



DERMA TODAY

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Dear Doctor,

Greetings from Micro Labs. We are happy to bring you "**Derma Today**" which contains latest and interesting news in the field of Dermatology.

This issue contains:

1. Laser in treating nasal rosacea.
2. Today's Pick: Management of Facial Skin complaint in Health care providers treating COVID patients.

Should you require any article or, medical information, please feel free to contact us
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Looking forward to your valuable feedback.

Best Regards,

Medical Team, Micro Labs Limited.





Laser in treating nasal rosacea.

Rosacea is a heterogenous dermatosis which is fairly common.

Genetic factors, dysregulation of immune system, vascular, neuronal dysfunction, microorganisms (*Demodex folliculorum*) are generally implicated in the pathogenesis.

Factors which lead to exacerbation: heat, alcohol, sunlight, hot beverages, stress, menstruation, certain medications, certain food, etc.

The disease is triggered by impairment of the skin barrier leading to transepidermal water loss & skin dryness, leading to scaling and subsequent peeling.

Diagnostic criteria of rosacea: presence of one or more of the following three primary features: erythema/telangiectasia (ET), papules/pustules (PP) or rhinophyma (RP) and ocular lesions. The patients are above 30 years and has a chronic course with remissions or relapses.

Treatment options are: skin care, topical or systemic therapy or physical modalities. Inflammatory changes heal on adequate treatment without scarring. Telangiectasia or rhinophyma generally require light/laser or surgical interventions.

This study met the needs of large-scale retrospective studies of laser in treating nasal rosacea.

Objective:

The study was conducted with the aim to perform a retrospective study on patients with nasal rosacea who received laser treatment.

Methods:

A retrospective study was done between 2008 and 2017.

Rosacea type was classified as erythema/telangiectasia, ET; papules/pustules, PP; rhinophyma, RP.

This categorization was made as per photographs. Device settings, treatment regimens and treatment sessions of laser were noted. Efficacy was evaluated by a grading scale.

Results:

807 patients had received laser treatments.

The categorisation of nasal rosacea were as follows: ET =196, PP =95, RP =42,

ET+PP =334, ET+RP =15, PP+RP =88, and ET+PP+RP =37.

