AAD **ANNUAL** MEETING **2025**

AEDV

7 - 11 MARZO

ORLANDO

highlights

Una iniciativa de:

ACADEMIA ESPAÑOLA DE DERMATOLOGÍA Y VENEREOLOGÍA

FUNDACIÓN AEDV PIEL SANA

ACADEMIA ESPAÑOLA DE DERMATOLOGÍA Y VENEREOLOGÍA

Con el patrocinio de:

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Estética y láser

Alexandre Docampo

Gavín Dermatólogos (Vigo)

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NO TENGO CONFLICTOS DE INTERÉS

Highlights estética y láser

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Láser

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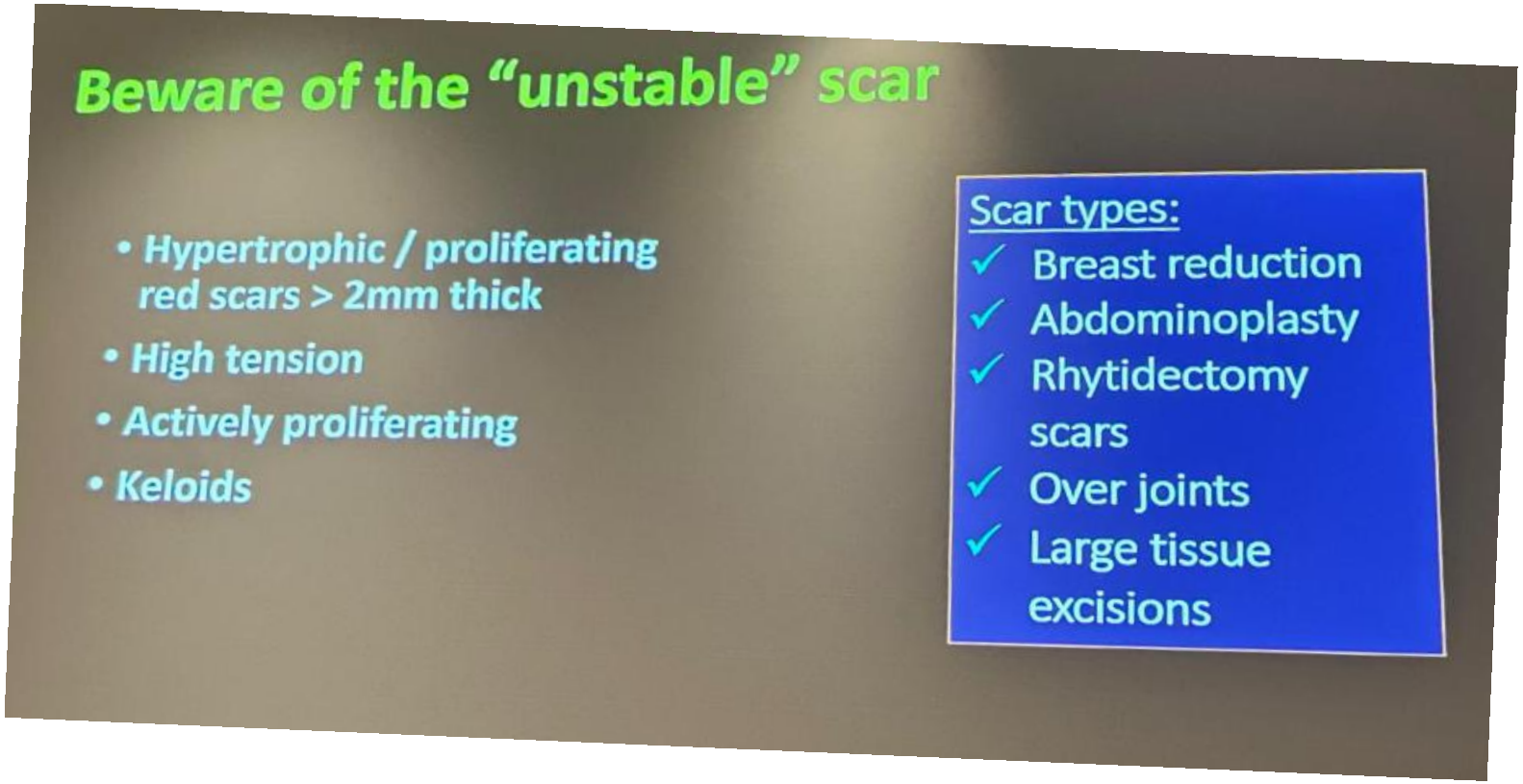
Remodelado láser cicatrices

- Densidad baja
- Se puede empezar 2 meses tras herida (traumática)
- Tratamiento cada 8/12 semanas
- Combinar con acetónido de triamcinolona 10-40mg/ml
- Silicona y compresión



