MULTI-MODALITY FOR ACNE SCAR TREATMENT IN MY PRACTICE

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BEFORE
10/11/2023

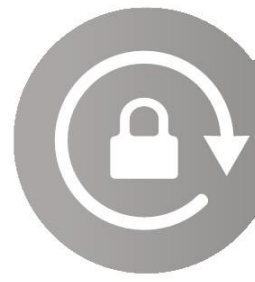# INTERESTING CASE

Thai women age 27 year. No U/D

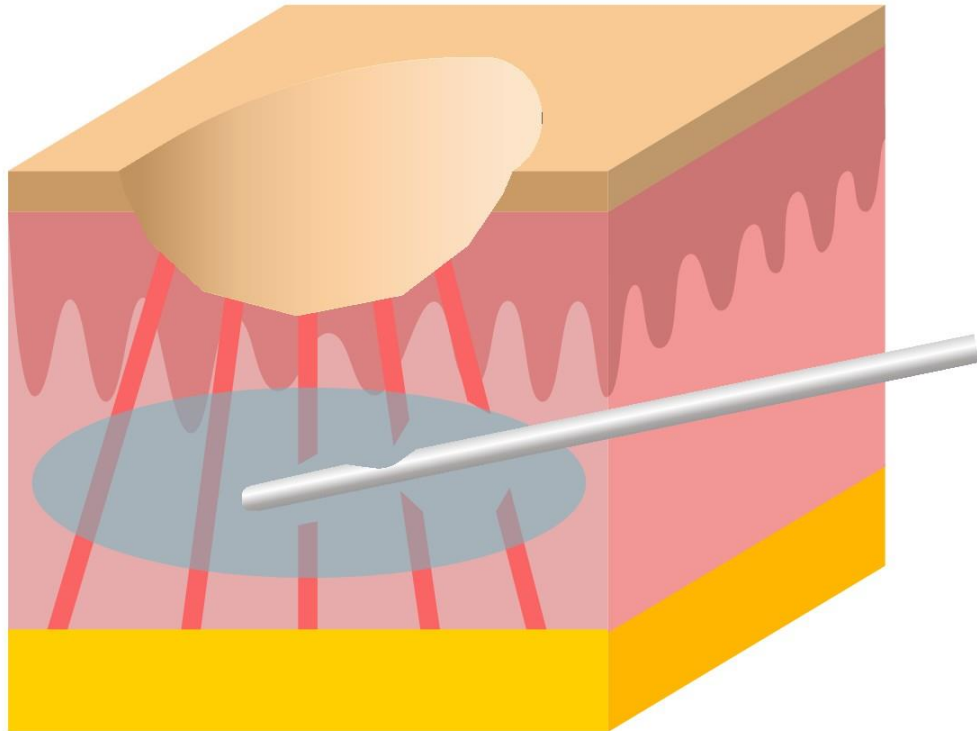Chief complain: Severe acne scar

Diagnosis : MIX ACNE SCAR

- **Boxscar scar**

- **Rolling scar**

- **Ice-pick scar**

BEFORE
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CANNULA SUBCISION

