

6th International Conference on COSMETOLOGY, TRICHOLOGY AND AESTHETIC PRACTICES

April 13-14, 2017 Dubai, UAE

Micro needling: A form of collagen induction therapy for acne scars

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Acne Vulgaris (AV) is the most common skin disease affecting adolescent and young adults with reported prevalence of nearly 80%, characterized by comedones, papules, pustules and nodules involving face, upper back, chest and upper arms. Furthermore, it causes permanent scarring which is difficult to treat. AV has a psychological impact on patient, regardless of the severity or grade of the disease. It causes long-lasting and detrimental psychosocial effects and is associated with depression and anxiety. Acne scars are graded broadly, as atrophic and hypertrophic. Atrophic acne scars have been further classified as icepick, rolling and box scar. Micro needling, a form of collagen induction therapy using a device called derma roller is used as a treatment modality for acne scars. Micro needling is effective in grade 2 and 3 rolling/box car scars with good to excellent response and moderate response is seen in pitted scars. Micro needling aims to stimulate collagen production by producing micro wounds and initiating the normal post-inflammatory chemical cascade. Collagen fiber bundles qualitatively increase, thicken and are more loosely woven in both papillary and reticular dermis. It lays down in normal lattice pattern than in parallel bundles as in scar tissue. Neovascularization and neocollagenesis also occurs following treatment which leads to reduction of scars. This technique is easy to master. It has a short healing time and can be used in any type of skin where lasers and deep peels cannot be performed. No risk of post-inflammatory hyperpigmentation is evidenced. It can be combined with other acne scar treatment like subcision, chemical peeling, microdermabrasion and fractional resurfacing and maximum benefits can be achieved.

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Aesthetic rhinoplasty - Primary and secondary: How I do it?

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Rhinoplasty is a very frequent aesthetic procedure in my country. During this presentation, I will explain my techniques and methods for primary and secondary rhinoplasties. Several methods for correction of secondary nasal obstruction will be discussed with video presentation. At the end, results of methods for treatment of nasal obstruction will be presented. Nasal obstruction is a very common complication of the aesthetic rhinoplasty. In our country, more than 600 rhinoplasty surgeries are performed every day. One of the frequent complications of these surgeries is nasal obstruction. Internal Nasal Valve (INV) is the narrowest point in nasal airway and thus is the controlling point which regulates inspiration flow. Cross-section area of INV is about 40-55 mm and 40-50% of inspiratory resistance is due to INV function. Collapse of one or both INV can be a consequence of previous surgery, trauma, aging, or primary weakness of upper lateral cartilage. In this study, autologous conchal cartilage was used as a butterfly graft for opening and reconstruction of INV and the results were compared with spreader graft or spreader flap. All of the patients with secondary nasal obstruction in past 6 years in our office and clinic were included. Inclusion criteria were positive Cottle and modified Cottle sign. And nasal function was studied before and after treatment. The results were compared with results of spreader graft and spreader flap. During more than 6 years, 41 patients (28 female and 13 male) were operated using butterfly graft and 94 patients were treated with spreader graft and 79 patients with spreader flap. In butterfly graft group, etiology of collapse was previous surgery in 22 patients (53.6%), primary weakness in 10 patients (24.3%) and nasal trauma in 9 patients (21.9%). After 10-40 months follow up, 96% of patients had good to excellent (stable) subjective respiratory function. The results of butterfly graft were similar to spreader grafts and flaps. There was no major morbidity or complication with butterfly graft after surgery. Six patients complained of broadening in middle vault. The butterfly graft for secondary nasal obstruction has the same results as spreader graft or flap.

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