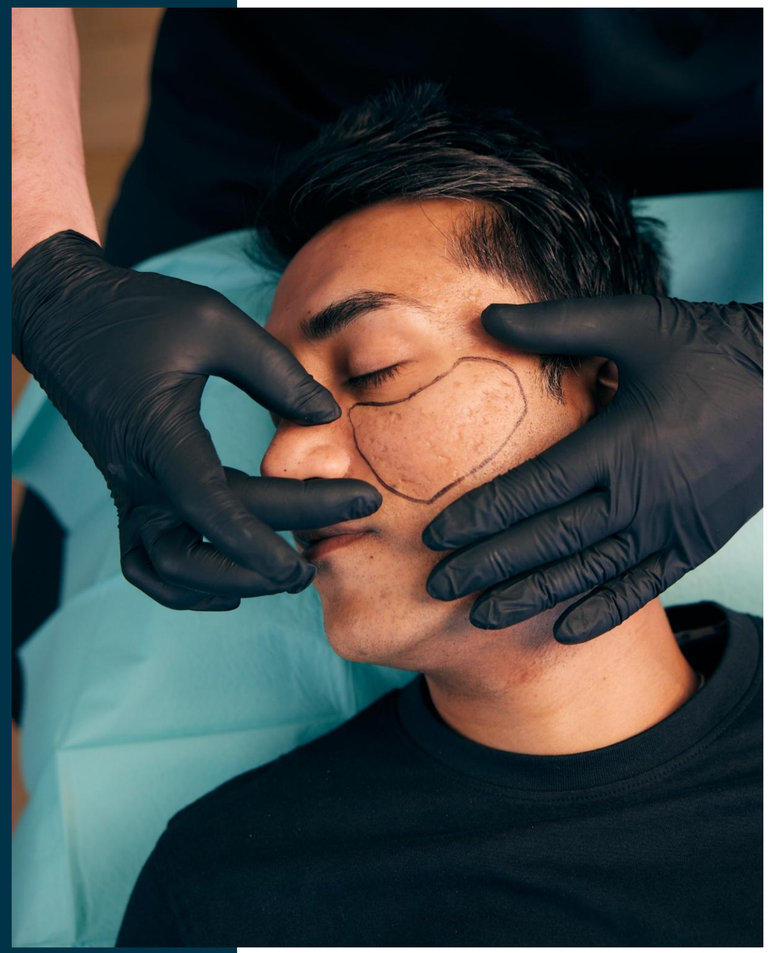
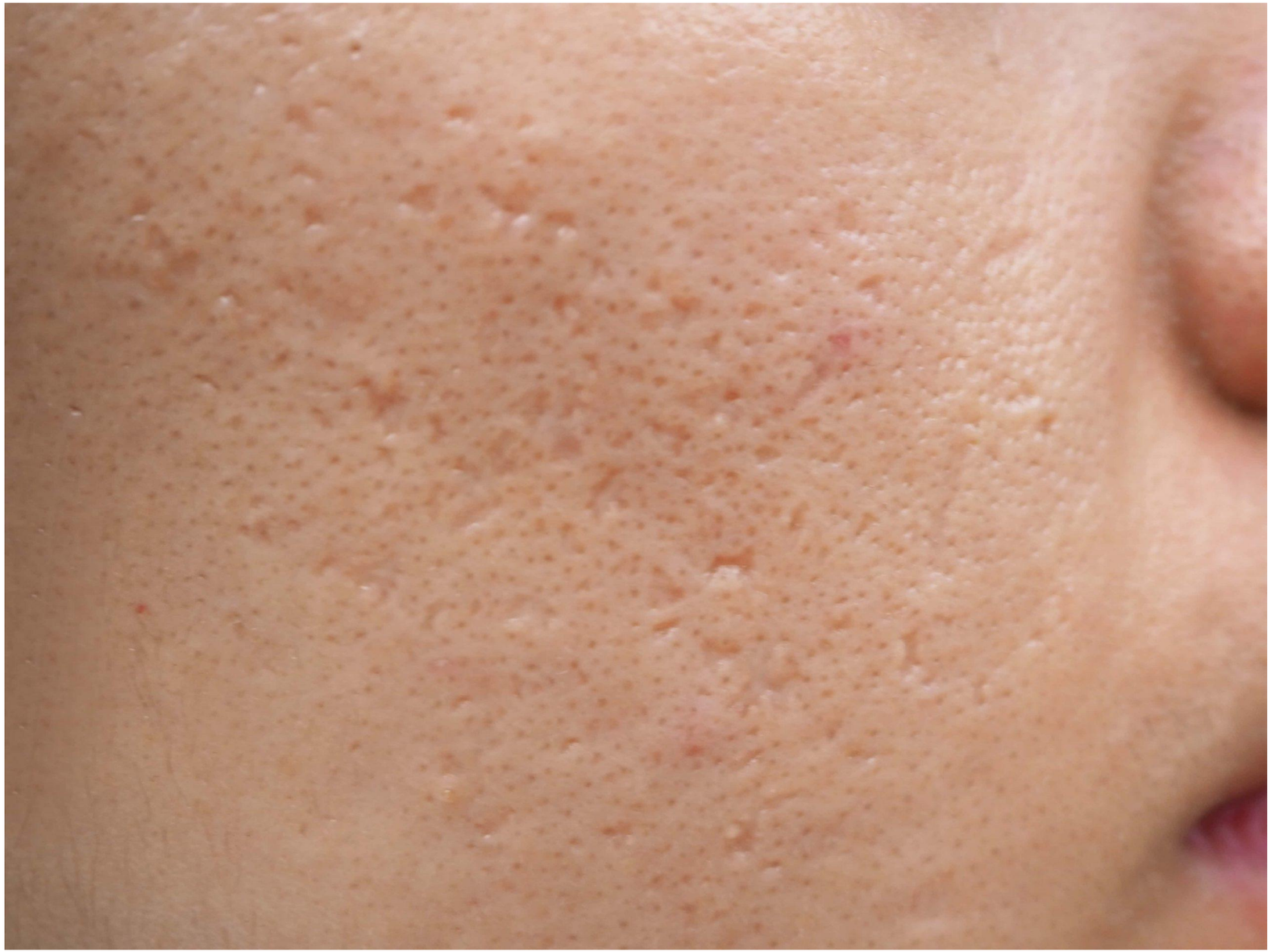
Behandling af aknear
Baseret på morfologi

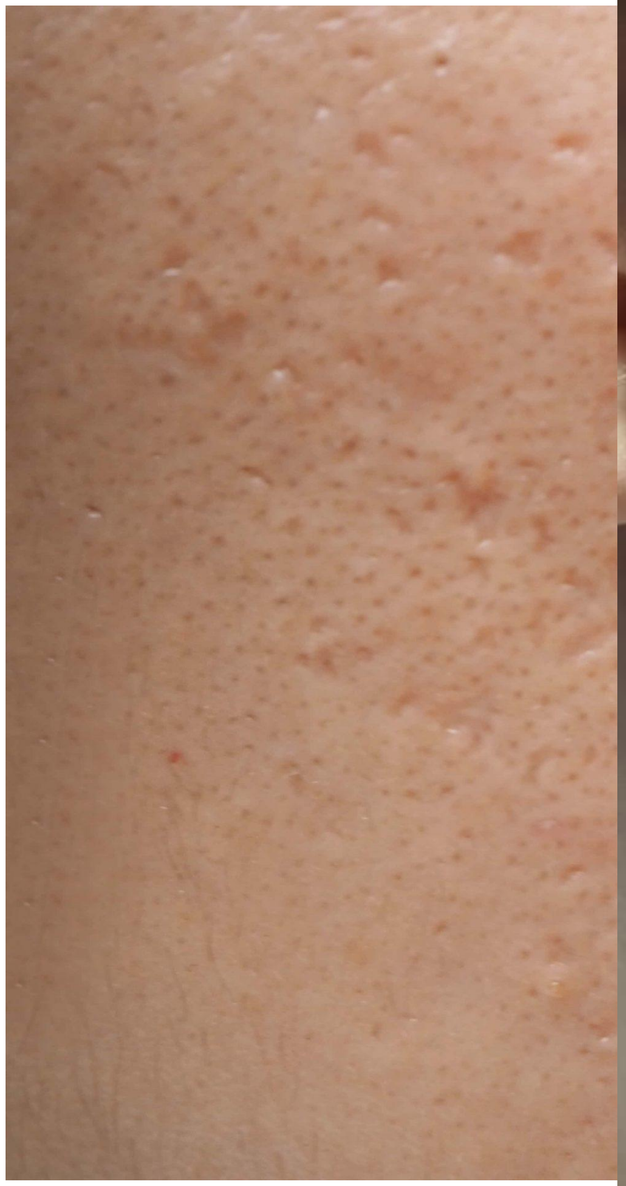
Emil Henningsen
Speciallæge i dermatologi
Cutis Clinic