Cannula subcision to release the fibrosis

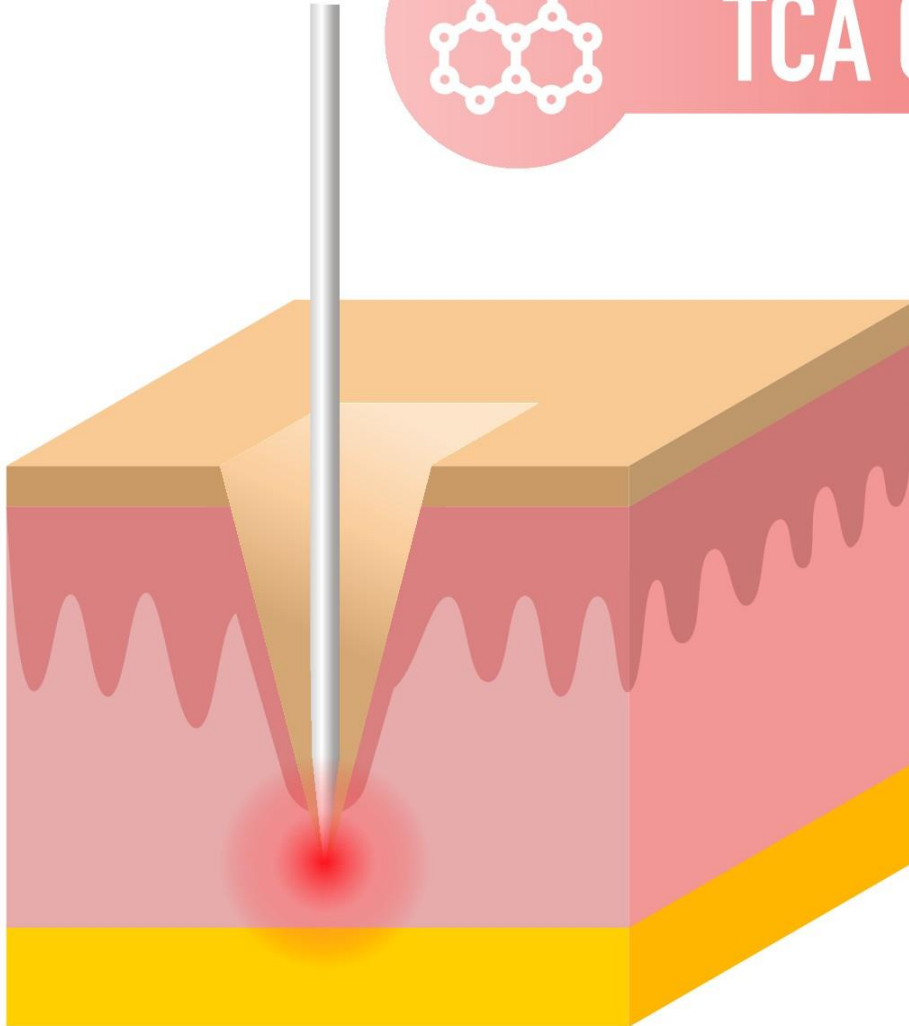- Mid to Deep dermis
- Sometime fibrosis deep to subcutaneous

Trumescent injection to relieve pain

Trumescent formula

100cc NSS + 20cc 2% Xylocaine with adrenaline

+ 5cc Sodium Bicarbonate

TCA CROSS TECHNIQUE

TCA CROSS is a form of focal deep chemical peeling and is best used for deep ice-pick or boxscar scar.

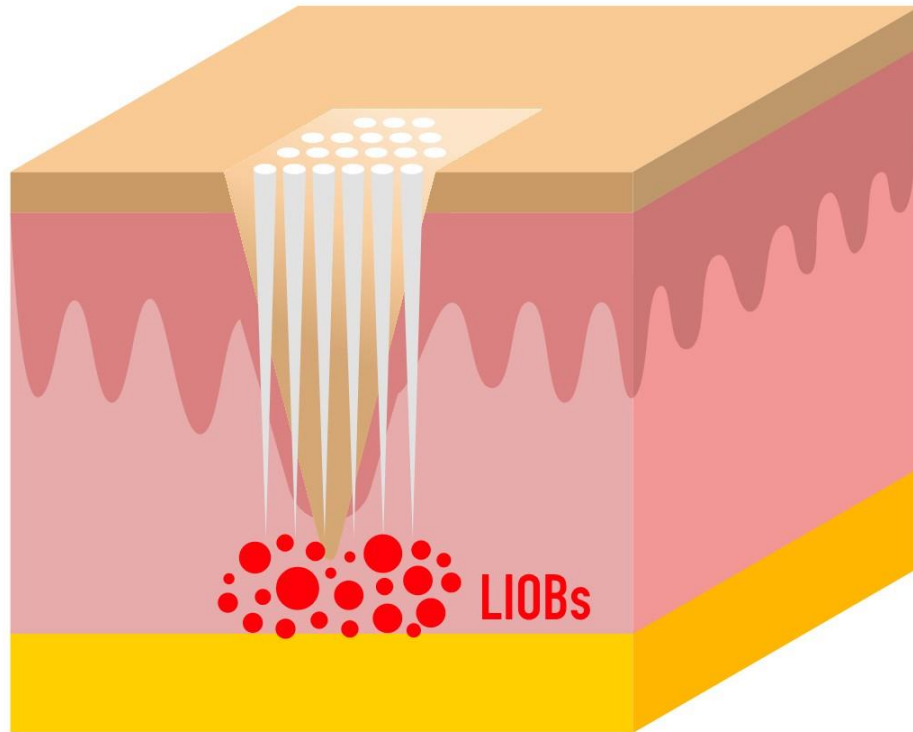TCA breaks down the scar and denatures collagen

