The device is said to enhance penetration of infusions of hyaluronic acid, vitamin C preparations, and Levulan (DUSA Pharmaceuticals Inc.).

"There is no way an infusion of hyaluronic acid is going to do a darned thing beyond 1-2 days," said Dr. Goldman. He also questioned its use in patients with a propensity to develop telangiectasias, such as those with rosacea.

Physicians should understand that if they use it prior to a light peel, the peel will become a deep peel with all of the associated side effects.

This said, Dr. Goldman acknowledged

that the DermaSweep is an "outstanding machine" and that he uses it in his spa and on patients receiving photodynamic therapy.

All of the panelists commented on the immediate smoothing created by the low-impact device.

"It feels good for a day," said Dr. Margaret Mann, who is with the department of dermatology at the University of California, Irvine. "You get what you pay for."

She said, however, that she also uses the device to enhance penetration of aminolevulinic acid before photodynamic therapy, and she sees it as a nice introductory procedure. "It's great for the patient who comes in and just wants to know what an aesthetic procedure is like," Dr. Mann said.

Once such a patient feels comfortable, he or she "might move on to something more aggressive," she suggested.

Dr. Zachary disclosed that he has received equipment loans from Rhytec, Iridex, and CosMedic.

Dr. Goldman, Dr. Mann, and Dr. Halmi had no disclosures relating to the products mentioned in this article.

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CO₂ Laser Offers Long-Term Efficacy

BY ROBIN TURNER Senior Editor

Reaction A and A

Dr. Shan R. Baker of the department of otolaryngology–head and neck surgery at the University of Michigan, Ann Arbor, performed the procedure from December 1996 to December 2004 using a commercially available CO_2 laser to assess long-term effects and complications of full-face CO_2 laser resurfacing. Particular attention was given to the incidence of hypopigmentation that was evident by photo-

Patients with hypopigmentation had a greater response than did patients who did not develop hypopigmentation (73.9% vs. 41.8% mean improvement).

graphic review, according to Dr. Baker and Dr. P. Daniel Ward, also of the university (Arch. Facial Plast. Surg. 2008;10:238-43). Sixty-two patients who underwent entire facial laser resurfacing initially were identified. Com-

plete data were available in 46 patients with Fitzpatrick skin types I, II, or III and 1 with skin type IV. The mean follow-up was 2.3 years. Many of the patients had other procedures at the time of the resurfacing, including dermabrasion, blepharoplasty, brow lift, and rhytidectomy.

The mean improvement in facial rhytid score was 45%, according to the researchers.

Reported complications included milia or acne in 14 cases (30%), hyperpigmentation in 8 cases (17%), hypopigmentation in 6 cases (13%), infection in 1 case (2%), and ectropion in 1 case (2%). The only complications present after 1 year of follow-up were six cases of hypopigmentation and one case of hyperpigmentation. Postprocedure hyperpigmentation was treated with topical hydroquinone. The case of persistent hyperpigmentation at the 1-year follow-up had resolution within 2 years of the procedure.

Patient response to treatment was assessed by comparing the mean improvement in rhytid scores with and without hypopigmentation. The researchers noted that patients with hypopigmentation had a greater response to treatment, with 73.9% mean improvement, than did patients who did not develop hypopigmentation (41.8% mean improvement), a statistically significant difference.

The researchers, who had no conflicts to report, said the results confirm previous studies that found CO_2 laser resurfacing leads to long-term improvement in facial rhytidosis.