- CO2 puede producir más eritema e hipertrofia

- Colorante pulsado + fraccionado no ablativo + triamcinolona/5FU

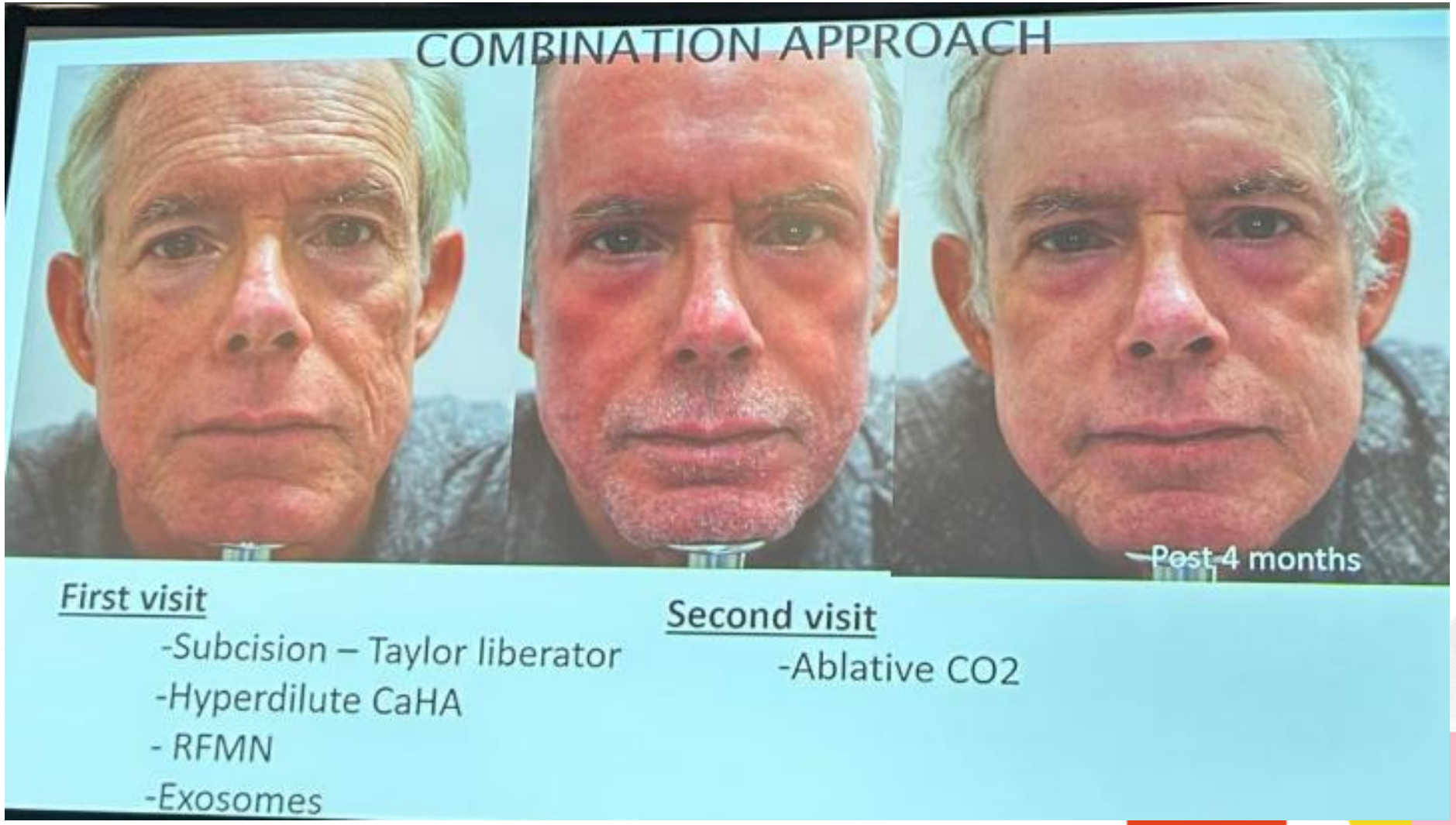
Cicatrices traumáticas – tratar tatuaje primero

- QS alexandrite laser for traumatic tattoo
- Pulsed dye laser for erythema and hypertrophy
- Fractional CO_2 laser for textural change and depigmentation

Cicatrices de acné

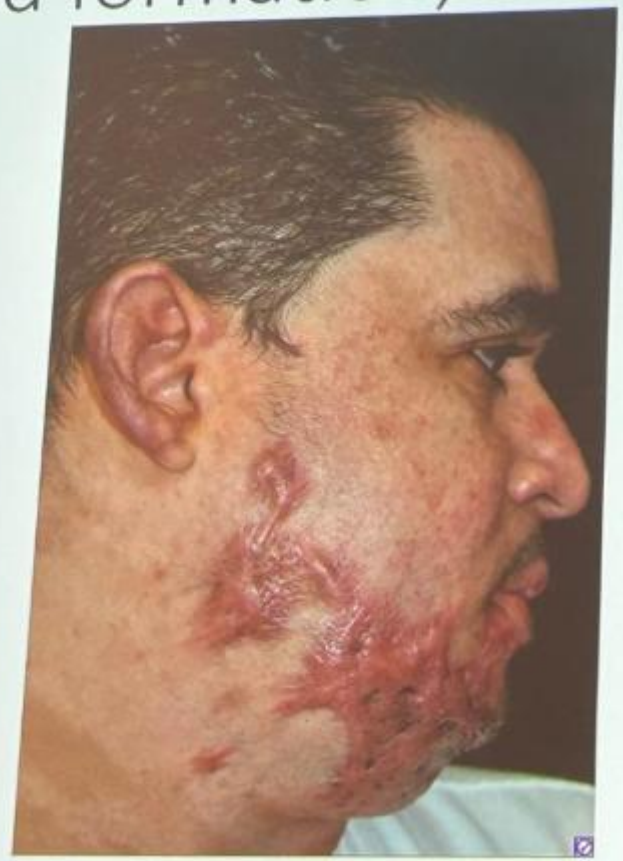
Device	Action
Picosecond Fractional Lasers	Build Collagen & Elastin
Pulsed Dye Lasers (PDL)	Reduce Redness
Non-Ablative Fractional Lasers (NAFL)	Resurface Skin
Sublative RF	Ablate Skin
RF Microneedling	Deep Dermal Heating, Remodel Skin
Selective Waveband Technology and Intense Pulsed Light (IPL)	Address Active Acne
1726 nm Laser	Address Active Acne

