

Clinical Note

Management of PIH & Acne Scars in Asian Skin

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Introduction:

Acne is one of the most common chronic skin diseases, caused by blockage or inflammation of pilosebaceous units. Acne affects both genders and all races. While it may affect mainly adolescents, some older patients are affected as well. Untreated acne can lead to permanent complication such as acne scarring. In addition, for skin types FP III to VI, acne vulgaris often leaves PIH marks on the patient. While PIH can resolve completely with treatment, it remains a challenge to completely reduce acne scars.

Laser	Fotona StarWalker PQX	
	1 st session	2 nd session
Wavelength	Nd:YAG (1064 nm)	Nd:YAG (1064 nm)
Handpiece	Black, F9 & F5	Black, F9 & F5
Spot size & Fluence	4 mm (1.1 J/ cm²) F9 (3.5 mJ/px) F5 (4.5 mJ/px)	4 mm (1.1 J/ cm²) F9 (4.3 mJ/px) F5 (4.8 mJ/px)
No. of Passes	4 mm: 2 passes F9: 2 passes entire face F5: 3 passes on scar	4 mm: 2 passes F9: 2 passes entire face F5: 4 passes on scar
End Point	Erythema & Petechiae	Erythema & Petechiae
Frequency	Black 4 mm: 10 Hz F9: 7 Hz F5: 7 Hz	Black 4 mm: 10 Hz F9: 7 Hz F5: 7 Hz



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CLINICAL CASE:

A 24-year-old male patient with skin type FP IV presented with a history of severe acne vulgaris. The acne vulgaris was successfully treated in our center. The patient subsequently was keen to have a treatment done to reduce PIH and acne scars. The patient underwent a total of two sessions of StarWalker PQX treatment with a one month interval. Subcision of the scars was performed on the 1st session of treatment. Black Handpiece, with 4mm spotsize, was used for reduction of the epidermal PIH. F9 in this case was used as general toning/resurfacing. F5 was used with higher settings to work on atrophic scars. Erythema and petechiae were observed in both sessions. The patient tolerated the procedure well with numbing cream; the pain score was 2/10. PIH clearance was obvious and a reduction of the scars was noticeable. The patient also noticed a minimization of pore size. Downtime was 4 days, with no complications observed during subsequent follow up.



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