

6th International Conference on

Clinical and Experimental Dermatology

May 04-06, 2016 Chicago, USA

Comparative efficacy of microdermabrasion versus microneedling in post acne scarring in pigmented skin

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Background: Acne vulgaris is a common pilosebaceous disorder affecting adolescents and young adults. Post acne scarring leads to great cosmetic concern in this era of increased body image awareness and usually responds variably to different aesthetic procedures. Though aggressive procedures are generally avoided in Asian skin (Fitzpatrick skin type III to V) because of its tendency to develop post inflammatory hyperpigmentation, office based procedures like microdermabrasion and microneedling are increasingly used for cosmetic improvement.

Objective: The aim was to evaluate the procedure of microdermabrasion and microneedling in patients of post acne scarring and compare their efficacy.

Methods: Ten patients each were randomly allocated into two treatment groups. Group 1 was treated by a series of two weekly microdermabrasion sittings while Group 2 was treated by two weekly microneedling sessions for six sittings each. The results were assessed by patient questionnaire and an objective assessment of the post acne scars by two independent observers.

Results: Patients of both the treatment groups showed a definite improvement in the appearance of the scars which was more with microneedling than microdermabrasion. The appreciable improvement in the scars appeared earlier with microneedling (2 sittings) than with MDA (3 to 4 sittings). The observers reported a 30 to 50% improvement in the scars following six sittings of both the modalities. Though the improvement was slightly more with microneedling but the difference between the two modalities wasn't significant. None of the patients reported any postinflammatory pigmentation though patients with microneedling reported discomfort during the procedure.

Conclusion: Both microdermabrasion and microneedling are safe and effective procedures for improving the post acne scars which also lead to improvement in the skin texture.

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Depression in patients with psoriasis: Effects of biologics

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Psoriasis is a common chronic immune-mediated inflammatory disorder affecting 2-3% of the population. Psoriasis is associated with a variety of psychological difficulties including poor self-esteem, social stigmatization, anxiety, depression and suicidal ideation. Psoriasis is associated with substantial impairment of health-related quality of life (HRQOL). Some studies estimated that around one-quarter of patients in dermatology practices has a psychiatric disorder. Significantly elevated concentrations of TNF- α have been observed in the plasma of patients with psoriasis and in patients with major depression. TNF- α has been implicated in the pathogenesis of both psoriasis and depression. In humans, administration of TNF- α blockers such as etanercept (Enbrel), infliximab (Remicade) and adalimumab (Humira) and IL-12/23 inhibitors have been found to improve depression that accompany psoriasis.

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