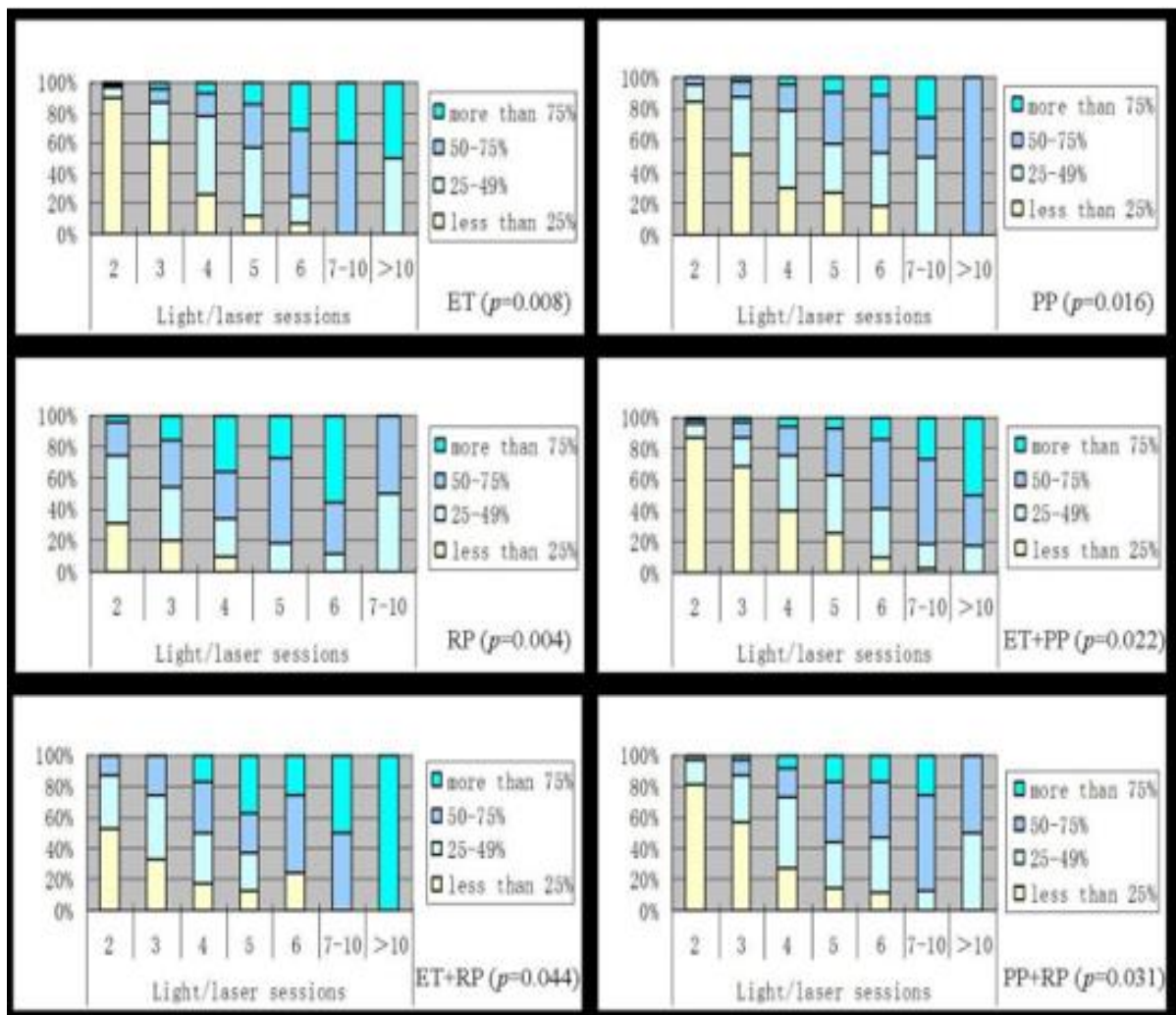


The lesions of ET or PP were primarily treated with non-invasive devices: Intense pulsed light, IPL; Dye pulse light, DPL; Dual wavelength laser system, DW.

The lesions of RP were treated with the Fractional carbon dioxide (FCO2) laser.

In case of mixed subtypes, the disposal orders of lesions were ET, PP and later RP. The order of devices application were IPL, DPL, DW and FCO2 laser.

For all types of rosacea (except RP: 2-4 sessions), the patients received 4-6 sessions of treatment.



The light/laser sessions and efficacies of various types of rosacea (n (%))

Responses to therapies	Light/laser sessions						
	2	3	4	5	6	7-10	> 10
ET (n=196)	40 (20.4%)	29 (14.8%)	29 (14.8%)	48 (24.5%)	54 (27.6%)	3 (1.5%)	2 (1.0%)
less than 25%	176 (89.8%)	97 (49.5%)	37 (18.9%)	13 (6.6%)	4 (2.0%)	0	0
25-49%	13 (6.6%)	42 (21.4%)	50 (25.5%)	26 (13.3%)	11 (5.6%)	0	1 (0.5%)
50-75%	5 (2.6%)	14 (7.1%)	40 (20.4%)	52 (26.5%)	26 (13.3%)	3 (1.5%)	0
more than 75%	2 (1.0%)	6 (3.1%)	10 (5.1%)	17 (8.7%)	18 (9.2%)	2 (1.0%)	1 (0.5%)
PP (n=95)	18 (18.9%)	10 (10.5%)	19 (20.0%)	20 (21.1%)	24 (25.3%)	3 (3.2%)	1 (1.1%)
less than 25%	80 (84.2%)	39 (41.1%)	19 (20.0%)	13 (13.7%)	4 (4.2%)	0	0
25-49%	11 (11.6%)	28 (29.5%)	32 (33.7%)	15 (15.8%)	8 (8.4%)	2 (2.1%)	0
50-75%	4 (4.2%)	8 (8.4%)	13 (13.7%)	15 (15.8%)	11 (11.6%)	1 (1.1%)	1 (1.1%)
more than 75%	0	2 (2.1%)	3 (3.2%)	5 (5.3%)	5 (5.3%)	1 (1.1%)	0
RP (n=42)	11 (26.2%)	11 (26.2%)	9 (21.4%)	1 (2.4%)	8 (19.0%)	2 (4.8%)	0
less than 25%	13 (31.0%)	6 (14.3%)	2 (4.8%)	0	0	0	0
25-49%	18 (42.9%)	11 (26.2%)	5 (11.9%)	2 (4.8%)	1 (2.4%)	1 (2.4%)	0
50-75%	9 (21.4%)	9 (21.4%)	6 (14.3%)	6 (14.3%)	3 (7.1%)	1 (2.4%)	0
more than 75%	2 (4.8%)	5 (11.9%)	7 (16.7%)	3 (7.1%)	5 (11.9%)	0	0
ET+PP (n=334)	39 (11.7%)	33 (9.9%)	53 (15.9%)	69 (20.7%)	113 (33.8%)	27 (8.1%)	5 (1.5%)
less than 25%	291 (87.1%)	201 (60.2%)	105 (31.4%)	40 (12.0%)	14 (4.2%)	1 (0.3%)	0
25-49%	30 (9.0%)	56 (16.8%)	91 (27.2%)	79 (23.7%)	45 (13.5%)	5 (1.5%)	1 (0.3%)
50-75%	10 (3.0%)	31 (9.3%)	53 (15.9%)	71 (21.3%)	61 (18.3%)	18 (5.4%)	2 (0.6%)
more than 75%	3 (0.9%)	7 (2.1%)	13 (3.9%)	19 (5.7%)	20 (6.0%)	9 (2.7%)	3 (0.9%)
ET+RP (n=15)	2 (13.3%)	1 (6.7%)	3 (20.0%)	4 (26.7%)	3 (20.0%)	2 (13.3%)	1 (6.7%)
less than 25%	8 (53.3%)	4 (26.7%)	2 (13.3%)	1 (6.7%)	0	0	0
25-49%	5 (33.3%)	5 (33.3%)	3 (20.0%)	2 (13.3%)	1 (6.7%)	0	0
50-75%	2 (13.3%)	3 (20.0%)	5 (33.3%)	3 (20.0%)	2 (13.3%)	1 (6.7%)	0
more than 75%	0	1 (6.7%)	2 (13.3%)	3 (20.0%)	2 (13.3%)	1 (6.7%)	1 (6.7%)
PP+RP (n=88)	17 (19.3%)	8 (9.1%)	19 (21.6%)	24 (27.3%)	12 (13.6%)	6 (6.8%)	2 (2.3%)
less than 25%	72 (81.8%)	39 (44.3%)	16 (18.2%)	7 (8.0%)	2 (2.3%)	0	0
25-49%	12 (13.6%)	22 (25.0%)	33 (37.5%)	14 (15.9%)	6 (6.8%)	1 (1.1%)	1 (1.1%)
50-75%	3 (3.4%)	7 (8.0%)	10 (11.4%)	17 (19.3%)	7 (8.0%)	5 (5.7%)	1 (1.1%)
more than 75%	1 (1.1%)	3 (3.4%)	4 (4.5%)	6 (6.8%)	5 (5.7%)	2 (2.3%)	0
ET+PP+RP (n=37)	8 (21.6%)	5 (13.5%)	7 (18.9%)	8 (21.6%)	6 (16.2%)	2 (5.4%)	3 (8.1%)
less than 25%	27 (73.0%)	13 (35.1%)	6 (16.2%)	3 (8.1%)	2 (5.4%)	0	0
25-49%	9 (24.3%)	13 (35.1%)	11 (29.7%)	5 (13.5%)	3 (8.1%)	1 (2.7%)	0
50-75%	1 (2.7%)	3 (8.1%)	5 (13.5%)	6 (16.2%)	3 (8.1%)	2 (5.4%)	2 (5.4%)