TCA cross side effect especially in Skin type 3-4
- PIH (Post inflammatory hyperpigmentation)
- PIE (Post inflammatory erythema)
- Downtime around 2 week

ULTRA-DEEP TECHNIQUE

ZMLA HAND-PIECE (PICOHI)

Laser Induced Optical Breakdown

LIOBs

Ultra-deep picosecond laser technique is new method better than TCA cross because
- Low incidence of PIH/PIE
- Short downtime 4-7 days

The Cold ablation and LIOBs breaks down the scar and denatures collagen, stimulating new collagen to fill in the deep acne scar.

ULTRA-DEEP TECHNIQUE USE ZMLA HAND-PIECE

4 mm — Adjustable Spot Size → 12 mm
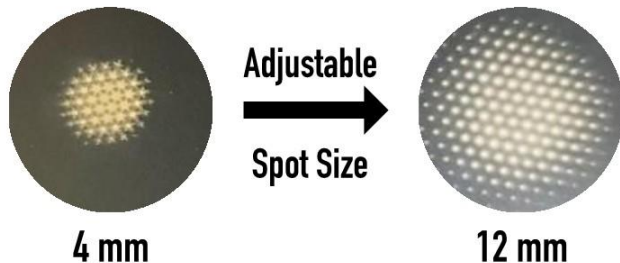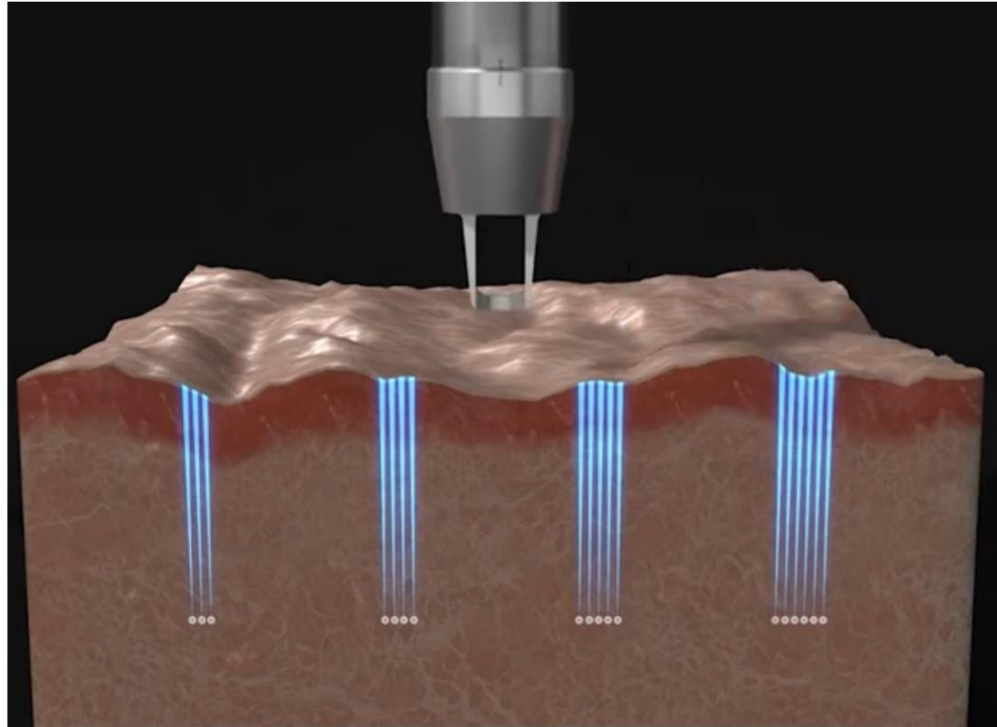
My parameter for ZMLA to deep ablation in scar base is