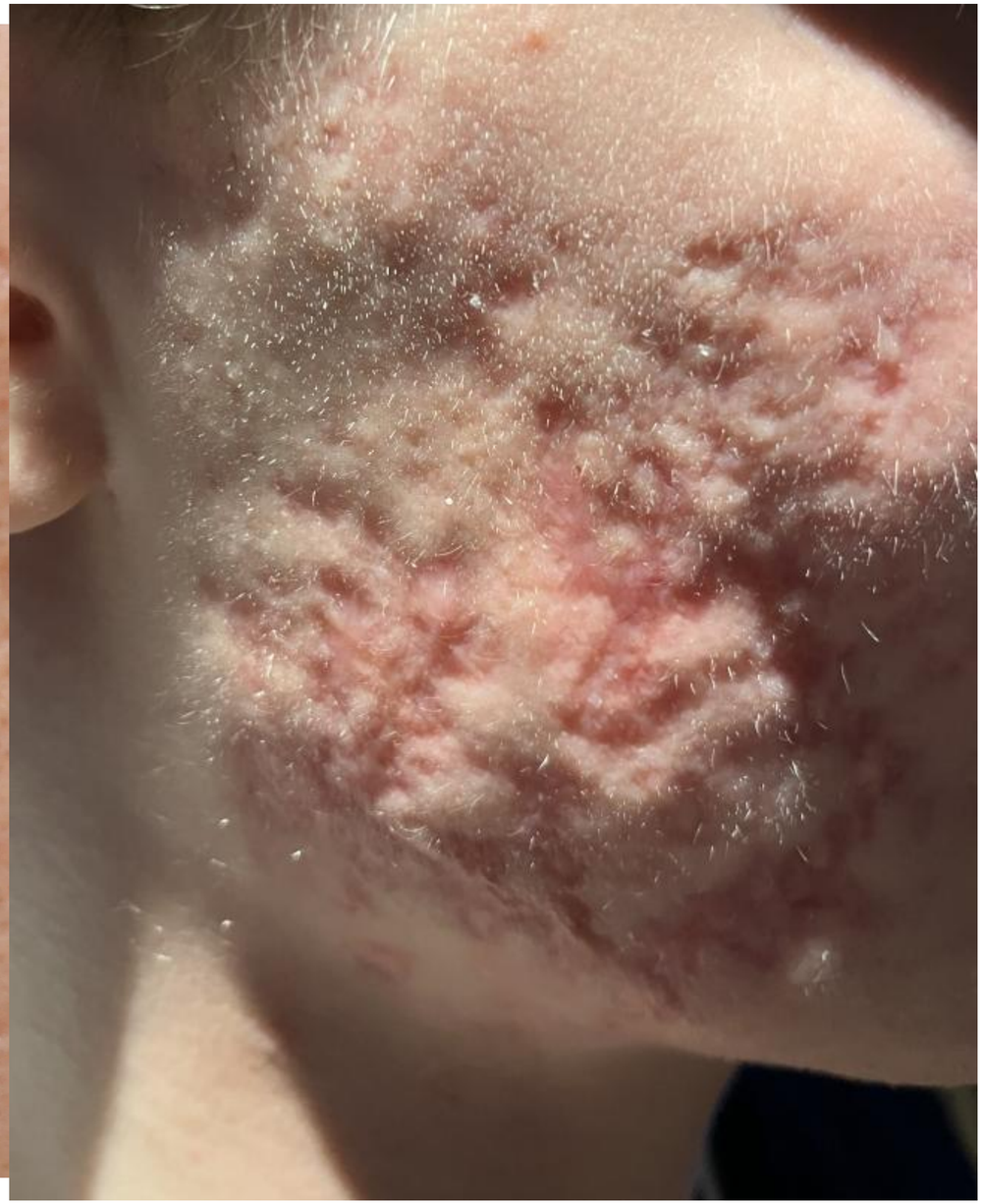
@dr_emil_henningsen
@cutisclinic

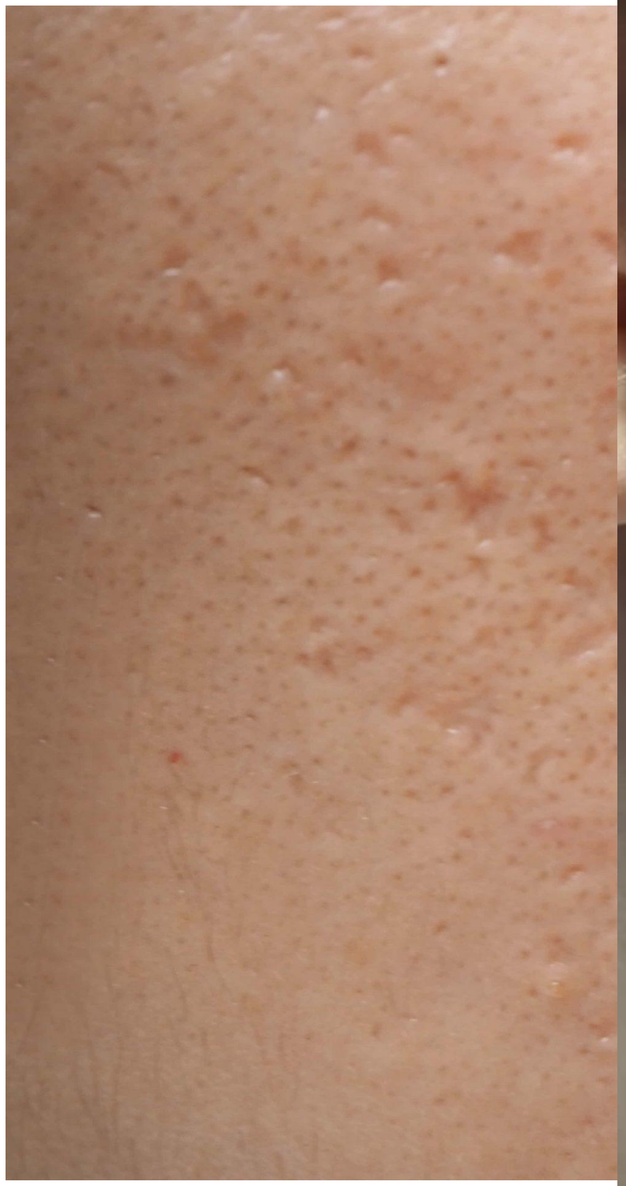
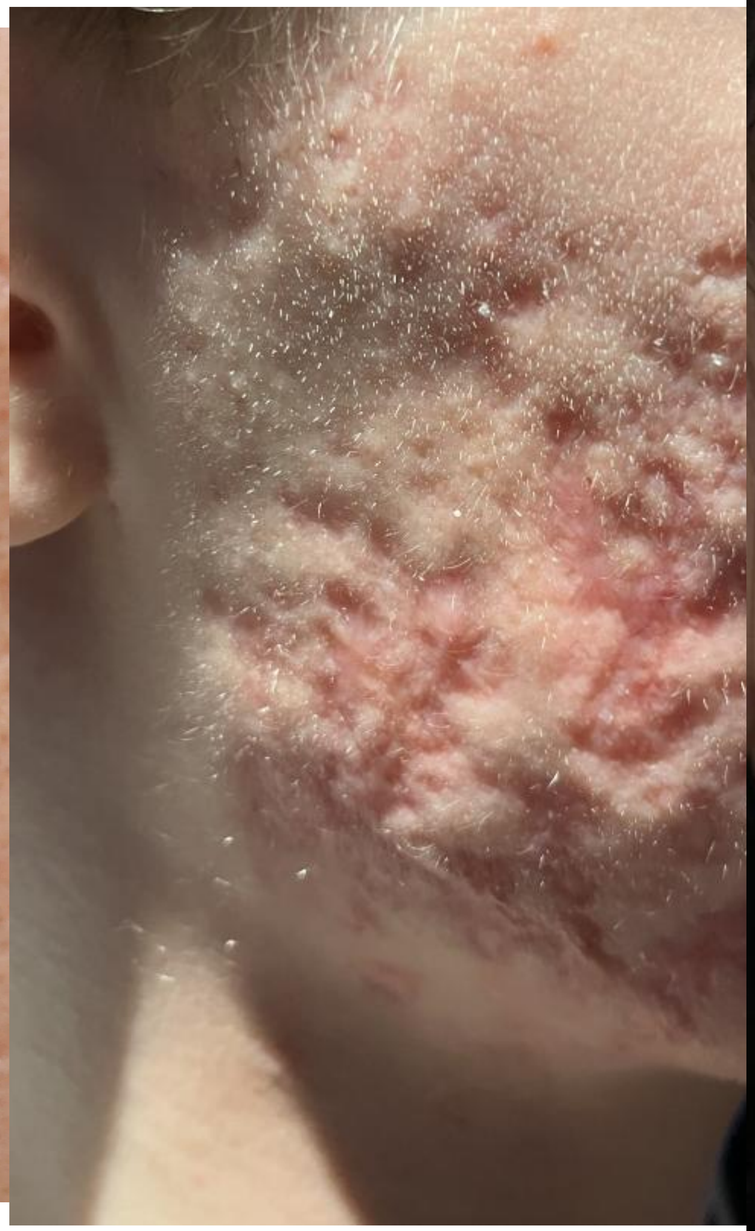
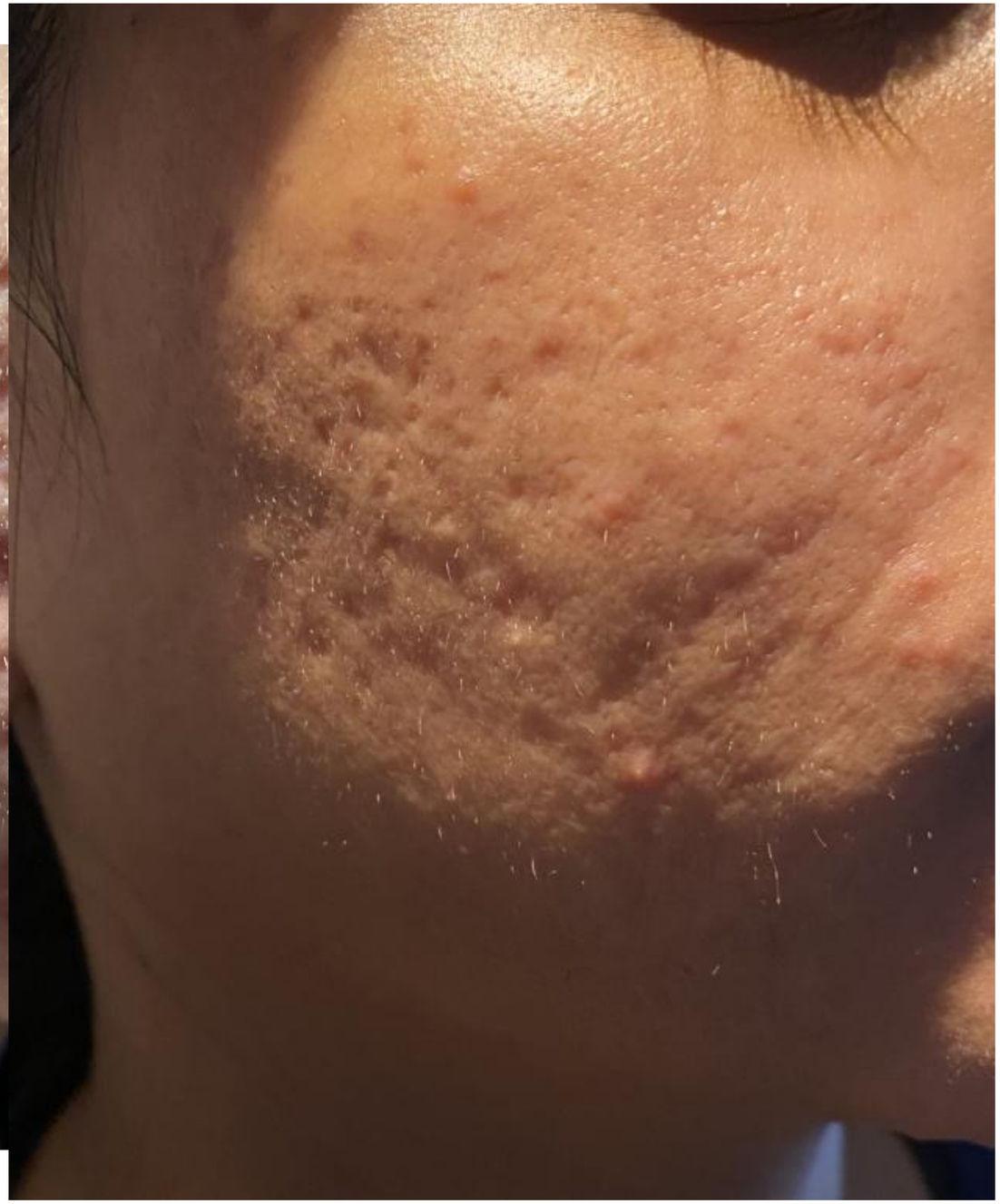


Hvordan ser aknear ud ?