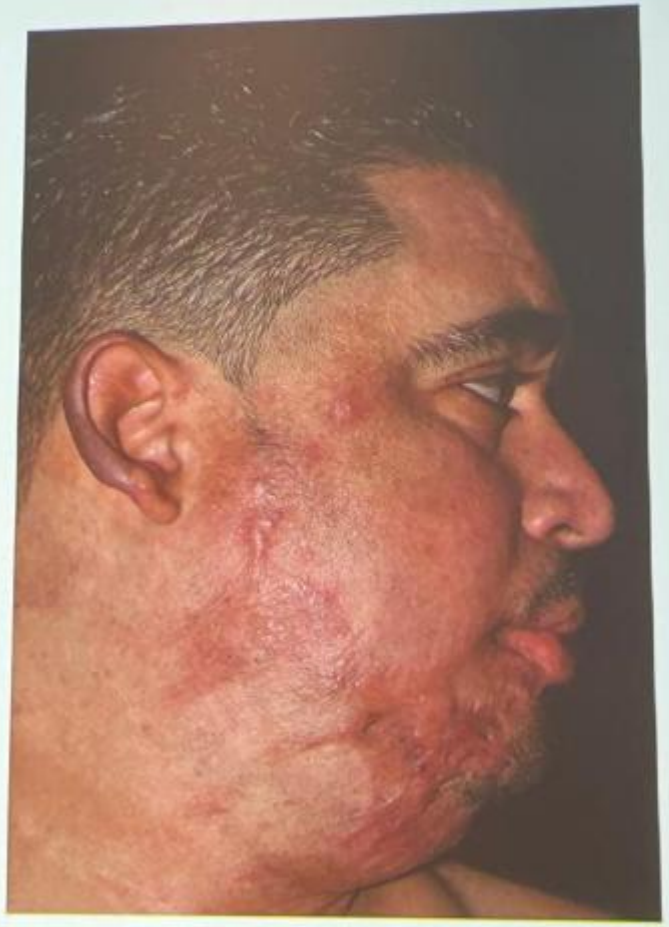
Cicatrices de acné



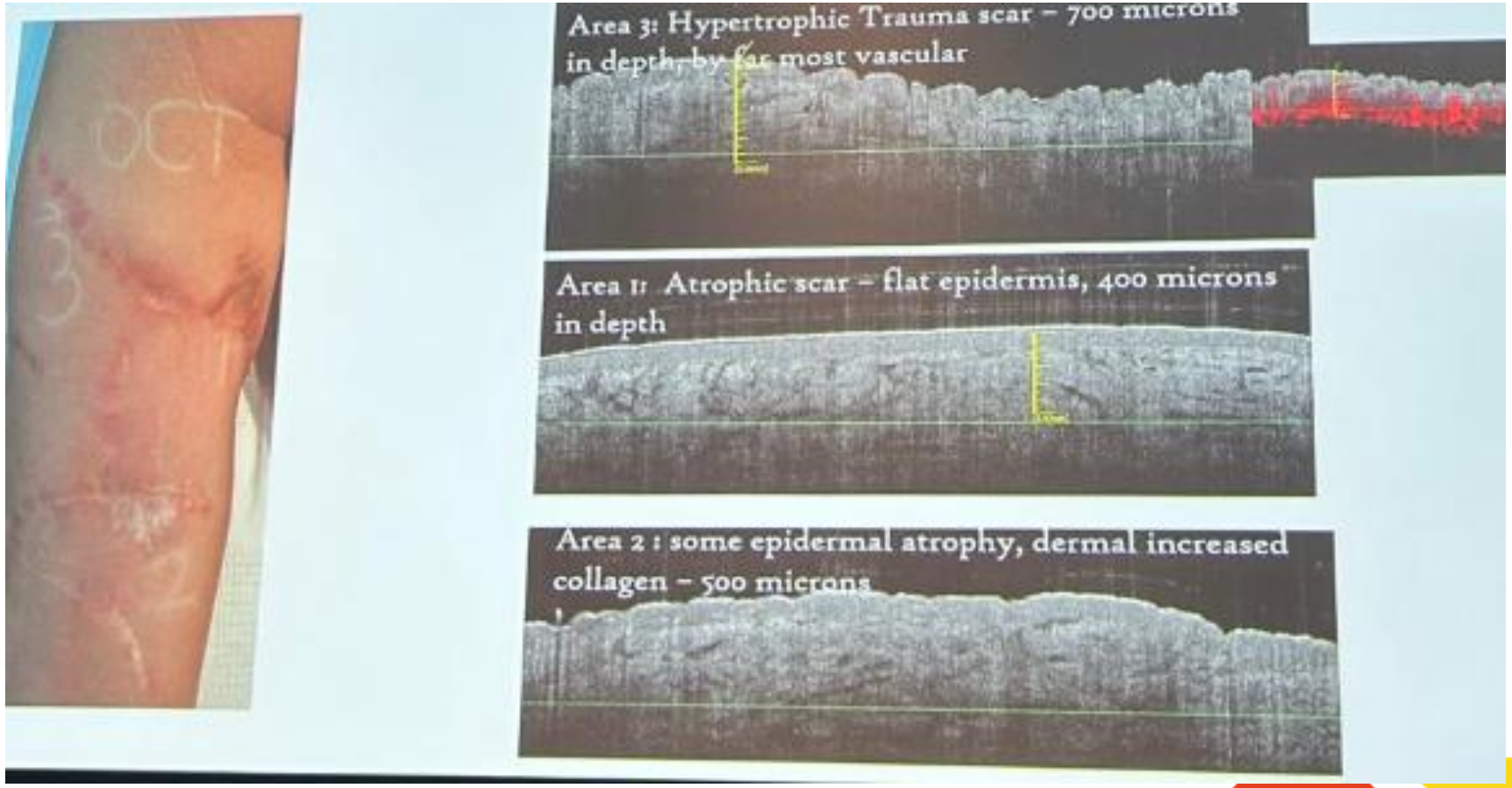
- ¿Ácido poliláctico?

