

Perioral Rejuvenation With Ablative Erbium Resurfacing

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ABSTRACT

Background and Objective: Since the introduction of the scanning full-field erbium laser, misconceptions regarding ablative erbium resurfacing have resulted in its being largely overshadowed by ablative fractional resurfacing. This case report illustrates the appropriateness of full-field erbium ablation for perioral resurfacing.

Methods: A patient with profoundly severe perioral photodamage etched-in lines underwent full-field ablative perioral resurfacing with an erbium laser (Contour TRL, Sciton Inc., Palo Alto, CA) that allows separate control of ablation and coagulation. The pre-procedure consultations included evaluation of the severity of etched-in lines, and discussion of patient goals, expectations, and appropriate treatment options, as well as a review of patient photos and post-treatment care required. The author generally avoids full-field erbium ablation in patients with Fitzpatrick type IV and above. For each of 2 treatment sessions (separated by approximately 4 months), the patient received (12 cc plain 2% lidocaine) sulcus blocks before undergoing 4 passes with the erbium laser at 150 μ ablation, no coagulation, and then some very focal 30 μ ablation to areas of residual lines still visualized through the pinpoint bleeding. Similarly, full-field ablative resurfacing can be very reliable for significant wrinkles and creping in the lower eyelid skin – where often a single treatment of 80 μ ablation, 50 μ coagulation can lead to a nice improvement.

Results: Standardized digital imaging revealed significant improvement in deeply etched rhytides without significant adverse events.

Conclusion: For appropriately selected patients requiring perioral (or periorbital) rejuvenation, full-field ablative erbium resurfacing is safe, efficacious and merits consideration.

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FIGURE 1. (Top) 65-year-old female patient pre-treatment, 1 week post-treatment #1, and 2 weeks post-treatment #1. (Bottom) 4 weeks post-treatment #1, 3 months post-treatment #1, and 1 month post-treatment #2. Photo courtesy of Joel L. Cohen MD, Denver, CO.

