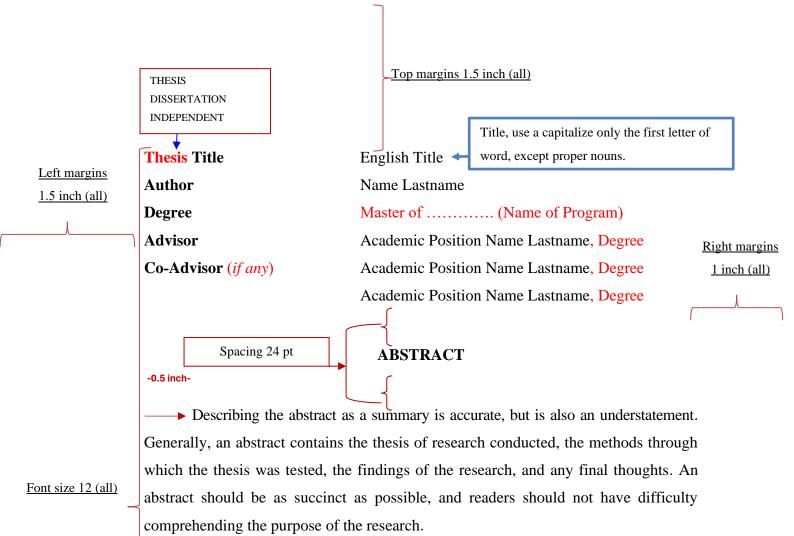
writing process. It is a statement written by the author acknowledging the persons who assisted in writing the dissertation by being involved in different ways. You have the choice in your dissertation to leave out the acknowledgement, but this hardly ever happens. There has to be a way for you to thank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

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.

Font size 12 (all)

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^{*}Cover page - table of contents does not need page numbers.



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

Spacing 24 p

conclusion.

Keyword, Keyword, Keyword

Right margins
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APPENDIX C NAME

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CURRICULUM VITAE Page

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LIST OF TABLES Spacing 24 pt Topic Font size 14 pt

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LIST OF FIGURES Topic Font size 14 pt

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ABBREVIATION AND SYMBOL (if any) - Topic Font size 14 pt

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WA

Washington

WV

West Virginia

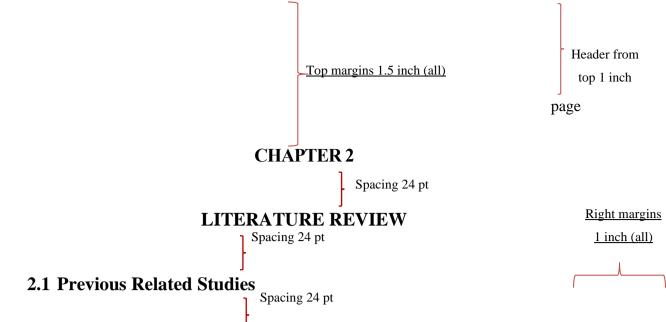
WI

Wisconsin

WY

Wyoming

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Stratigos et al. (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 show variable responses.

-0.5 inch- 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)

- 2.2.2.1 Irregular pigmentation and Dyschromia: Many epidermal pigmented lesions that are due to photoaging, such as ephelides, lentignes, 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) 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.

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.

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

Table 2.1 Characteristics of the Participants in the Study

Item	Pt.1	Pt.2	Pt.3	Pt.4	Pt.5	Pt.6
Age(yr.)	35	50	25	36	34	65
Sex	Male	Male	Female	Female	Female	Male
Age of onset of	5-6	10	11	11-12	32	64
vitiligo (yr.)						
Type of vitiligo	Focal	Generaliz	Generaliz	Acrof-	Generalize	Segmen
		ed	ed	acial	d	tal
Skin phototype	III	III	IV-V	III-IV	III	IV
Duration of	30	40	14	25	2	1
vitiligo (yr.)						
Number of	1	1	3	4	5	3
treated Vetiligo						
patches						
Race	Thai	Thai	Thai	Thai	Thai	Thai