May need to do Laser hair removal to stop keloid formation,





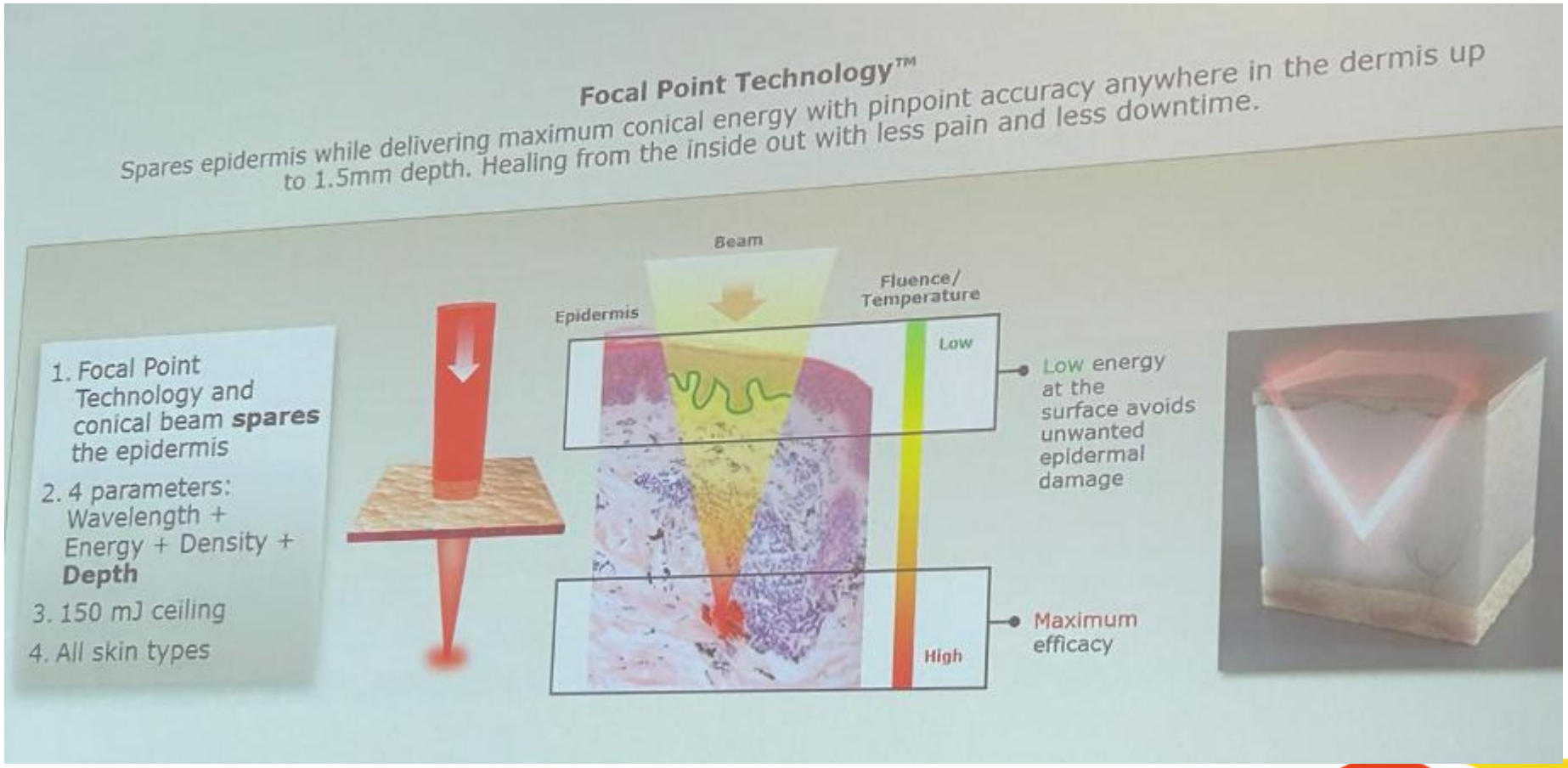
OCT para ajustar profundidad de CO2



Láser – nuevos dispositivos

1726

Láser – nuevos dispositivos



Nuevos dispositivos

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Inyectables

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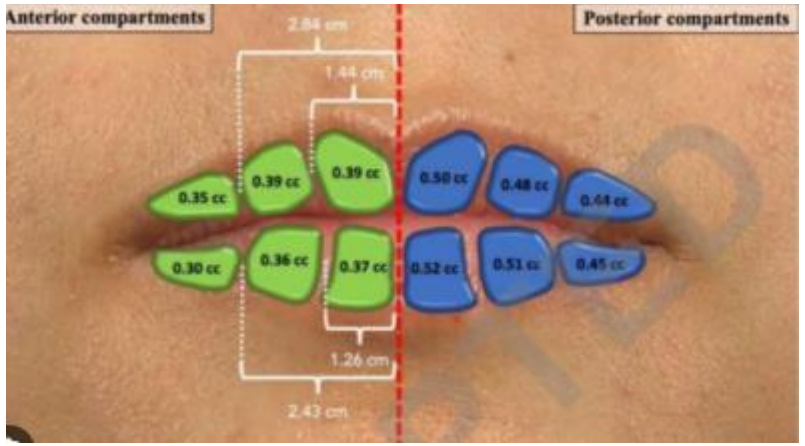
Plast Reconstr Surg. 2024 Jun 1;153(6):1293-1300. doi: 10.1097/PRS.0000000000010820. Epub 2023 Jun 14.