Grading of acne scars

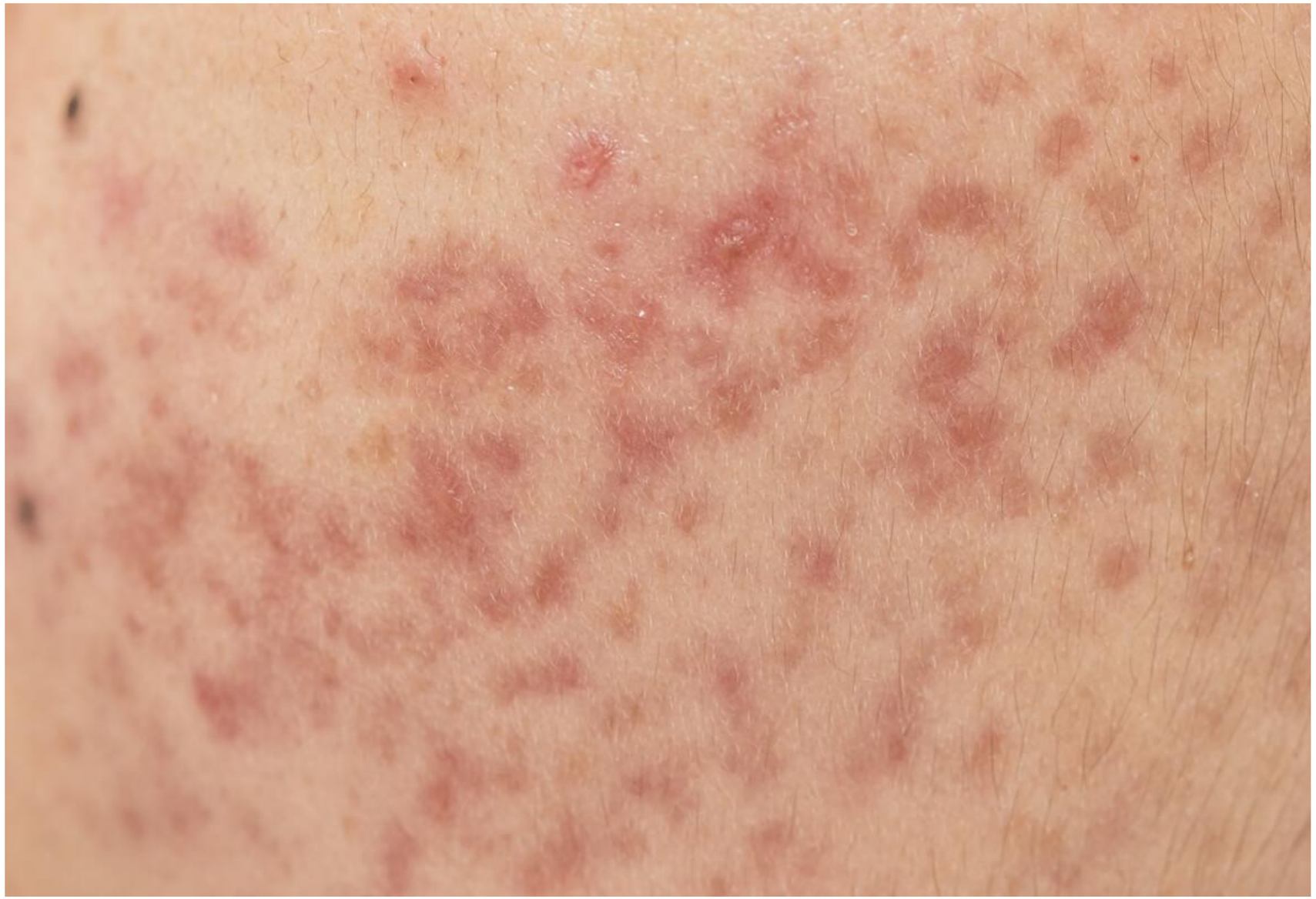
Table 1. Post acne scars, qualitative global grading system (Goodman and Baron).

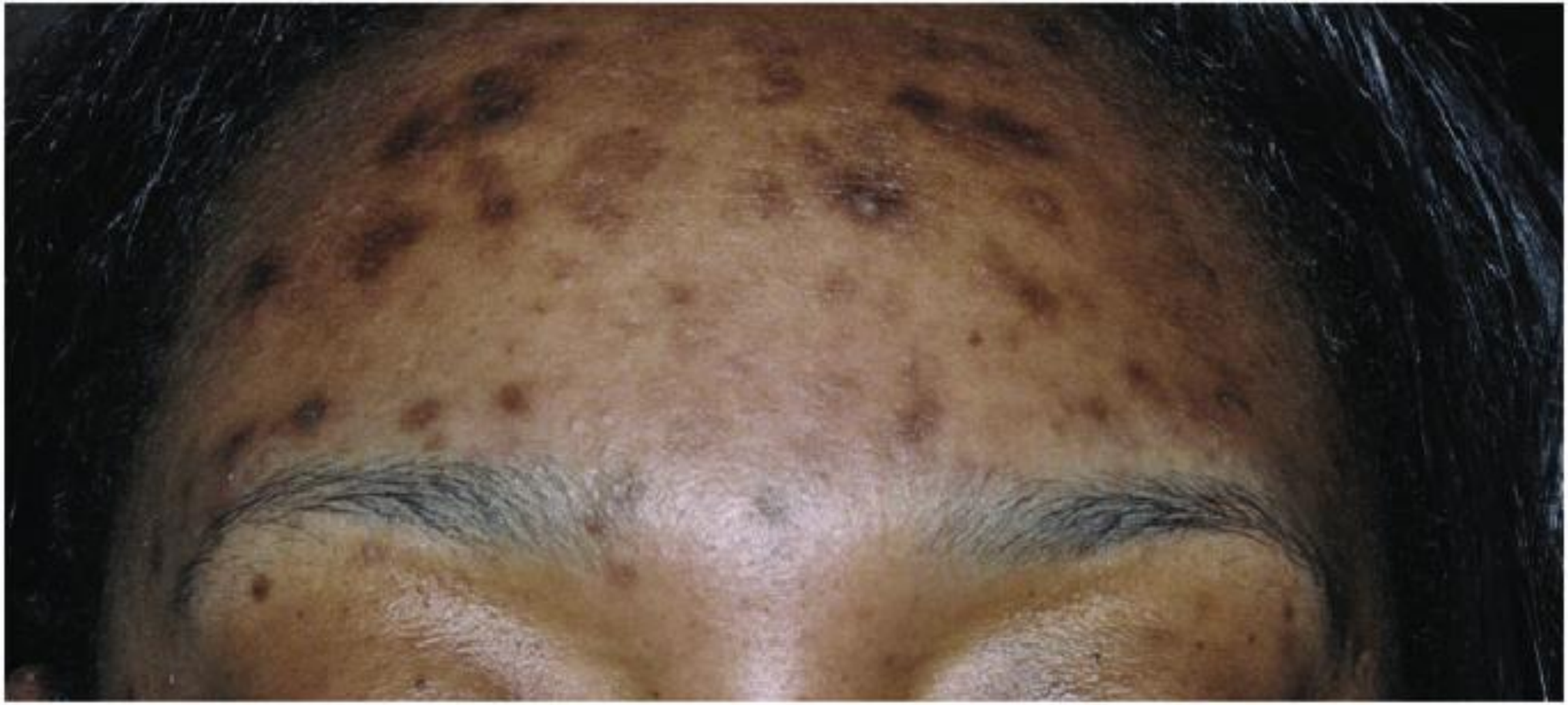
Grade	Disease level	Features and tests
I	Macular	These scars are erythematous, hyper- or hypopigmented macules. They do not represent a problem of contour but that of colour.
II	Mild	Mild atrophic or hypertrophic scars that may not be obvious at social distances of 0.5 m or greater and may be covered adequately by makeup or the normal shadow of shaved beard hair in men or normal body hair if extrafacial.
III	Moderate	Moderate atrophic or hypertrophic scarring that is obvious at social distances of 0.5 m or greater and is not covered easily by makeup or the normal shadow of shaved beard hair in men or body hair if extrafacial. Can be flattened by manual stretching of the skin (if atrophic).
VI	Severe	Severe atrophic or hypertrophic scarring that is evident at social distances greater than 0.5 m and is not covered easily by makeup or the normal shadow of shaved beard hair in men or body hair if extrafacial. Cannot be flattened by manual stretching of the skin.

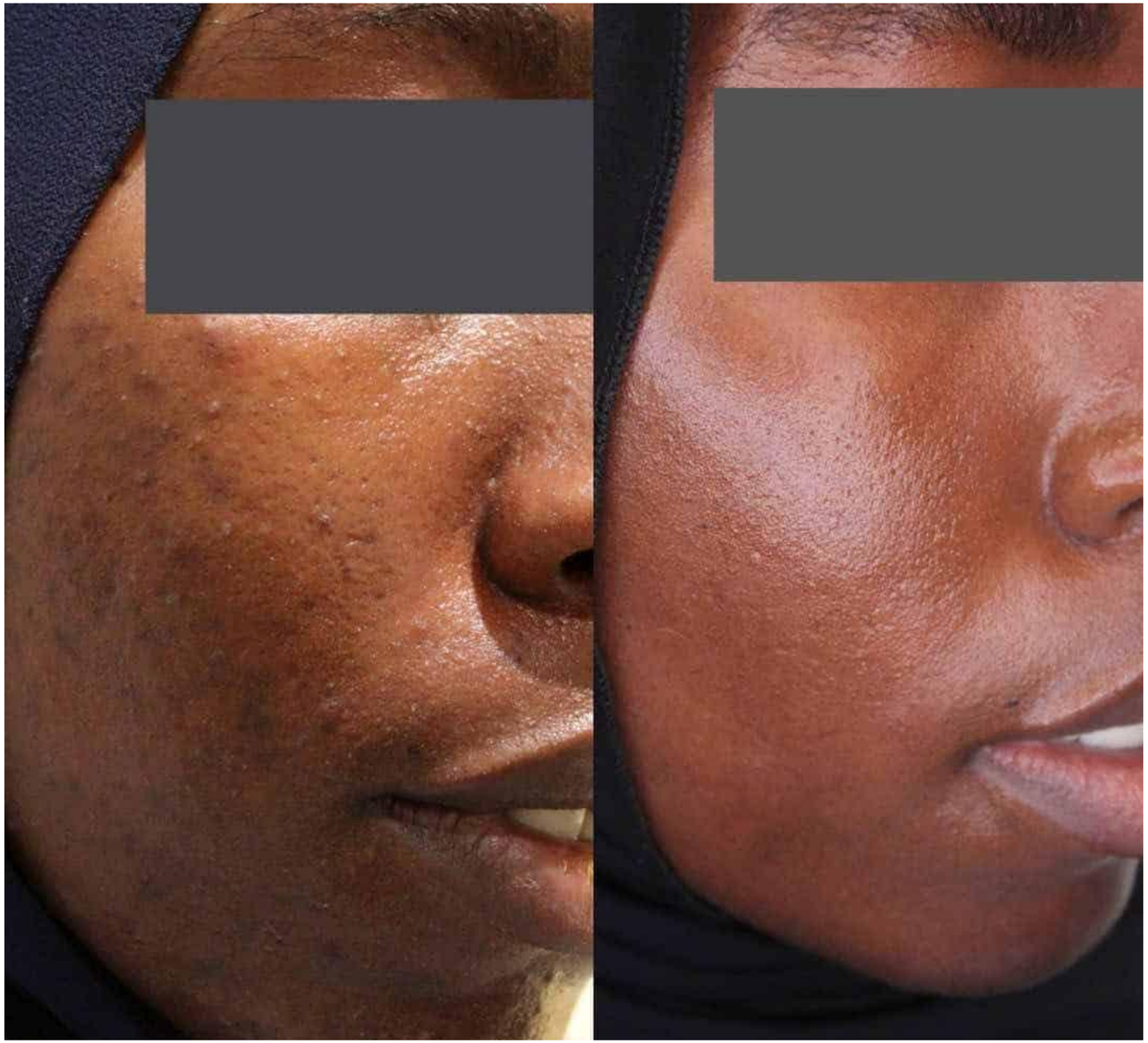
Grading of acne scars

Table 1. Post acne scars, qualitative global grading system (Goodman and Baron).

Grade	Disease level	Features and tests
I	Macular	These scars are erythematous, hyper- or hypopigmented macules. They do not represent a problem of contour but that of colour.
II	Mild	Mild atrophic or hypertrophic scars that may not be obvious at social distances of 0.5 m or greater and may be covered adequately by makeup or the normal shadow of shaved beard hair in men or normal body hair if extrafacial.
III	Moderate	Moderate atrophic or hypertrophic scarring that is obvious at social distances of 0.5 m or greater and is not covered easily by makeup or the normal shadow of shaved beard hair in men or body hair if extrafacial. Can be flattened by manual stretching of the skin (if atrophic).
VI	Severe	Severe atrophic or hypertrophic scarring that is evident at social distances greater than 0.5 m and is not covered easily by makeup or the normal shadow of shaved beard hair in men or body hair if extrafacial. Cannot be flattened by manual stretching of the skin.