ZMLA 1.0 J/cm^2 Spot size 6 mm 5 Hz in the scar base
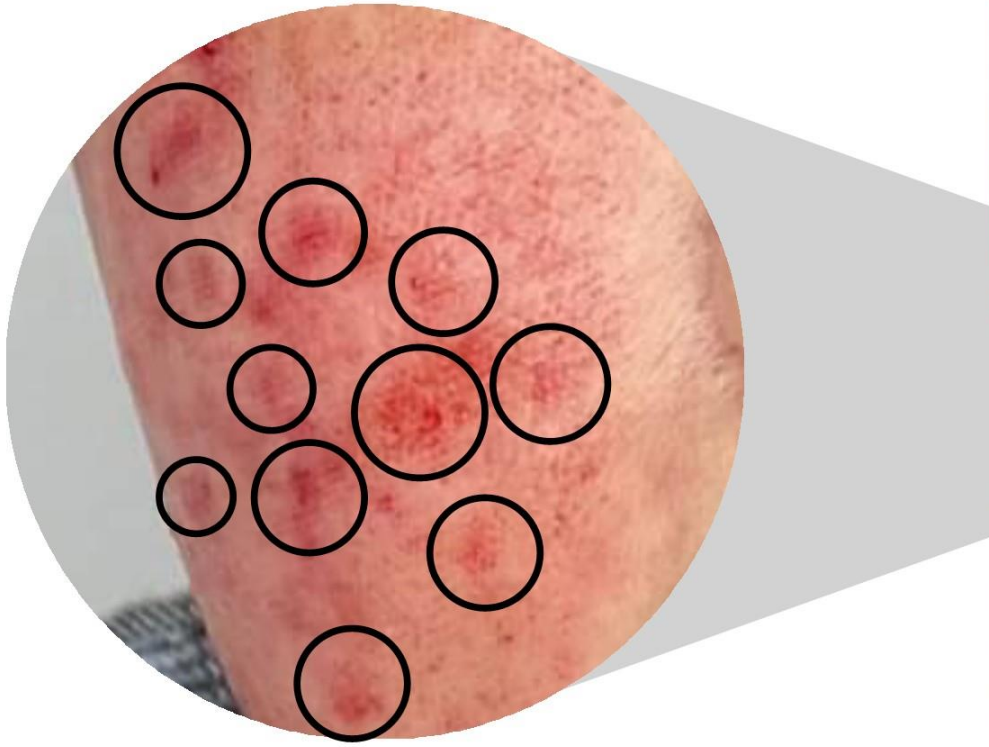End point whitening and then pin-point bleeding

If patient is skin type 1-2 can increase up to 1.2 J/cm^2

If patient is skin type 3-4 can increase up to 1.0 J/cm^2

If patient is skin type 5-6 can increase up to 0.8 J/cm^2

These parameter for ultra deep picosecond laser with no PIH/PIE and short downtime 4-7 days

END POINT FOR ULTRA-DEEP TECHNIQUE

END POINT : Minimal bleeding at scar base

DEEP FOCUSED ABLATIVE TECHNIQUE

ZMLA HAND-PIECE (PICOHI)