Intralabial Lip Compartments and Their Potential Clinical Relevance

Sebastian Cotofana [1], Wei-Jin Hong [2], Julie Horne [3], Steven Harris [3], Christopher C Surek [3], Konstantin Frank [4], Michael Alfertshofer [4], Punnose K Kattil [1], Thais Sakuma [3], Emy C Onishi [5], Vince Bertucci [3], Jeremy B Green [6], Michael P Smith [7], Amanda Khan [7], Natalia Lowry [7]

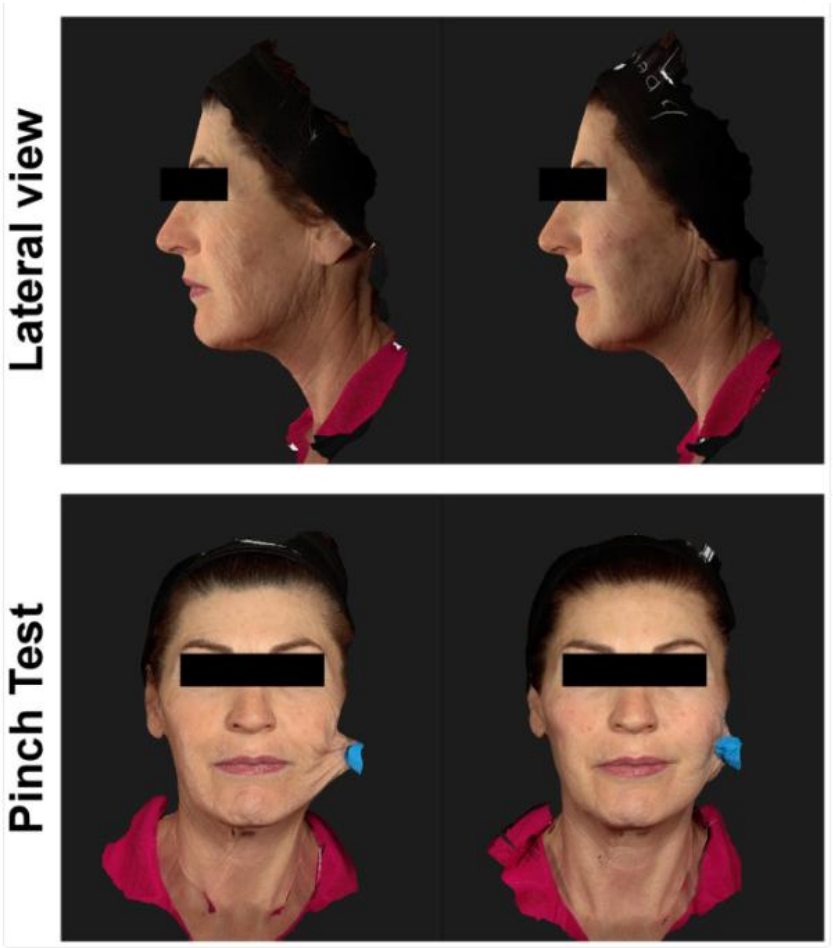


¿Aguja > cánula?

Agonistas del receptor de GLP1

- 1/8 de estadounidenses
- Pérdida de volumen, alteraciones texturales

Rellenos híbridos



Proietti I, Spagnoli A, et al. HArmonyCa™ hybrid filler to restore connective tissue: An Italian real-life retrospective study. J Cosmet Dermatol. 2024 Dec;23(12):3883-3892.

Hidroxiapatita cálcica - escote

Randomized Controlled Trial > J Drugs Dermatol. 2024 Jul 1;23(7):551-556.
doi: 10.36849/JDD.8261.

A Prospective, Multicenter, Evaluator-Blinded, Randomized Study of Diluted Calcium Hydroxylapatite to Treat Decollete Wrinkles

Tatjana Pavicic, Martina Kerscher, Ulrich Kuhne, Iryna Heide, Hanna Dersch, Gemma Odena, Virginia Graul