JAMA Dermatology

Home | JAMA Dermatology | Vol. 153, No. 8

Review

Isotretinoin and Timing of Procedural Interventions
A Systematic Review With Consensus Recommendations

Leah K. Spring, DO[1]; Andrew C. Krakowski, MD[2]; Murad Alam, MD, MBA[3] ; et al

» Author Affiliations | Article Information

Cite Permissions Metrics

JAMA Dermatol
Published Online: August 2017
2017;153;(8):802-809.
doi:10.1001/jamadermatol.2017.2077

Findings Thirty-two relevant publications reported 1485 procedures. There was insufficient evidence to support delaying manual dermabrasion, superficial chemical peels, cutaneous surgery, laser hair removal, and fractional ablative and nonablative laser procedures for patients currently receiving or having recently completed isotretinoin therapy. Based on the available literature, mechanical dermabrasion and fully ablative laser are not recommended in the setting of systemic isotretinoin treatment.

Non-ablative laser-behandling kan gives under isotretinoin behandling. Ablativ laser-behandlinger bør ikke gives under isotretinoin behandling, først 3-6 måneder efter afsluttet behandling.

REVIEW ARTICLE

Concomitant use of isotretinoin and lasers with implications for future guidelines: An updated systematic review

Fatima N. Mirza, Humza N. Mirza, Khalil A. Khatri

First published: 17 July 2020 | https://doi.org/10.1111/dth.14022 | Citations: 2

Review > Indian J Dermatol Venereol Leprol. 2019 Jan-Feb;85(1):18-23.
doi: 10.4103/ijdvl.IJDVL_96_17.

Isotretinoin and dermatosurgical procedures

Venkataram Mysore [1], H M Omprakash [2], Gayatri Nagindas Khatri [3]

Affiliations + expand

PMID: 29998863 DOI: 10.4103/ijdvl.IJDVL_96_17

REVIEW ARTICLE

Concomitant use of isotretinoin and lasers with implications for future guidelines: An updated systematic review

Fatima N. Mirza, Humza N. Mirza, Khalil A. Khatri

First published: 17 July 2020 | https://doi.org/10.1111/dth.14022 | Citations: 2

Case Reports > Lasers Surg Med. 2023 Aug 9. doi: 10.1002/lsm.23713. Online ahead of print.

Fractional ablative CO_2 laser and oral isotretinoin–A prospective randomized controlled split-face trial comparing concurrent versus delayed laser treatment for acne scars

Eyal Taleb [1], Elisa S Gallo [1], Fares Salameh [1], Amir Koren [1], Waseem Shehadeh [1], Ofir Artzi [1 2]

l Leprol. 2019 Jan-Feb;85(1):18-23.

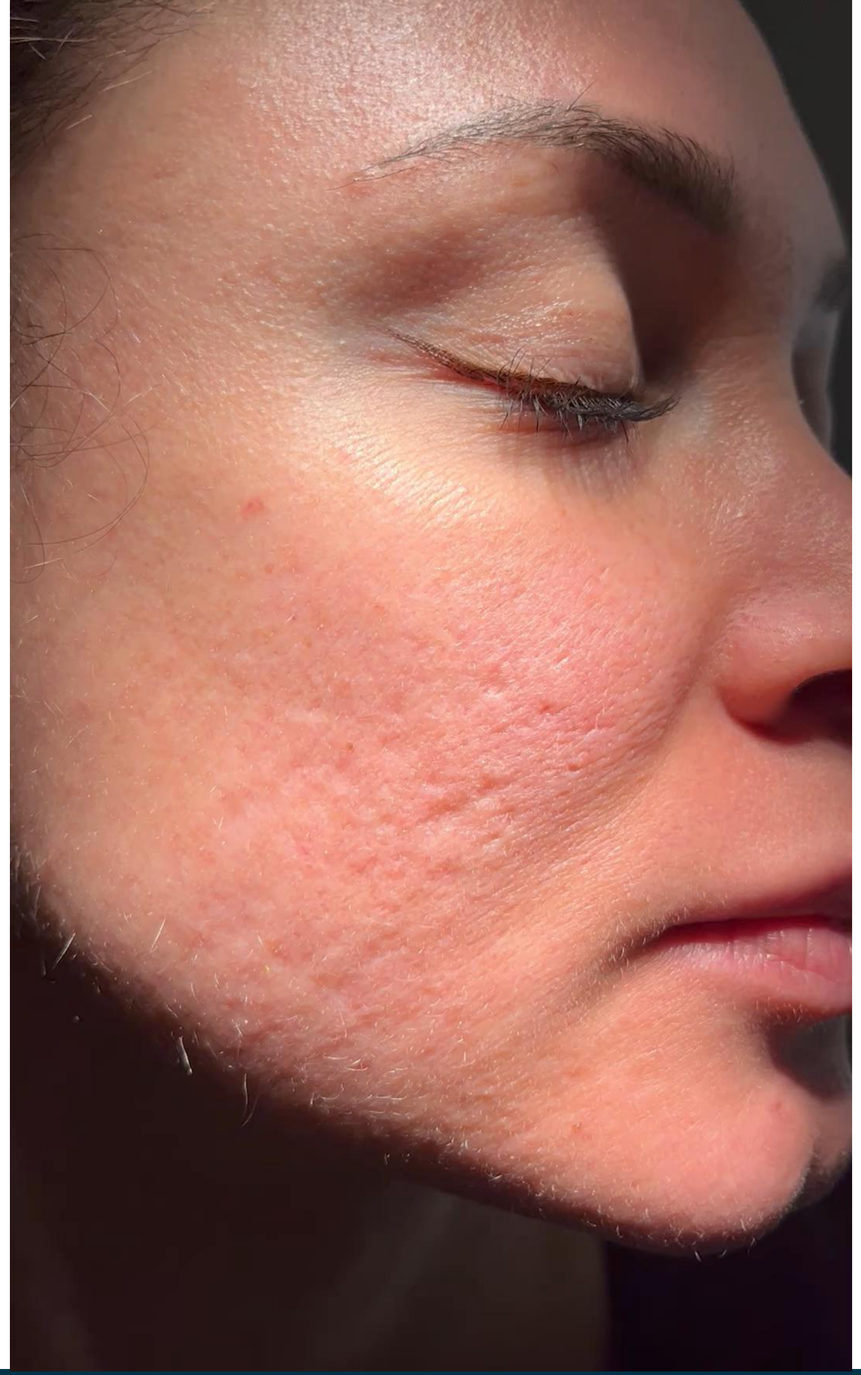
atosurgical procedures

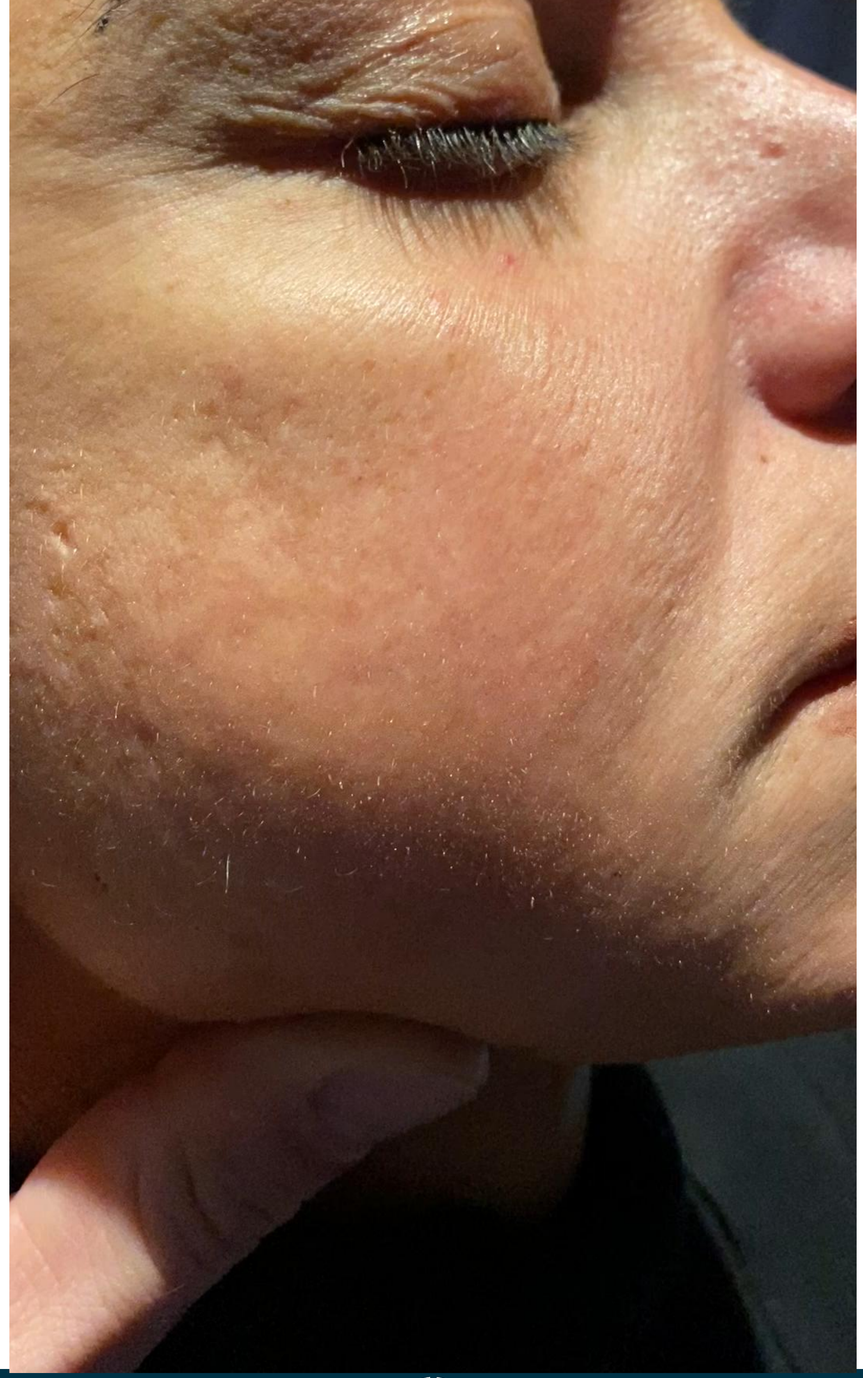
, Gayatri Nagindas Khatri [3]