Deep focused ablative use for treat
- Acne scar
- Large pore

My parameter for ZMLA to deep focused ablation is
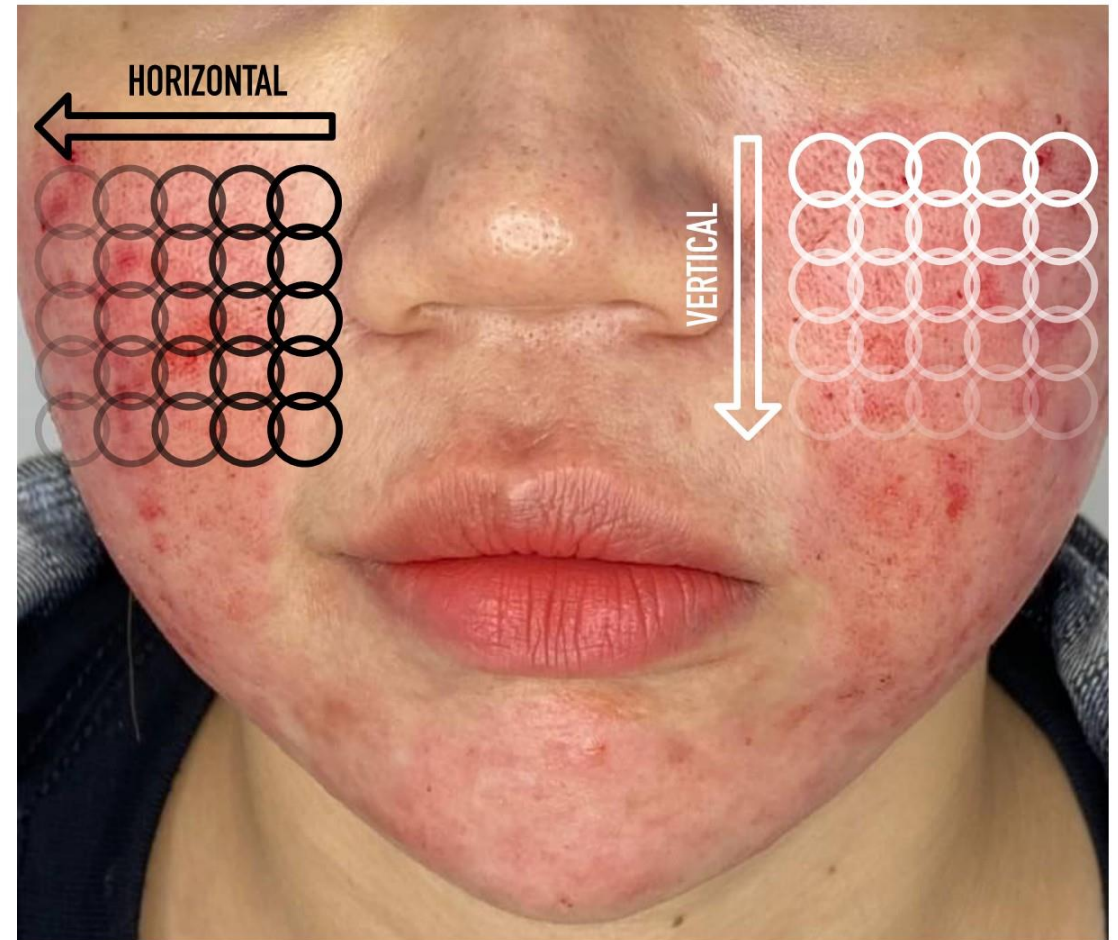
ZMLA 0.6–0.8 J/cm^2 Spot size 8–10 mm 10 Hz

Each 2 passes vertical and horizontal

End point minimal and pin-point bleeding

If patient is skin type 1–2 can increase up to 1.0 J/cm^2

If patient is skin type 3–4 can increase up to 0.8 J/cm^2

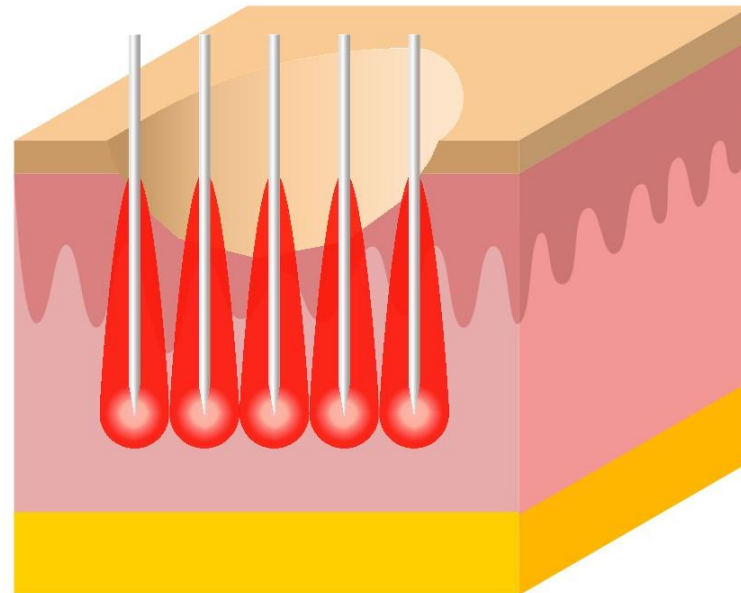If patient is skin type 5–6 can increase up to 0.6 J/cm^2

HORIZONTAL

VERTICAL

NON-INSULATED 49 PIN
FOR ACNE SCAR TREATMENT

Fractional Micro-needle RF denatures collagen and stimulation at specific depth under the scar