3 inyecciones cada 2 meses vs. 2 inyecciones cada 4 meses

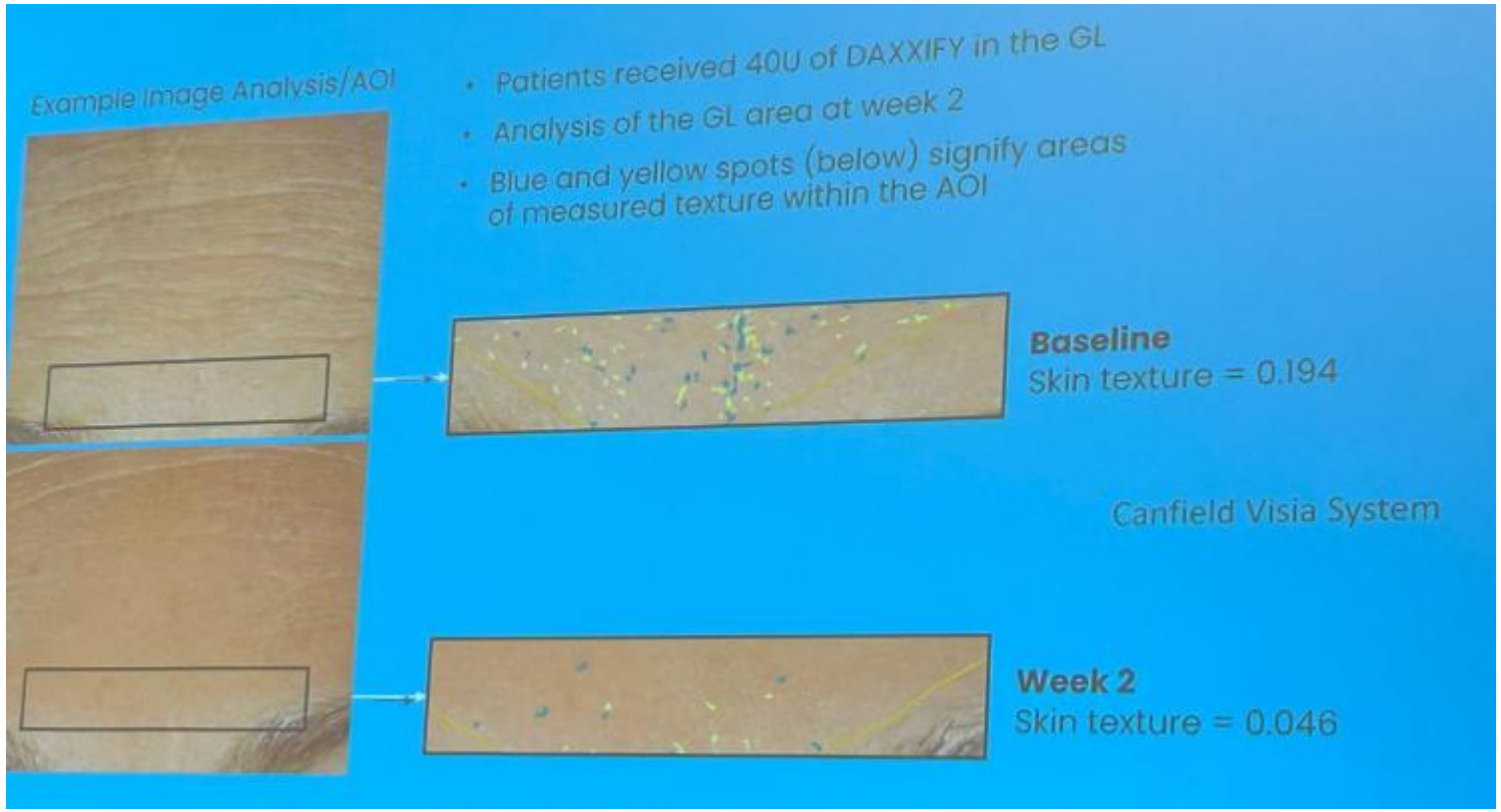
Toxina botulínica

Dermatol Ther (Heidelb). 2024 May;14(5):1315-1325. doi: 10.1007/s13555-024-01177-1.
Epub 2024 May 9.

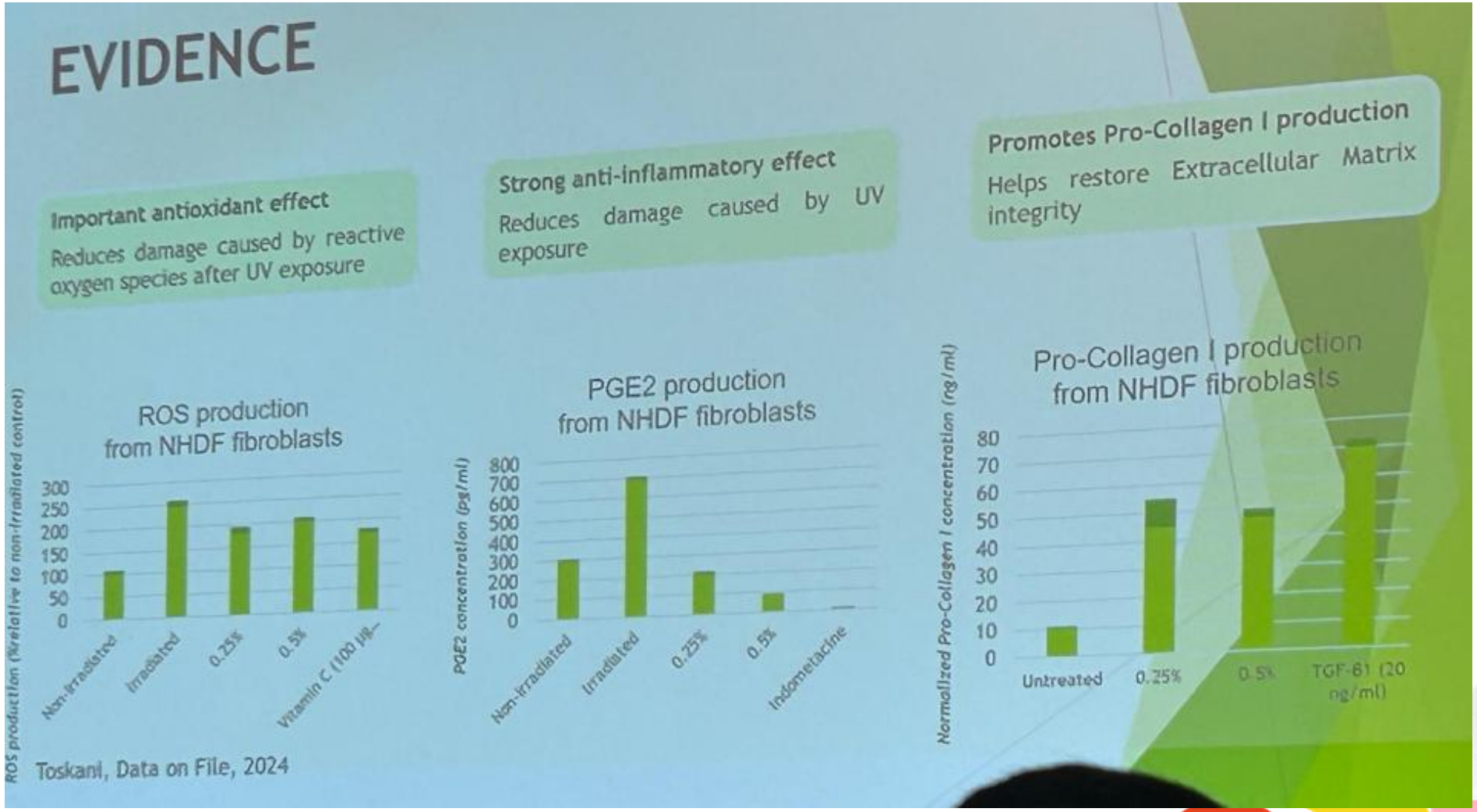
Comparative Study on the Duration and Efficacy of Various Botulinum Toxin Type A Injections for Reducing Masseteric Muscle Bite Force and Treating Facial Wrinkles

