

Assessment of the Efficacy and Sustainability of TightSculpting on the Abdominal Area using the Fotona TightSculpting® Protocol

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Previous studies have demonstrated a reduction in fat and successful skin tightening after TightSculpting®, however, these studies have involved additional post-treatment exercise programmes and lymphatic massage, with the use of MRI to quantify the total reduction in body fat after treatment.

The aims of this study are to assess the efficacy of the Fotona TightSculpting two-step protocol alone, without interval exercise regimes, and to develop a simple, easy-to-use, pragmatic assessment tool for the quantification of changes in treatment outcomes, which could be adopted into everyday clinical practice.

Due to the migration in position of soft-tissue landmarks (eg. umbilicus, soft-tissue markings) during and after fat-reduction treatment, we assess the use of bony reference points to delineate a reference axis for measurements. Abdominal girth measurements were made at specific points measured 2 cm and 6 above and below a horizontal axis (red interrupted line in Figure 1) run through either the iliac crest. The 4 measurements were added to give a 'compound girth measurement' (CGM). CGM's were compared pre- and post-TightSculpting treatments.

Ten consecutive patients were evaluated. The pre- and post-CGM's for T1 and T2 were compared. All patients demonstrated a significant reduction in compound girth measurement during their treatment. There was a significant reduction in CGM after both T1 & T2 treatments ($p < 0.0001$). There was no significant change in CGM between T1 and T2.

The Fotona TightSculpting regime yields excellent reduction in CGM, which is sustained over time without the need for additional exercise regimes. The use of bony prominences allows for reproducible points of reference for making measurements during TightSculpting treatments. We recommend bony prominences as points of reference and compound

measurement when performing TightSculpting. Further examples under evaluation include the acromioclavicular prominence and medial epicondyle as reference points for the upper limb and patella or ischial tuberosity for gluteal / thigh TightSculpting.

Erbium:YAG Hair Stimulation, an Asian Experience

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Androgenetic alopecia is a common genetically determined disorder affecting both sexes, in which terminal hairs, particularly at the vertex, undergo miniaturization into fine vellus hairs and may result in an area of total denudation. This is not life-threatening but carries a huge impact on social and psychological well-being.

Methods and results: We described four Asian patients with androgenetic alopecia who underwent Er:YAG laser hair stimulation at low fluence. Two patients had been using topical minoxidil and oral biotin supplements prior to the first treatment and were instructed to continue using the topical minoxidil throughout the treatment. Another two patients were not on any hair tonic or oral supplements throughout the treatment period. All four patients tolerated the treatment well, without the need for any topical anesthetic agent. One patient reported urticaria after every treatment, which lasted less than a day and was well tolerated with the administration of a single dose of antihistamine before and after each treatment. All patients reported significant vellus hair growth within a month, evident upon visual photo evaluation.

Conclusion: Er:YAG laser is effective and safe in inducing vellus hair growth in Asian patients at low fluence. The potential induction of acute urticaria needs to be conveyed to patients, but it is short-lived and easily manageable with antihistamines.

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