Objective Measures Needed for Cosmetic Care

LAS VEGAS — When it comes to charting the success of various cosmetic procedures, dermatologists rely too much on standard clinical photos, ill-defined measurement scales, and other subjective measures, Albert M. Kligman, M.D., declared at the 13th International Symposium on Cosmetic Laser Surgery.

Such measurements "often involve vague ratio scales of 1, 2, 3, 4, or scales of various ratios that show much pigment has change or that erythema has gone down by 2 points," said Dr. Kligman, emeritus professor of dermatology at the University of Pennsylvania, Philadelphia.

"All of this is highly suggestive and highly unreliable, and the results are inconsistent. We need more quantitative estimates of what we have done. The real changes are under the surface" of the skin.

He also called for a consistent "physical definition" of skin texture. "Every woman knows what texture is when they're looking at a piece of silk or cloth, but so far, we have no real assessments of what texture is in physical terms," he reported.

Dr. Kligman listed the following technologies as more appropriate ways to measure clinical changes in the skin: UVA photography, ultrasound, polarized light, cross-polarized microscopy, blue light fluorescence, porphyrin fluorescence, glyphic lines by cyanoacrylate video imaging, fringe projection, Luna stain, Cutometer, using Sebutape to measure sebum production, optical coherence tomography, and laser Doppler imaging.

—Doug Brunk

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'We're not being very good at making this diagnosis, and we need to try to improve this now that enzyme replacement therapy is available.'

Dr. Cate H. Orteu, on the delay to diagnosis of Fabry's disease, p. 28