

14th International Conference on

Clinical and Experimental Dermatology

June 19-20, 2017 Philadelphia, USA

Fractional CO₂ laser in dermatology: Workshop

Rania A Madi

Al Azhar University, Egypt

Fractional CO₂ laser has multiple applications in dermatology; as regards cosmetic and therapeutic purposes. The physician should understand how to employ fractional lasers especially fractional CO₂ laser, because of its wide scope. Also, the workshop demonstrates the difference between ablative and non-ablative fractional lasers. Multiple dermatologic applications and their parameters with illustrative photos are contained. Complications of fractional CO₂ laser and how to avoid and treat them are also included with illustrative photos. Clinical cases and my personal experience in this field are also included together with future considerations about applications of fractional CO₂ laser.

rania.abdulghanii@gmail.com

Topical ingenol mebutate is effective against plantar warts in immunocompromised patients

Marc Mrad^{1,2} and Ribal Merhi¹¹Pierre-and-Marie-Curie University, France²Centre Hospitalier Universitaire Notre Dame des Secours, Lebanon

Introduction: Sustainability of transplanted organs requires lifetime immunosuppressive treatments. Resulting immune deficiency leads to an increased risk of viral infections and virus-induced tumors. HPV skin infections are the most common in such cases. Unlike lesions in immunocompetent hosts, these warts rarely respond to usual treatments.

Observation: A 30 year male with a kidney transplant was presented with multiple painful plantar lesions that had been resistant to multiple therapies including cryotherapy, 5-Fluorouracil, imiquimod, podophyllin, laser CO₂ and electrocoagulation. The patient was under daily immunosuppressive therapy including cyclosporine, azathioprine and prednisone. The physical examination identified hyperkeratotic, confluent plaques at the sole of the feet. The diagnosis of plantar warts was made on clinical grounds and PCR confirmed the presence of HPV types 1 and 2. Given the resistance to classic therapeutic options, a compassionate treatment with ingenol mebutate 500 mcg/g cream for two consecutive days was initiated and a second and third course of 2-days treatment were proposed to the patient at weeks 6 and 12, which lead to the healing of the lesions. No recurrence was observed during the following 12 months follow-up.

Discussion: The treatment of immunosuppressed patients with plantar warts presents a therapeutic challenge. Topical application of ingenol mebutate results in chemo-ablation through a direct topical apoptotic effect coupled with cellular toxicity, a neutrophil-mediated eradication of lesions induced by the activation of protein-kinase C delta. Actinic keratosis lesions represent the current official indication for ingenol mebutate. Lesions of the face and scalp are treated with 150 mcg/g ingenol mebutate applied daily for three consecutive days whereas actinic keratosis of the trunk and extremities are treated with 500 mcg/g applied for two days. Our observation represents the first reported case of extensive plantar warts in an immunocompromised patient successfully treated with ingenol mebutate.

marc.mrad@hotmail.com