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Evaluating the safety and efficacy of intense pulsed light with radiofrequency in US patients with hidradenitis suppurativa: A split-body study

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Laser and light-based treatments for hidradenitis suppurativa (HS) have gained popularity and are thought to work by: targeting melanin in the hair follicle leading to laser-induced hair removal, debulking, sebaceous gland reduction, or bacterial load reduction. Laight therapy (Lenicura, Germany) is a European Union approved, treatment for HS and acne, utilizing intense pulsed light (IPL) with radiofrequency (RF). IPL is believed to cause photothermolysis, where the absorption of light by chromophores in the skin creates heat to target the blood vessels that supply sebaceous glands to reduce sebum production and cause thermal damage to hair follicles. Similarly, it is hypothesized that RF causes thermal damage, inhibits sebaceous gland activity, and induces collagen production and collagen fiber remodeling in the dermis. The objective of this study was to determine the safety and efficacy of IPL+RF in US patients with HS. Two subjects (Hurley Stage II and III) underwent IPL+RF treatments every 2 weeks for a total of 10 treatments to a randomized half of the body. Clinical assessments and patient reported outcomes were obtained at each visit. One patient had a 3-point improvement in the Dermatology Life Quality Index (DLQI) and the other had a 1-point worsening in DLQI, but no improvement in clinical outcomes (Hurley Staging-Physician Global Assessment [HSPGA], Hidradenitis Suppurativa Clinical Response [HiSCR], International Hidradenitis Suppurativa Severity Score System [IHS4]) were observed for either patient. No adverse events were reported. While this study is ongoing, larger studies are needed to further evaluate the safety and efficacy of this treatment.

Commercial disclosure: None identified.

15487

Evaluation of efficacy of a cream gel containing cysteamine with odor softening complex in the treatment of melasma

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Background: Fighting resistant melasma is a challenge today because the assets used have some limitations as they are irritating, photosensitive and melanocitotoxic, such hydroquinone. Cysteamine is a safe and potential asset for the treatment of resistant melasma as being a natural product of L-cysteine metabolism. Because it contains a thiol group, it has an offensive odor which makes its use in dermocosmetics difficult. The aim of the present study was to evaluate efficacy of a cream gel containing cysteamine with odor softening complex in the treatment of melasma.

Methods: The present study was randomized with individuals with different phototypes. The treatment period with the cream gel containing cysteamine with odor softening complex was 4 months. It was daily applied all over the face and removed after 1-2 hours with plenty of water. In addition, the use of mineral sunscreen was indicated 2 times during the day. Analysis was performed using the VISIA device and photographs of before (beginning), 45 days and after the end of treatment.

Results: The cream gel containing cysteamine with odor softening complex was able to decrease significantly the intensity of melasma during the 4 months of treatment when compared with the control (untreated) under the same conditions.

Conclusions: The present study demonstrated the efficacy of a cream gel containing cysteamine with an odor-softening complex to significantly decrease melasma intensity. Thus, this cream gel has a potent depigmentant to decrease hyperpigmental disorder in humans without the characteristic offensive smell of cysteamine.

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15491

Systematic literature review examining efficacy of abobotulinumtoxinA for esthetic indications

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Background: AbobotulinumtoxinA (aboBoNT-A) is a botulinum neurotoxin A (BoNT-A) approved for esthetic use in treatment of glabellar lines (GL). This systematic review analyzed current literature (from PubMed/Medline, Embase, Cochrane Library, and Google Scholar databases) on time to onset and duration of effect of aboBoNT-A for esthetic purposes across published studies.

Methods: A systematic literature review was conducted to identify English-language publications relevant to: population (patients with esthetic indications [including GL and wrinkles]); interventions (aboBoNT-A); comparators (no restrictions [nothing, placebo, other medications, usual standard of care]); outcomes (efficacy, including onset of action and duration of effect); settings (clinical).

Results: Of 279 papers identified, 43 original research papers were relevant to aboBoNT-A onset and duration. Of 26 controlled trials, 12 evaluated efficacy during the first week, demonstrating onset within 1 day (n = 3 studies), 2-4 days (n = 5), or within 7 days (n = 4). Significant efficacy versus placebo was observed at 4 months in all studies evaluating this timepoint. In BoNT-A comparator studies (n = 16), aboBoNT-A had longer duration of effect (measured up to 5 months) in 4/16 studies and a similar duration (measured up to 5 or 6 months) in 9/16 studies (study methodologies may differ).

Conclusions: Most studies report a rapid onset of action with aboBoNT-A (4 months). Although the aboBoNT-A product label recommends at least 12 weeks between injections, the duration of efficacy appears to be longer.

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15512

Cutaneous manifestations of dysautonomia in patients with Ehlers-Danlos syndrome: An underreported entity

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Ehlers-Danlos syndrome (EDS) is part of the hereditary disorders of connective tissue. The major clinical features are related to the musculoskeletal and integumentary systems. Systemic manifestations can be extremely variable in presentation and severity, reason why timely diagnosis poses a clinical challenge. These patients usually present to the dermatologist because of hyperextensible skin, easy bruising, and striae. One feature that often goes overlooked is dysautonomia, which encompasses an array of signs and symptoms involving different organ systems. The initial clue that a patient with EDS have dysautonomia may be dermatologic in nature. The objective of this review is to describe the characteristics and frequency of this entity in order to enhance its recognition and subsequent management. Three cases that presented to the dermatology clinic with varying symptoms of dysautonomia will be described. All of them had joint hypermobility and history of fainting or dizziness. Dermatologic manifestations included hyperhidrosis, Raynaud phenomenon, flushing, and pallor in the extremities. The association between hyperhidrosis and EDS contributed significantly to its early recognition. Other cutaneous manifestations of dysautonomia in EDS include evanescent hyperemia, livedo reticularis, and erythromelalgia. These can be very discomforting negatively impacting quality of life and leading these patients to seek dermatologic care, as described in this series. The treatment of dysautonomia varies depending on its particular presentation. A multidisciplinary approach involving neurologists, cardiologists, and dermatologists is necessary in order to improve the outcomes.

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