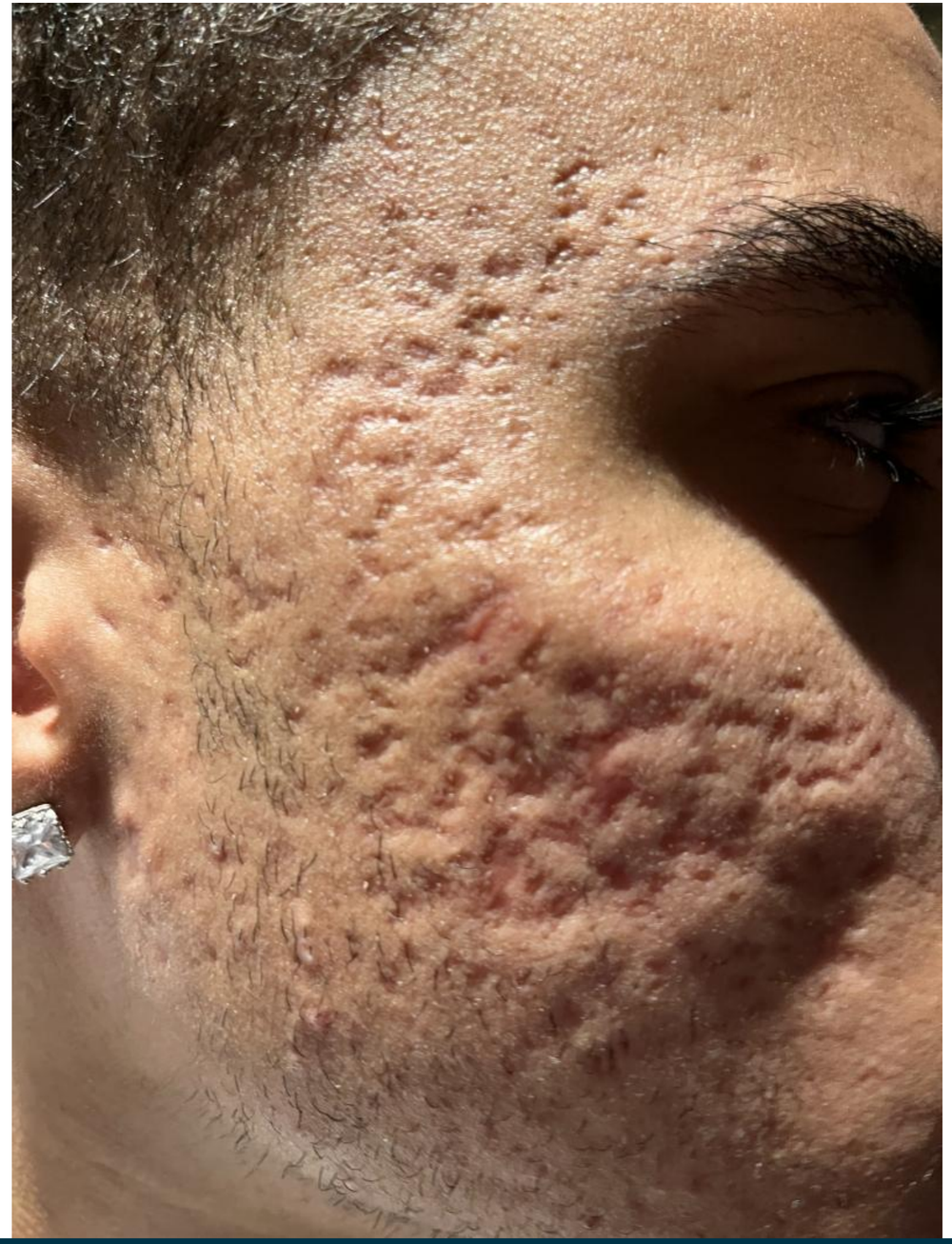
L_96_17

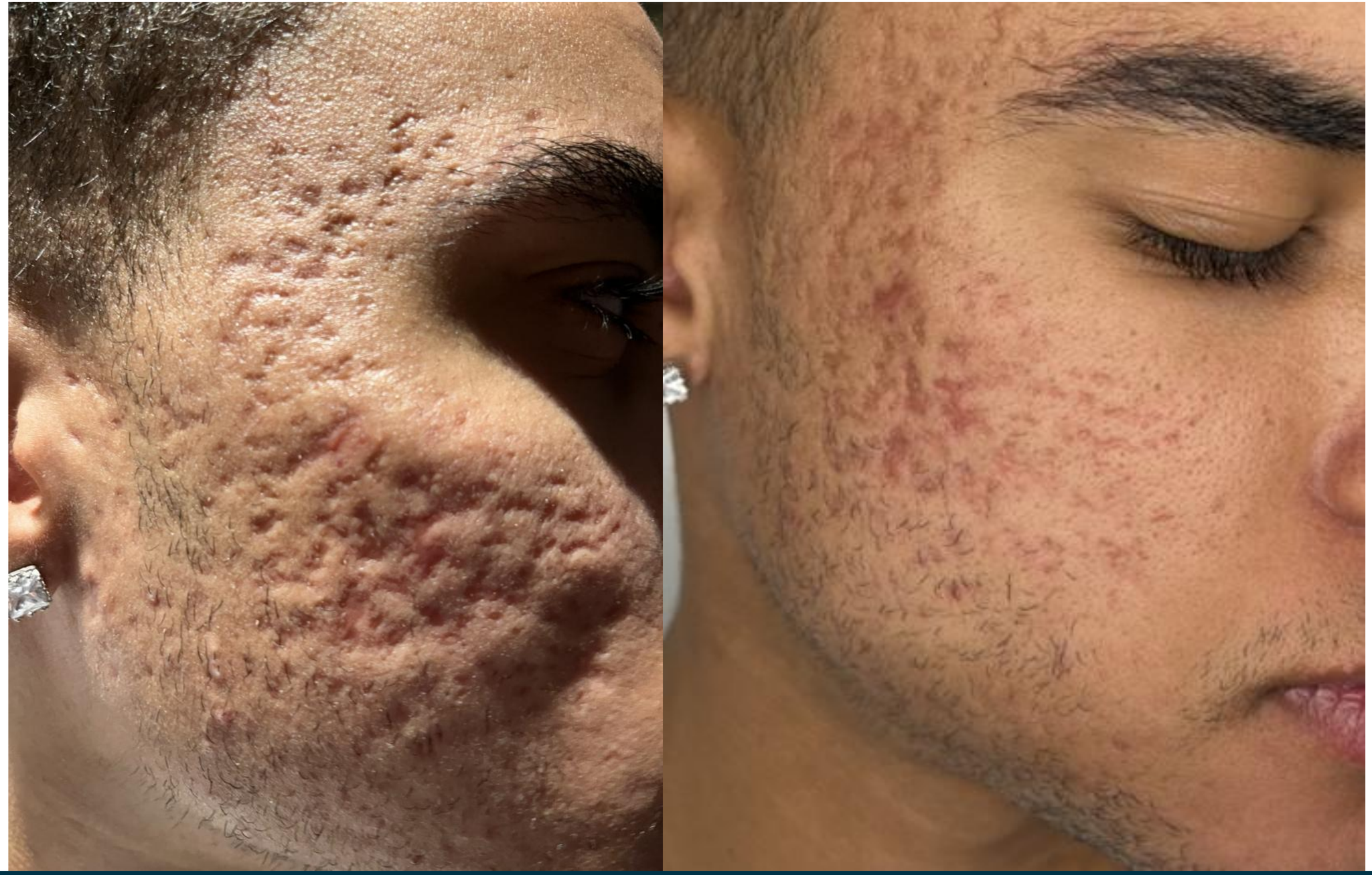
Table 1. Post acne scars, qualitative global grading system (Goodman and Baron).

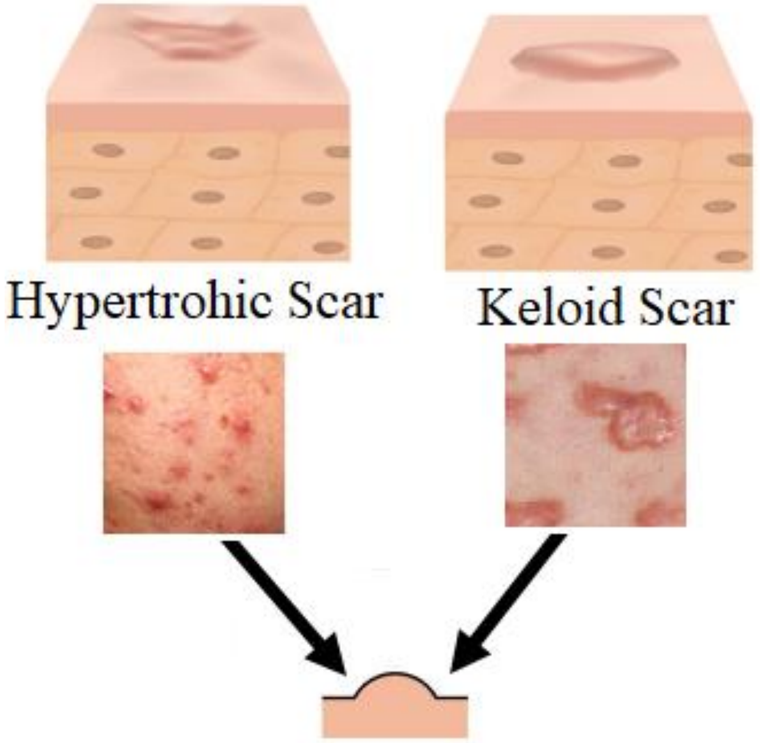
Grade	Disease level	Features and tests
I	Macular	These scars are erythematous, hyper- or hypopigmented macules. They do not represent a problem of contour but that of colour.
II	Mild	Mild atrophic or hypertrophic scars that may not be obvious at social distances of 0.5 m or greater and may be covered adequately by makeup or the normal shadow of shaved beard hair in men or normal body hair if extrafacial.
III	Moderate	Moderate atrophic or hypertrophic scarring that is obvious at social distances of 0.5 m or greater and is not covered easily by makeup or the normal shadow of shaved beard hair in men or body hair if extrafacial. Can be flattened by manual stretching of the skin (if atrophic).
VI	Severe	Severe atrophic or hypertrophic scarring that is evident at social distances greater than 0.5 m and is not covered easily by makeup or the normal shadow of shaved beard hair in men or body hair if extrafacial. Cannot be flattened by manual stretching of the skin.