Surachet Sirisuthivoranunt [1], Supisara Wongdama [1], Phumithep Phumariyapong [1],

Toxina botulínica



- Polideoxiribonucleótidos y polinucleótidos purificados


EVIDENCE
Important antioxidant effect
Reduces damage caused by reactive oxygen species after UV exposure
Strong anti-inflammatory effect
Reduces damage caused by UV exposure
Promotes Pro-Collagen I production
Helps restore Extracellular Matrix integrity
ROS production from NHDF fibroblasts
ROS production (%relative to non-irradiated control)
300
250
200
150
100
50
0
Non-irradiated
Irradiated
0.25%
0.5%
Vitamin C (100 µM)
PGE2 production from NHDF fibroblasts
PGE2 concentration (pg/ml)
800
700
600
500
400
300
200
100
0
Non-irradiated
Irradiated
0.25%
0.5%
Indometacine
Pro-Collagen I production from NHDF fibroblasts
Normalized Pro-Collagen I concentration (ng/ml)
80
70
60
50
40
30
20
10
0
Untreated
0.25%
0.5%
TGF-B1 (20 ng/ml)
Toskani, Data on File, 2024

2-MNG no inferior a hidroquinona 4%

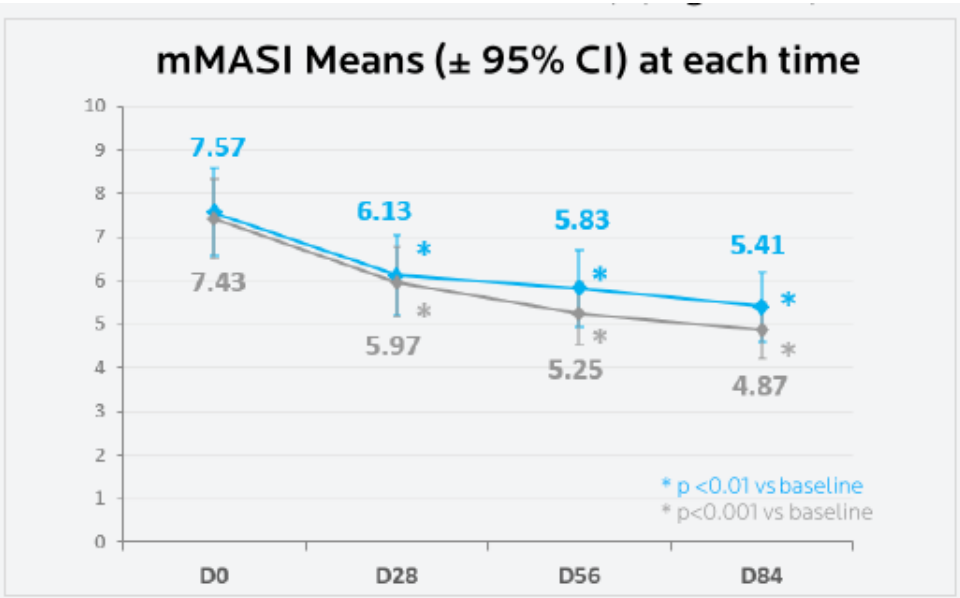


Figure 1

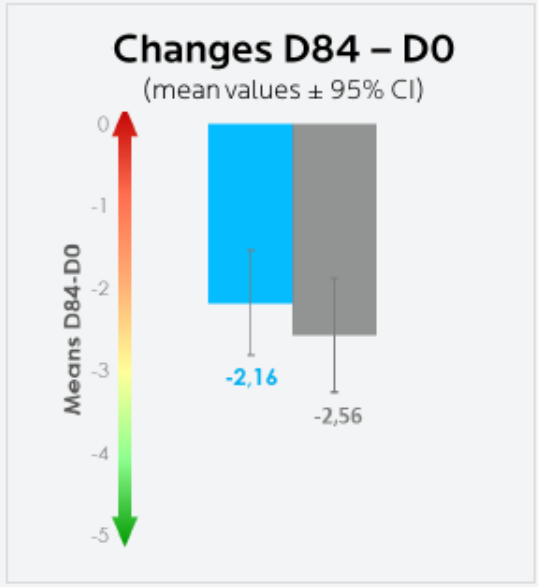


Figure 2

- Ensayo clínico aleatorizado
- 109 mujeres
- 3 meses de tratamiento

2-MNG-CONTAINING DEPIGMENTING SERUM IS NON-INFERIOR TO HYDROQUINONE 4% IN THE TREATMENT OF FACIAL MELASMA: A MONOCENTRIC RANDOMIZED CONTROLLED STUDY

Thierry Passeron[1], Delphine Kerob[2], Guénaëlle Le Dantec[2], Alessandro R. do Nascimento[3], Renato Moura[3], Samir Salah[2], Andrew Alexis[4]

[1]Department of Dermatology, Côte d'Azur University, Nice University Hospital Center, INSERM U1065, C3M, Nice, France, [2]La Roche-Posay Laboratoire Dermatologique, Levallois-Perret, France, [3]CIDP Brasil, Rio de Janeiro, Brazil, [4]Department of Dermatology, Weill Cornell Medicine, New York, NY, USA