400 ms
IS MAXIMUM TIME

for complete coagulation
in total dermal layer
without skin damage

NEW DOUBLO 2.0 RM HAND-PIECE PARAMETER

My parameter for NON-INSULATED MICRO-NEEDLE RF

- Depth 3.5mm Energy 20W 2MHz Continuous wave 400 ms
- Depth 3.0mm Energy 20W 2MHz Continuous wave 400 ms
- Depth 2.5mm Energy 20W 2MHz Continuous wave 400 ms
- Depth 2.0mm Energy 20W 2MHz Continuous wave 350 ms
- Depth 1.5mm Energy 15W 2MHz Continuous wave 300 ms

RF On-time

0.5MHz   1.0MHz   2.0MHz
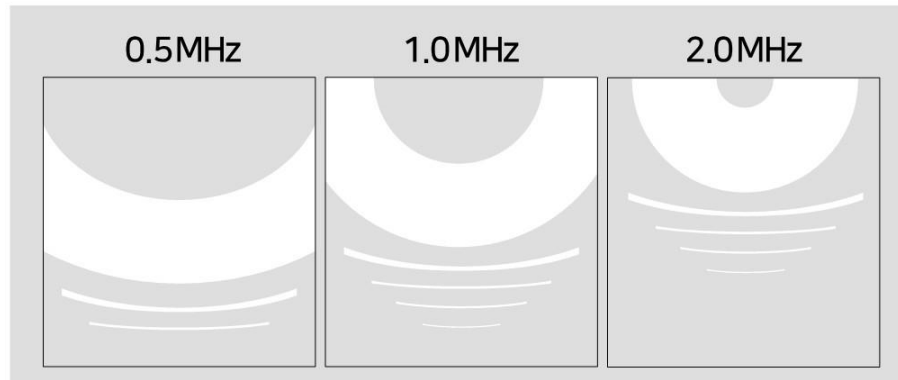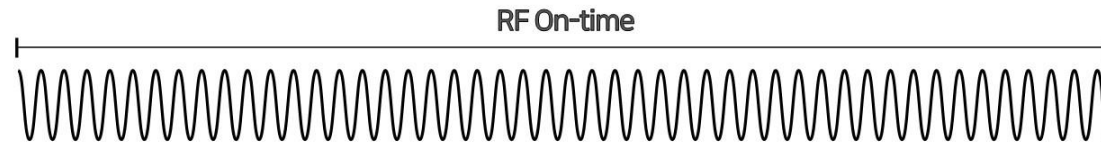
CRISS CROSS TECHNIQUE FOR MAXIMUM COVERAGE
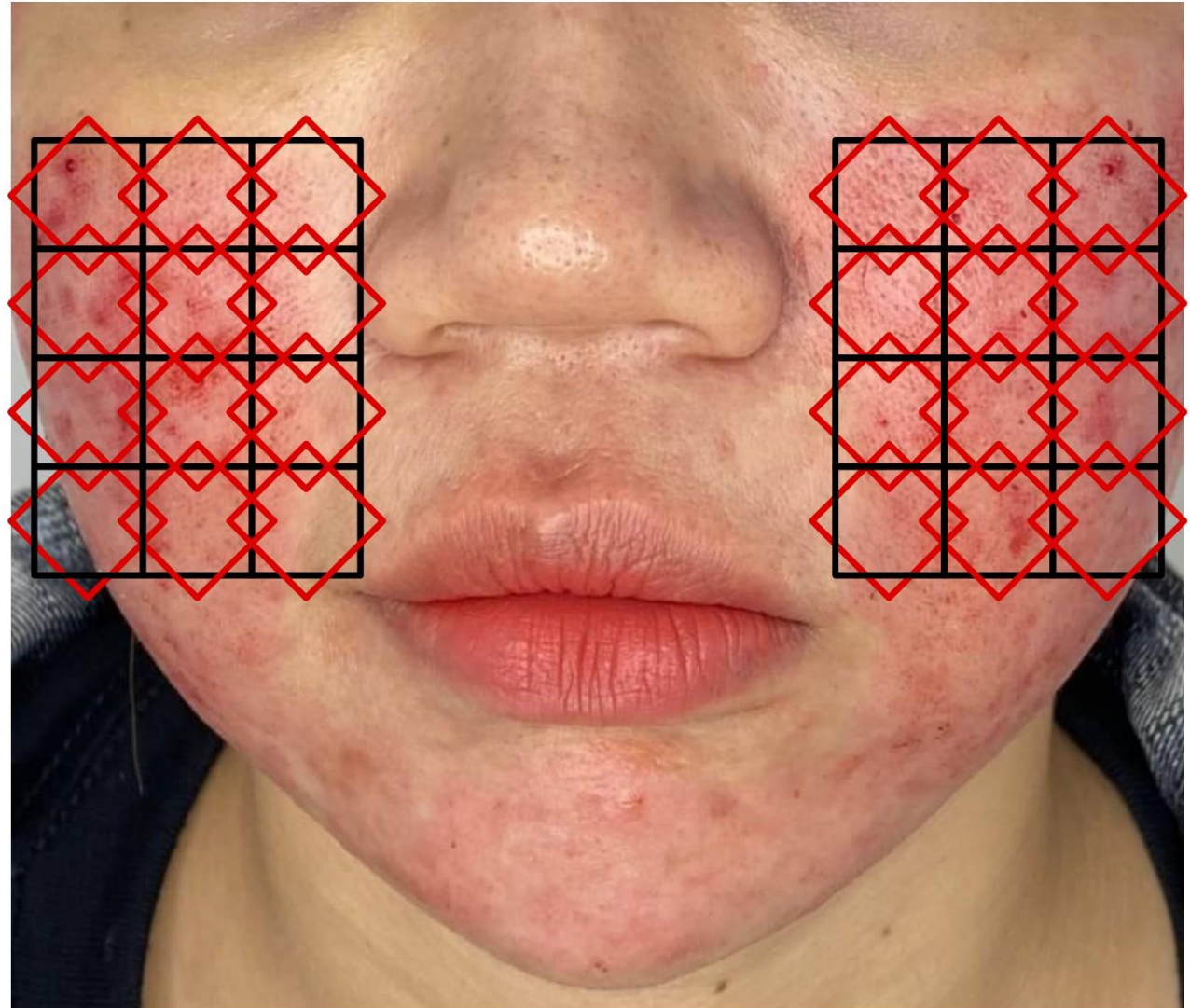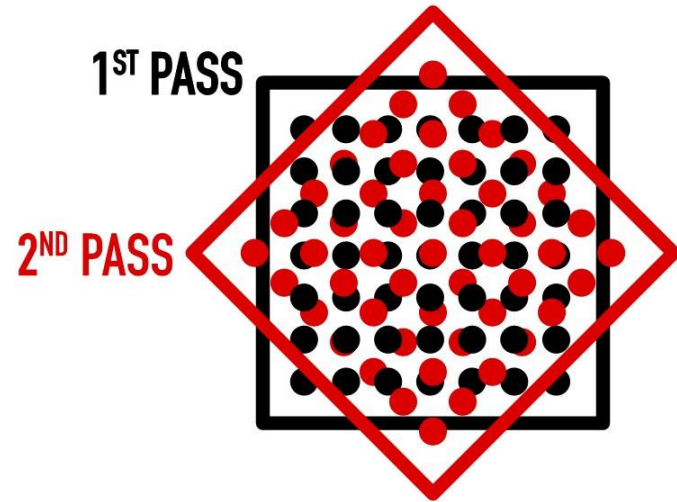
COLLAGEN STIMULATION

Energy base device

- LLLT Lower Level Laser Therapy: Yellow+Red
- Ultrasound device: HIFU
- Radio-frequency device

Non Energy base device

- Platelet rich plasma
- Polynucleotide
- Growth factor
- Exosome
- CaHa
- Biostimulator

POST PROCEDURE CARE

1. AVOID SUNLIGHT at least 2 week
- Apply sun screen since day 1

2. ADD MORE PROTEIN DIET
- Protein diet 1.5–2.0 per kg/day (Ideal body weight)
- Ideal body weight = Height(cm) – 100

BEFORE | IMMEDIATELY POST PROCEDURE | AFTER 1 WEEK

BEFORE
10/11/2023

AFTER
19/12/2023

BEFORE
10/11/2023

AFTER
19/12/2023

1. Cannula subcision + Trumescent 20 cc
2. RM hand-piece New Doublo 2.0 Criss-cross technique
3. Picohi use ZMLA hand-piece
   3.1 ZMLA for Ultra-deep technique to destroy scar base
   3.2 ZMLA for Deep Focused ablative to stimulate collagen
4. Collagen stimulation : LLLT + Polynucleotide
5. Post procedure care : Avoid sunlight + Add more protein