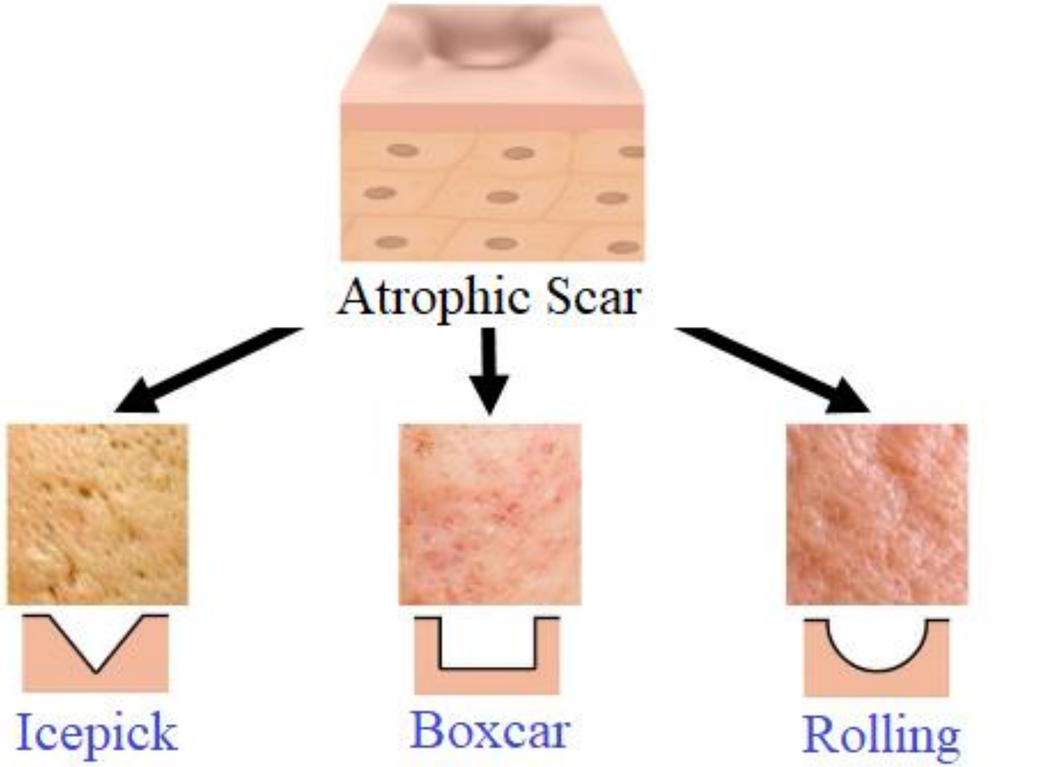








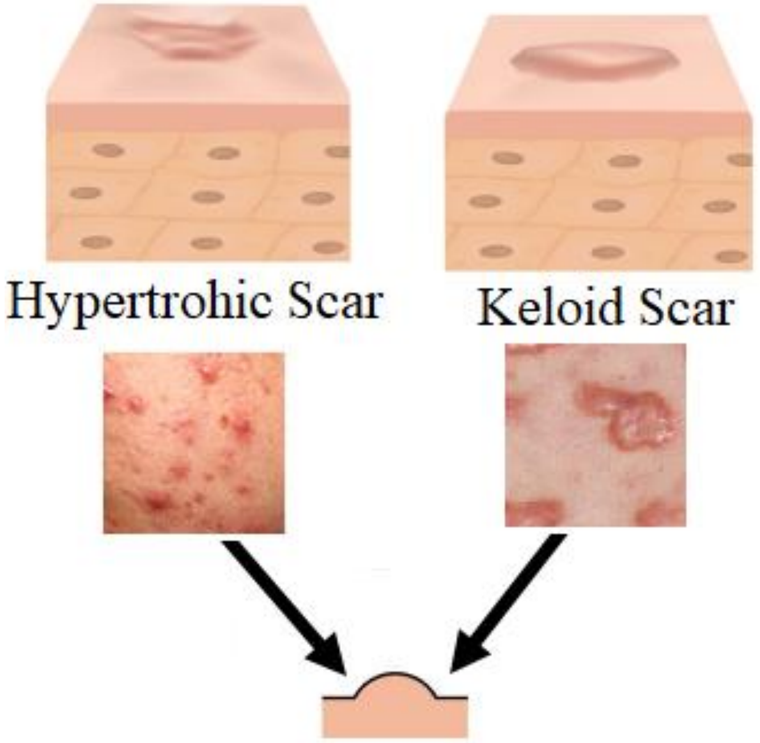
Raised scar caused by collagen deposition within (hypertrophic) or beyond (keloidal) the borders of original injury



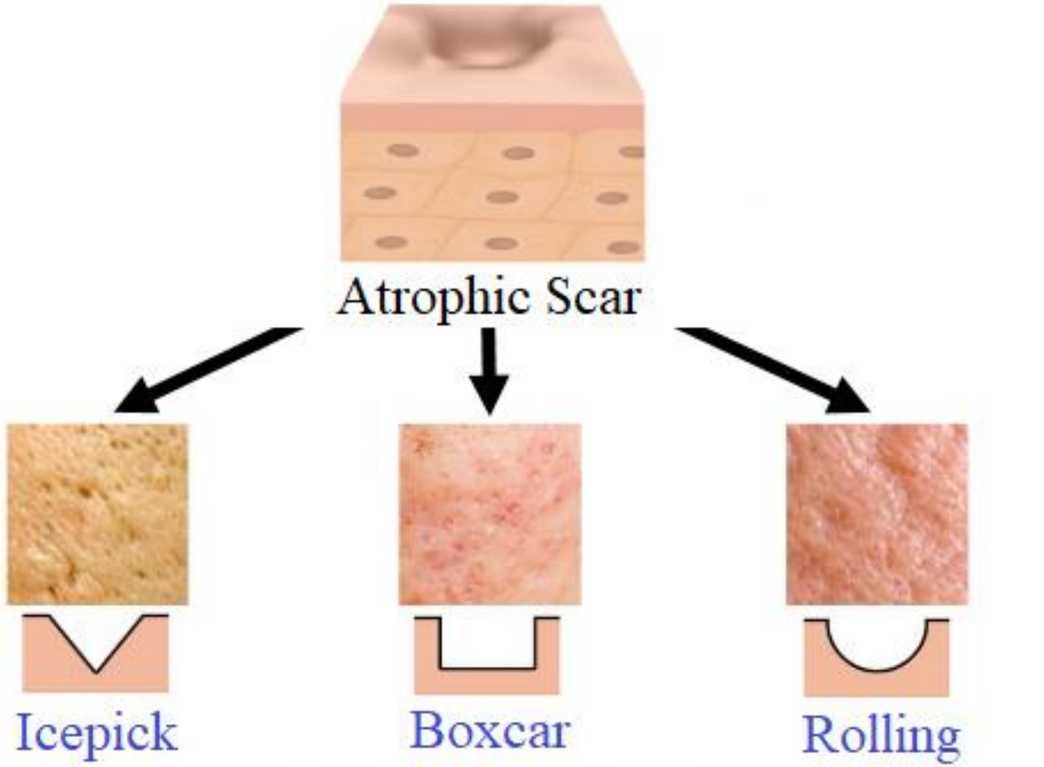
Icepick	Boxcar	Rolling
Deep and narrow (<2mm) (apex> bottom), sharply demarcated tracts that extend to deep dermis	Shallow (<0.5mm) or deep (>0.5mm) round to oval depressions (1.5-4mm) with sharply demarcated vertical edges, flat-bottomed	Wide (>4-5mm) shallow or deep depression with gently sloped edges, caused by dermal tethering


FESTOOL
MESSE TILBUD
STANLEY

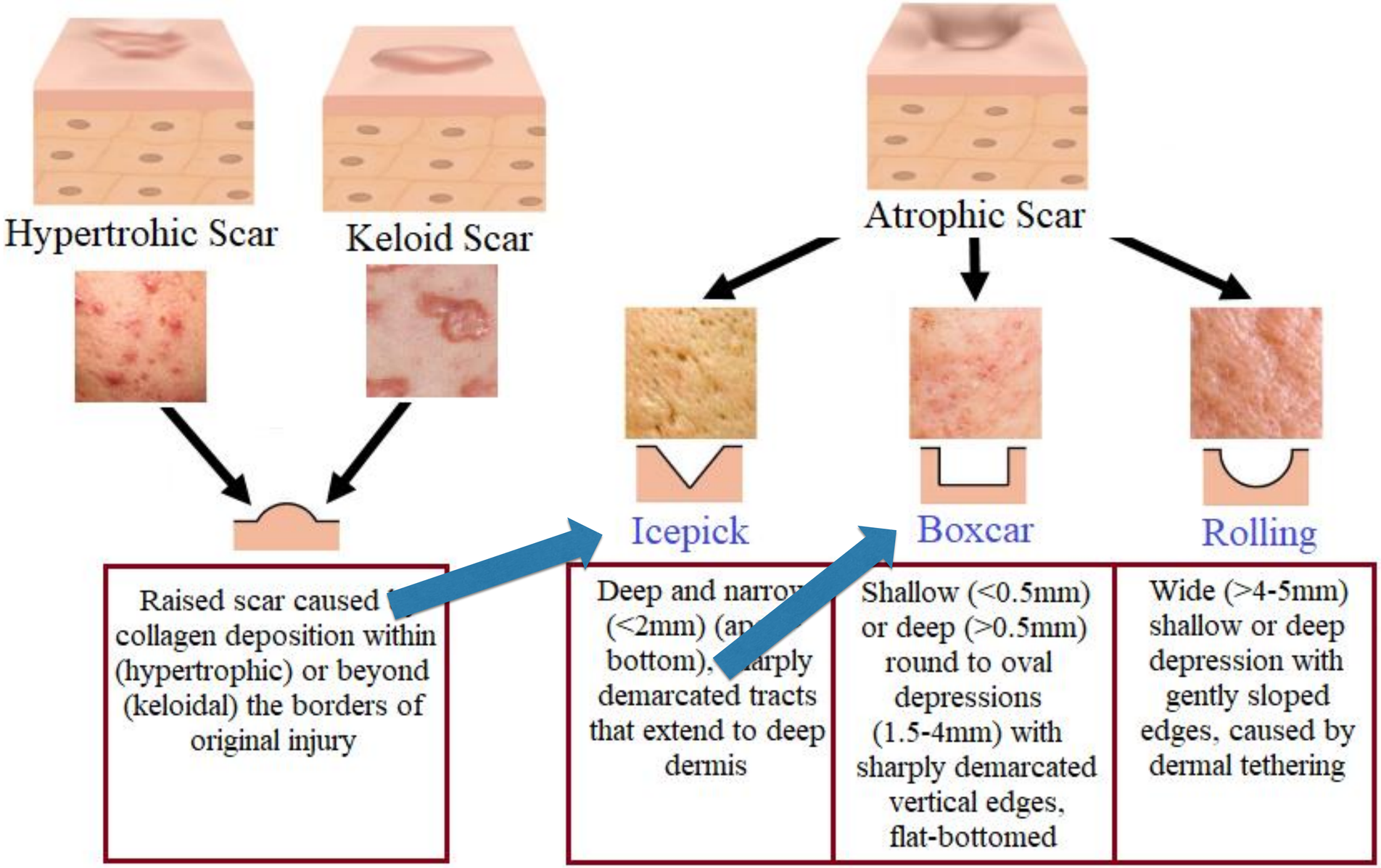
Hvornår er CO2 laser relevant?