INTRODUCTION

Topical treatments are usually used as a first line treatment for melasma. Among a high number of molecules claiming a depigmenting effect, Hydroquinone 4% (HQ4%) and Kligman's trio are the gold standard of melasma treatment. HQ4% used alone or in Kligman's trio can lead to irritations in a short term and ochronosis when used over long periods. Here, a novel serum containing 2-MNG, an ingredient that quenches melanin precursors, as well as Niacinamide, Cystoseira Tamariscifolia extract, LHA, Carnosine, Retinyl Palmitate and Dipotassium Glycyrrhizate has been compared to HQ4% (cosmetic reference ingredient on the Brazilian market) in the treatment of facial melasma. The objective was to demonstrate the non-inferiority between the 2 formulas on improvement of modified Melasma Aera Severity Index Score (mMASI) after 3 months. Additionally, this study evaluated the efficacy of the 2-MNG containing serum as a maintenance therapy to prevent relapses 3 months after interrupting HQ4%.

MATERIAL & METHODS

A randomized, investigator blinded, parallel group study, has been conducted in Brazil from August to March 2024. Subjects were 18 years or older and had to have facial epidermal or mixed melasma of any severity. In the treatment step, Group TP (tested product) received the 2-MNG-containing serum twice a day for 3 months and the Group HQ4% received Hydroquinone 4% formula applied nightly for 3 months. Following the initial 3-months treatment, a sub-group of the HQ4% Group received the 2-MNG serum for a 3-months maintenance therapy. All patients applied the same tinted high SPF, UVA-PF and VL-PF sunscreen at least in the morning and at midday. Evaluations were conducted on mMASI score and local tolerance.

RESULTS

The study included 109 female subjects (mean age 43.2 years, range 30-51 years) with diverse phototypes (47% I to III and 53% IV). During the 3-months treatment, both groups showed a significant improvement of the mMASI score at each visit (*Figure 1*). At D84, a decrease of -28.5% for the Group TP and -34.4% for the Group HQ4% ($p<0.001$) was observed with mean change from baseline of -2.16 and -2.56. No statistical difference was observed between the two groups at any visit in terms of mMASI score. The non-inferiority with a predefined threshold of 1.3 was demonstrated at D84 (Mean difference of 0.46, 95% CI [-0.25;1.17]) (*Figure 2*).

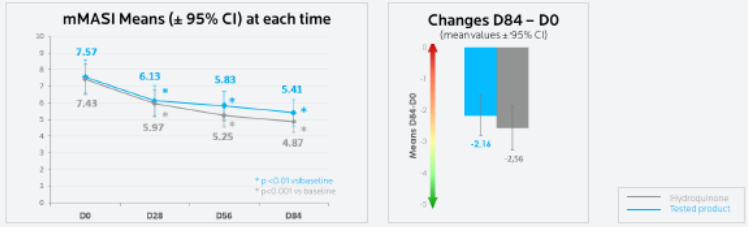


Figure 1

Figure 2

At D28, patients significantly experienced more local irritations in the HQ4% group (21.4%) *vs* in the TP group (6.0%) (*Figure 3*).

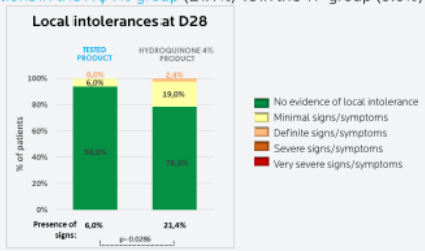


Figure 3

The sub-group that received HQ4% for 3 months then the 2-MNG-containing serum in maintenance over 3 months showed a continuous improvement of the mMASI score overtime (*Figure 4*) while maintaining the benefits of HQ4% without rebound effect. At D168, a decrease of -51.8% of the mMASI score ($p<0.001$) was observed and no local intolerances were noted by the investigator during the maintenance step (from D84 to D168).

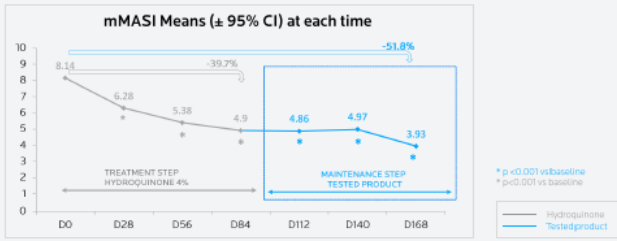


Figure 4

The following pictures illustrate the 3-months treatment efficacy with HQ4% (from D0 to D84), followed by 3 months of maintenance therapy with the tested product (D168).

DISCUSSION

This study shows that a new depigmenting serum containing 2-MNG is non-inferior to hydroquinone 4% in its efficacy on facial melasma of all severities over 3 months of use, while being superior in terms of tolerability. Furthermore, following an initial course of HQ4% treatment, the 2-MNG serum effectively maintained the benefits achieved with HQ4% in terms of mMASI without rebound effect and with great tolerability. Given the body of literature showing efficacy of HQ4% in melasma, this study strongly suggest that this new melanin-quencher containing serum, used in association with a sunscreen efficiently covering UVAs and visible light, offers a well-tolerated and effective solution for the long-term management of melasma, minimizing the risks associated with prolonged HQ4% use.

Conflict of interest: Thierry Passeron, Alessandro R. do Nascimento, Renato Moura and Andrew Alexis are consultants to La Roche-Posay Laboratoire Dermatologique. Delphine Kerob, Guénaëlle Le Dantec and Samir Salah are employees of La Roche-Posay Laboratoire Dermatologique.

Hiperpigmentación por Kratom

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