



Management of Acne Scars in Asian Skin

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Introduction:

Acne is one of the most common chronic skin diseases, caused by the blockage or inflammation of pilosebaceous units. Acne affects both genders and all races. While it affects mainly adolescents, some older patients are affected as well. Untreated acne can lead to permanent complications such as acne scarring. It remains a challenge to completely reduce acne scars.

Laser	Fotona StarWalker PQX		
	1 st session	2 nd session	3 rd session
Wavelength	Nd:YAG (1064 nm)	Nd:YAG (1064 nm)	Nd:YAG (1064 nm)
Handpiece	Black F9 & F5	Black F9 & F5	Black F9 & F5
Spot size & Fluence	F9 (3.0 mJ/px) F5 (4.0 mJ/px)	F9 (3.5 mJ/px) F5 (4.5 mJ/px)	F9 (4.0 mJ/px) F5 (5.0 mJ/px)
No. of Passes	F9: 2 passes entire face F5: 3 passes on scar	F9: 2 passes entire face F5: 4 passes on scar	F9: 2 passes entire face F5: 4 passes on scar
End Point	Erythema & Petechiae	Erythema & Petechiae	Erythema & Petechiae
Frequency	7 Hz	7 Hz	7 Hz



Dr. Chong Wai Seng (Eugene) is medical aesthetic practitioner based in the Dr. Ko Clinic in Selangor, Malaysia. He graduated from the Nizhny Novgorod State Medical University in Russia and completed postgraduate studies in Primary Care Dermatology and Anesthetic Medicine in Thailand. He believes that aesthetic medicine is a work of art and with skills and experience, he can help others to achieve their desired look and feel beautiful. He has a fellowship in Cutaneous and Laser Surgery based in Thailand.

CLINICAL CASE:

A 35-year-old male patient with skin type FP III presented with history of severe acne vulgaris during adolescence. Now the patient presented with acne scars as a sequela of the acne vulgaris. The patient underwent a total of 3 sessions of StarWalker PQX treatment with a one-month interval. Subcision of the scars was performed on the 1st session of treatment. F9 was chosen for whole face toning to improve pore size and to stimulate overall collagenesis as it has larger spot. F5 was chosen to deliver a more accurate and intense spot treatment of atrophic scar, with stacking on atrophic scar. Erythema was observed in all treatments with mild petechiae. The patient tolerated the procedure well, with a pain score of 2/10. Reduction of the scars was noticeable and the patient also noticed a minimization of pore size. Downtime was 4 days. No complication was observed during subsequent follow up.



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