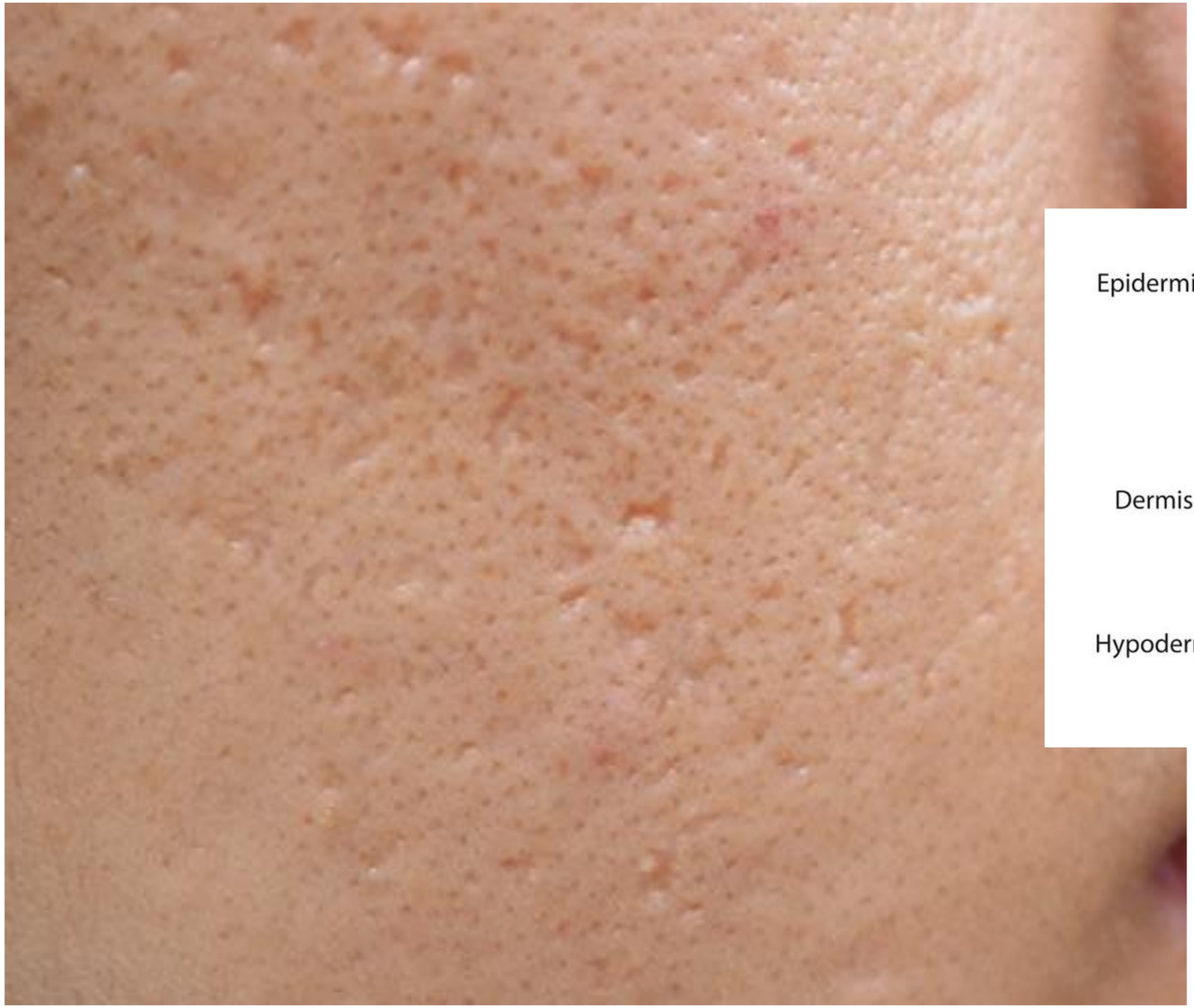


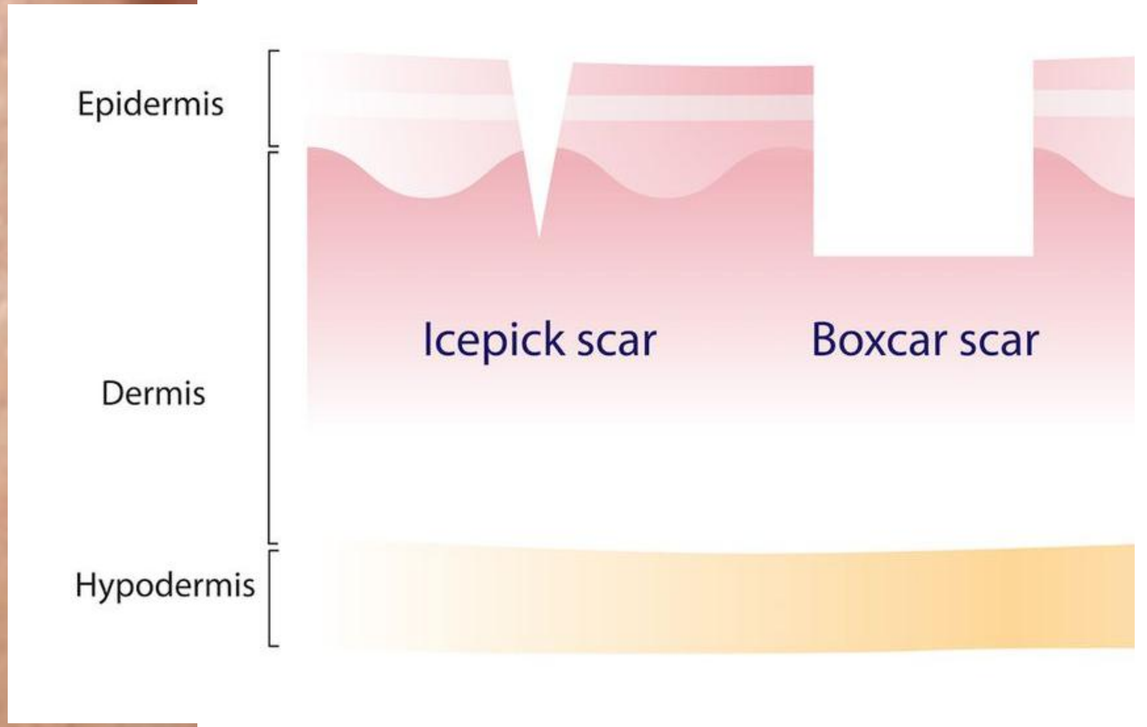
Raised scar caused by collagen deposition within (hypertrophic) or beyond (keloidal) the borders of original injury

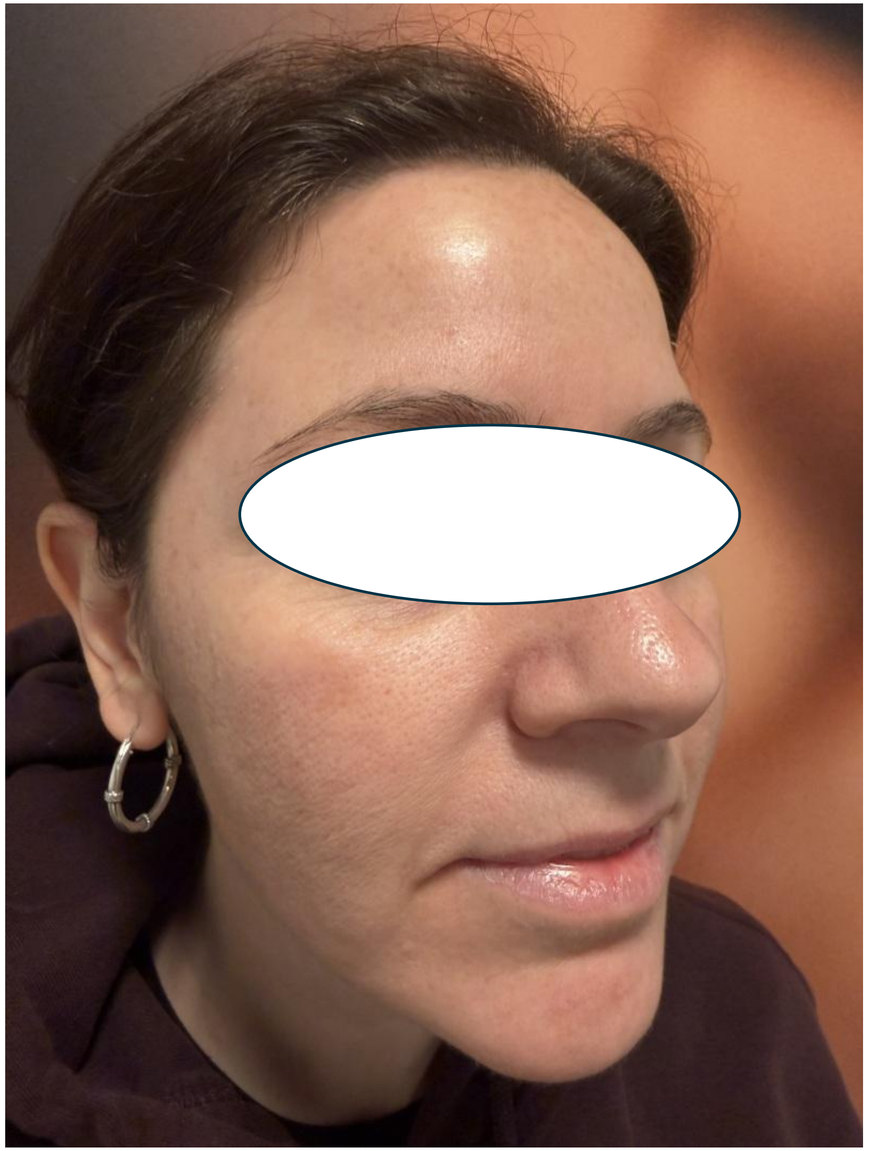


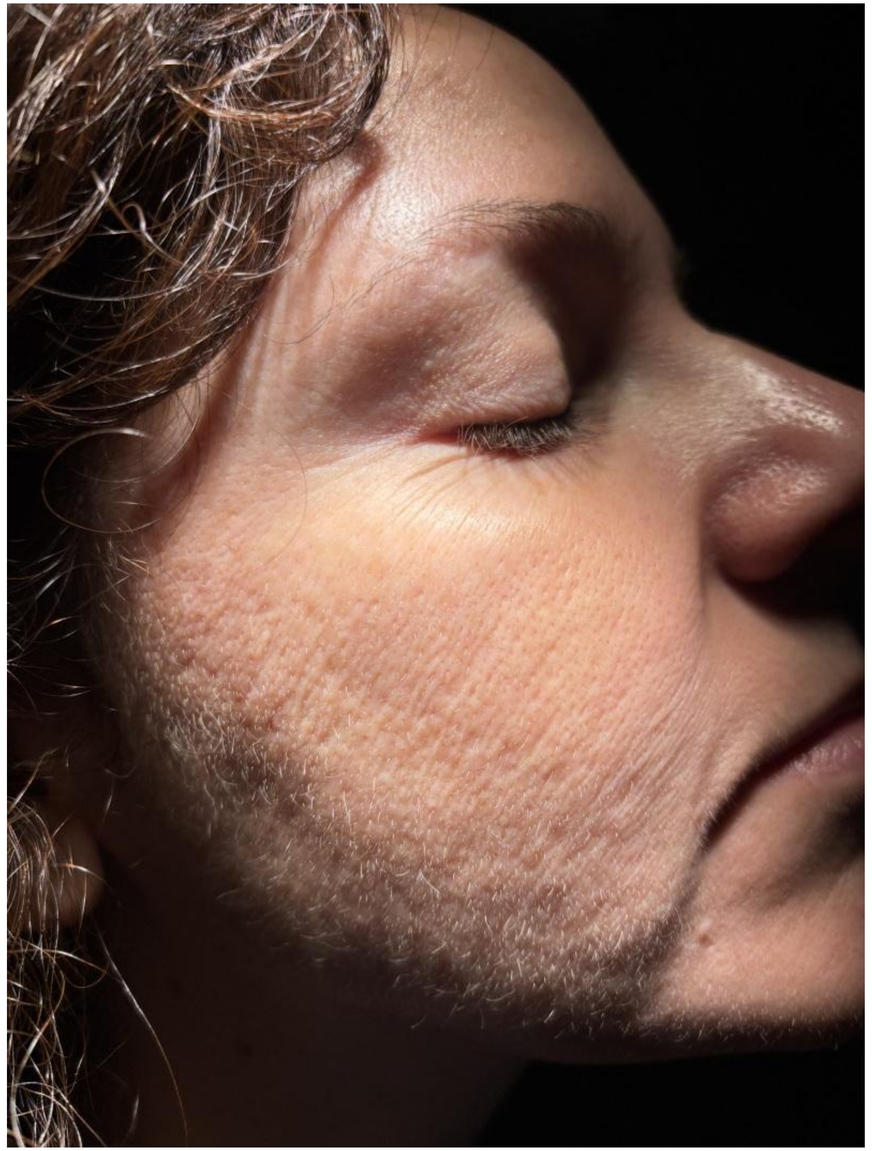
Icepick	Boxcar	Rolling
Deep and narrow (<2mm) (apex> bottom), sharply demarcated tracts that extend to deep dermis	Shallow (<0.5mm) or deep (>0.5mm) round to oval depressions (1.5-4mm) with sharply demarcated vertical edges, flat-bottomed	Wide (>4-5mm) shallow or deep depression with gently sloped edges, caused by dermal tethering