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 repigmenation 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

Item	Feature		
Laser type	RF CO2 ALL METAL SEALED TYPE		
Laser power	up to 30 watt		
Laser mode	TEMoo (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		
Text	Text		

Table 2.2 (continued)

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

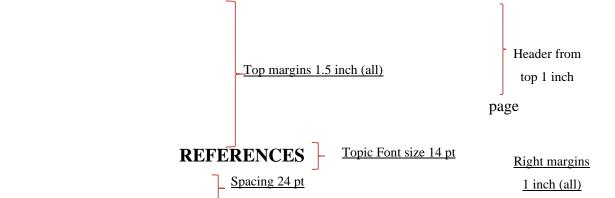
Note Pt. for (patient), CAR for (Clinical Assessment of the Repigmentation)

Source Manstein et al. (2010)



Figure 2.1 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.



Abadias, M., Alegre, I., Oliveira, M., Altisent, R., & Viñas, I. (2012). Growth -0.5 inch-potential of Escherichia coli O157:H7 on fresh-cut fruits (melon and pineapple) and vegetables (carrot and escarole) stored under different conditions. *Food Control*, 27(1), 37-44.

Coates, K. S. (2015). The road to economic stability for aboriginal people.

https://www.macdonaldlaurier.ca/files/pdf/MLICommentaryCoates05-15-WebReadyV2.pdf

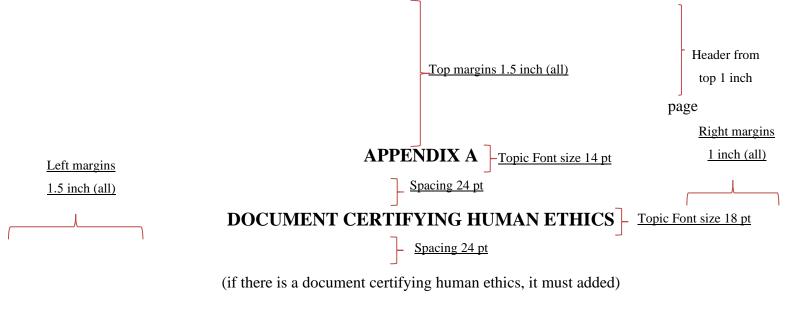
The references may be presented in six different formats; however, the same format must be consistently applied throughout the entire document

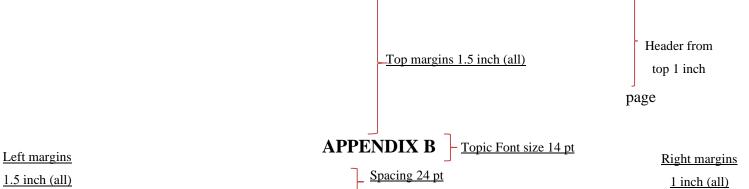
- 1. American Psychological Association (APA)
- 2. Vancouver Style
- 3. Chicago Style

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4. Turabian Style





CLINICAL ASSESSMENT OF REPIGMENTATION FORM

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Assessment of Repigmentation (CAR)

Please indicate your choice by applying (X);

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

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



page

CURRICULUM VITAE

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NAME

Name Lastname

EDUCATIONAL BACKGROUND

Year Bachelor of Name

Name of Major

Name of Institute

WORK EXPERIENCE (if any)

Year-present Position

Institution

SCHOLARSHIP (if any)

Year Name of Scholarship

PUBLICATION (if any)

Abadias, M., Alegre, I., Oliveira, M., Altisent, R., & Viñas, I. (2012). Growth potential of Escherichia coli O157:H7 on fresh-cut fruits (melon and pineapple) and vegetables (carrot and escarole) stored under different conditions. *Food Control*, 27(1), 37-44.