Conclusion: Multiple, sequential laser devices can be used safely while treating nasal rosacea with various degree of efficacy based on the different types.



Today's Pick

Management of Facial Skin complaint in Health care providers treating COVID patients.

There are adverse skin reactions due to prolonged wearing of masks and goggles. They include pressure injury, urticaria, contact dermatitis, skin dryness etc.

Protective measures for pressure injury will comprise of: Wearing properly fitted mask.to avoid sustained friction and pressure on the skin. Use of moisturizing gel before wearing protective gears. Using goggles to avoid transmission. Over-tight goggles can damage skin.

In Mild skin indentation treatment of redness and swelling can be done by hydropathic compress with three to four layers of gauze soaked in cold water or normal saline for about 20 minutes every 2 to 3 hours and applying moisturizer following it. In Severe skin indentation it is important to avoid infection secondary to erosive lesions. Hydropathic compress might be done with povidone iodine diluted with normal saline (1:9). Application of moisturizers and topical antibiotic ointments on infected skin may be done.

Urticaria:Delayed pressure urticarial may happen due to vertical pressure from PPE. Prevention can be attempted by using a well-fitted PPE, and antihistamines, (antileukotriene agents to be used if needed).

Contact dermatitis caused by masks. Preventive measures: applying emollients before wearing masks; in case of itching masks of other materials to be used. Too hot water should not be used for facial cleansing. For severe cases, topical glucocorticoids without fluorine are used.

Management of skin dryness and scales: Closed and humid environments caused by water in expired air may cause skin barrier dysfunction and subsequent skin dryness and scales. Moisturizers application before use of PPE may be helpful.

Management of dermatoses aggravated by masks or goggles

Acne vulgaris: Prolonged use of masks and goggles may aggravate existing acne vulgaris. The management includes: application of moisturizers containing oil control ingredients before and after using protective gears;



Using topical antibiotic or benzoyl peroxide for papules and pustules. Topical retinoids may be used in blackhead and whitehead.

Other facial skin issues: Seasonal facial dermatitis, seborrheic dermatitis, and rosacea can be aggravated by protective gears. Preventive measures will include: decreasing time of wearing preventive gears; using gauze inside masks; applying moisturizers before and after usage of gears.

Yan Y. et al. Dermatologic Therapy. 2020 Mar 13:e13310.



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