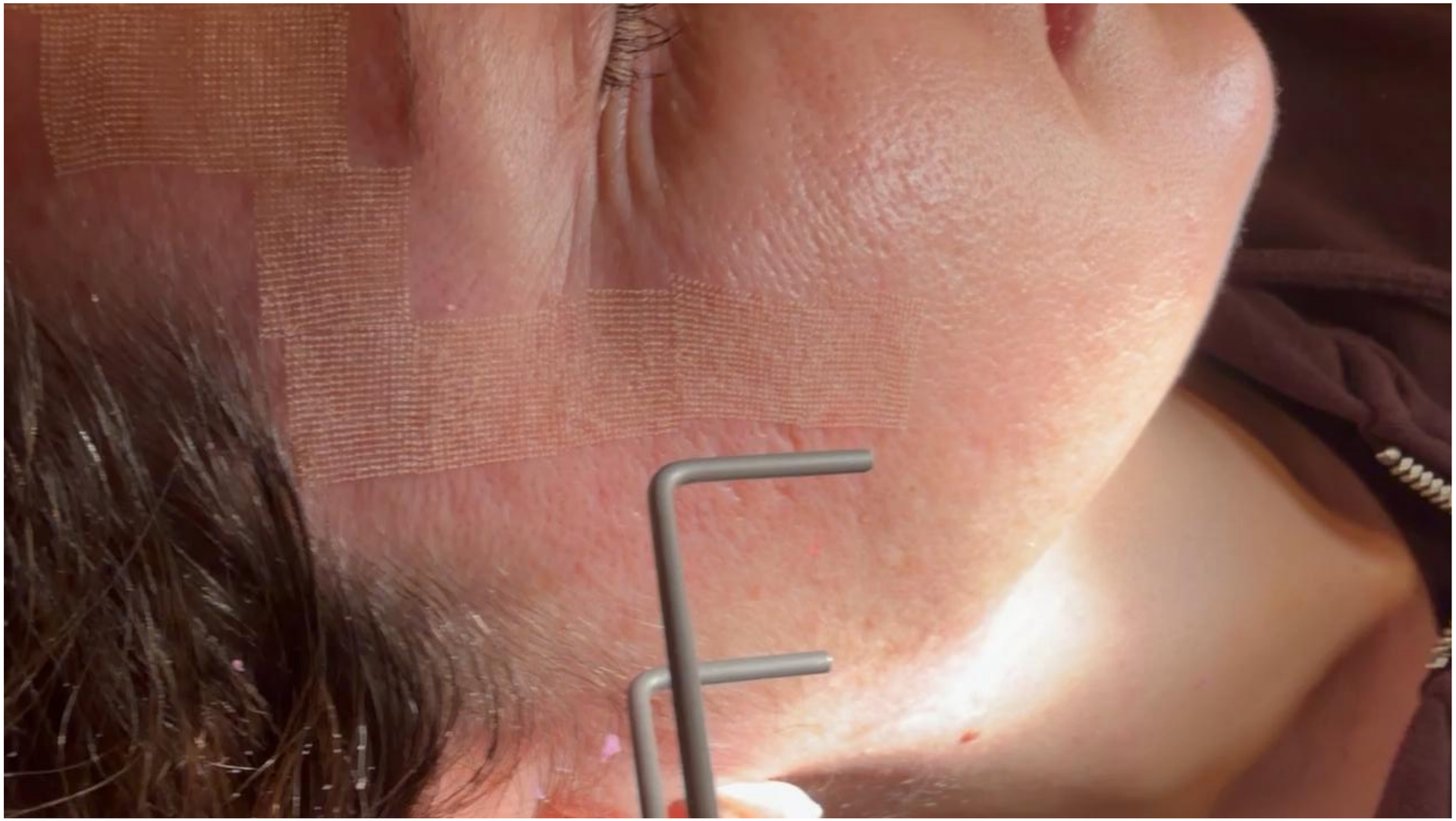

Hypertrohic Scar
Keloid Scar
Atrophic Scar
Icepick
Boxcar
Rolling
Raised scar caused
collagen deposition within (hypertrophic) or beyond (keloidal) the borders of original injury
Deep and narrow (<2mm) (ap
bottom),
arply demarcated tracts that extend to deep dermis
Shallow (<0.5mm) or deep (>0.5mm) round to oval depressions (1.5-4mm) with sharply demarcated vertical edges, flat-bottomed
Wide (>4-5mm) shallow or deep depression with gently sloped edges, caused by dermal tethering



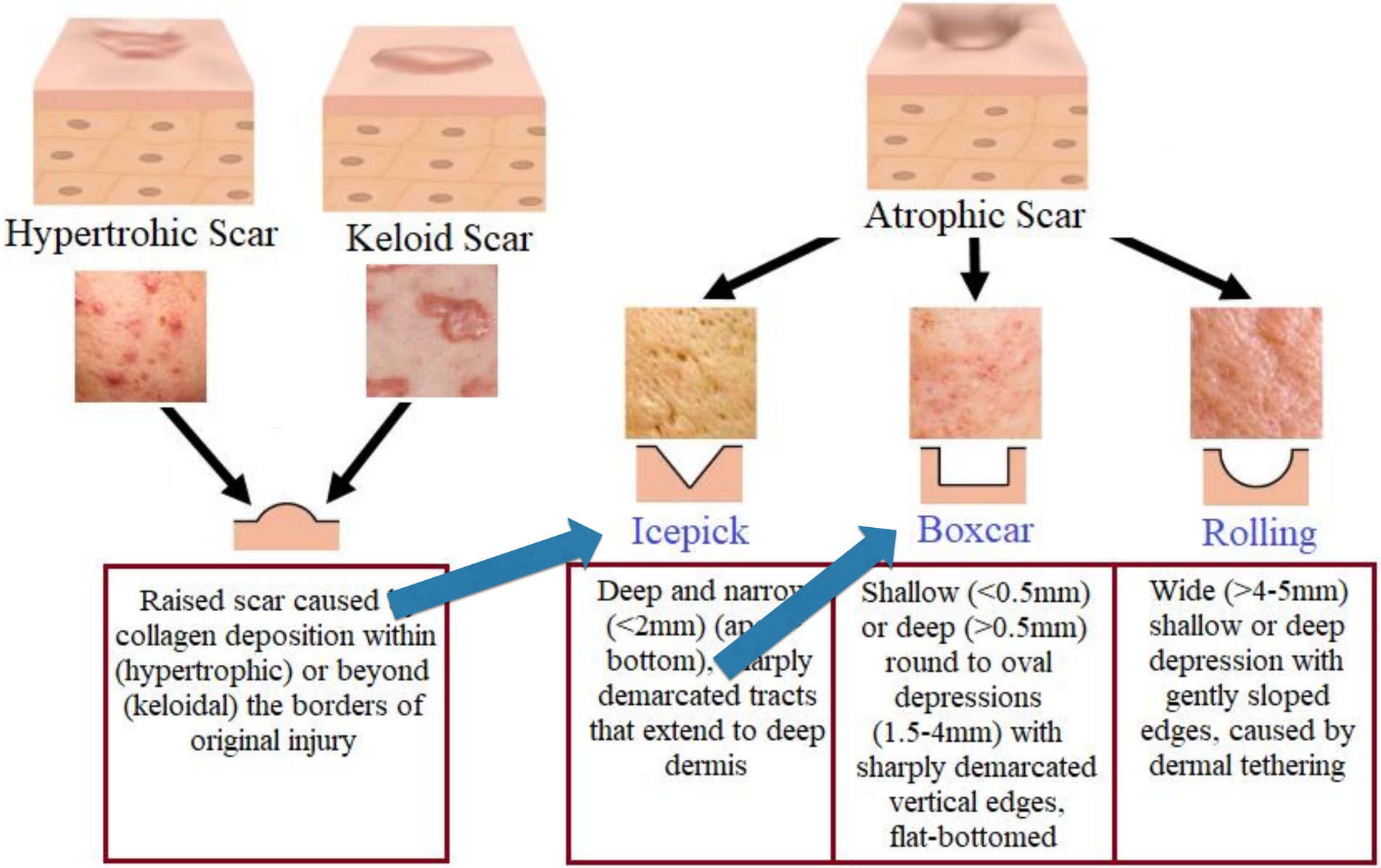

Epidermis
Dermis
Hypodermis
Icepick scar
Boxcar scar

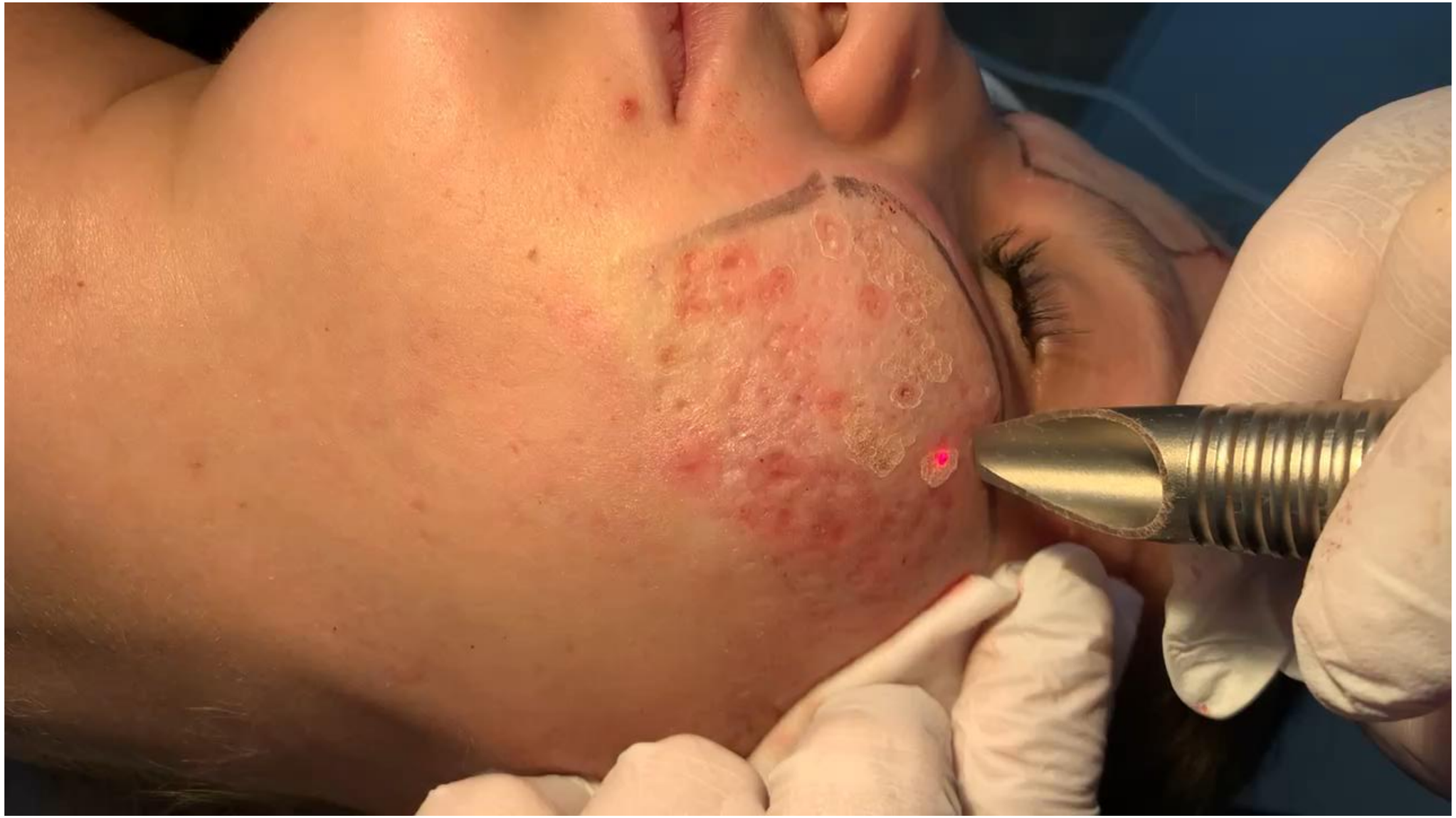




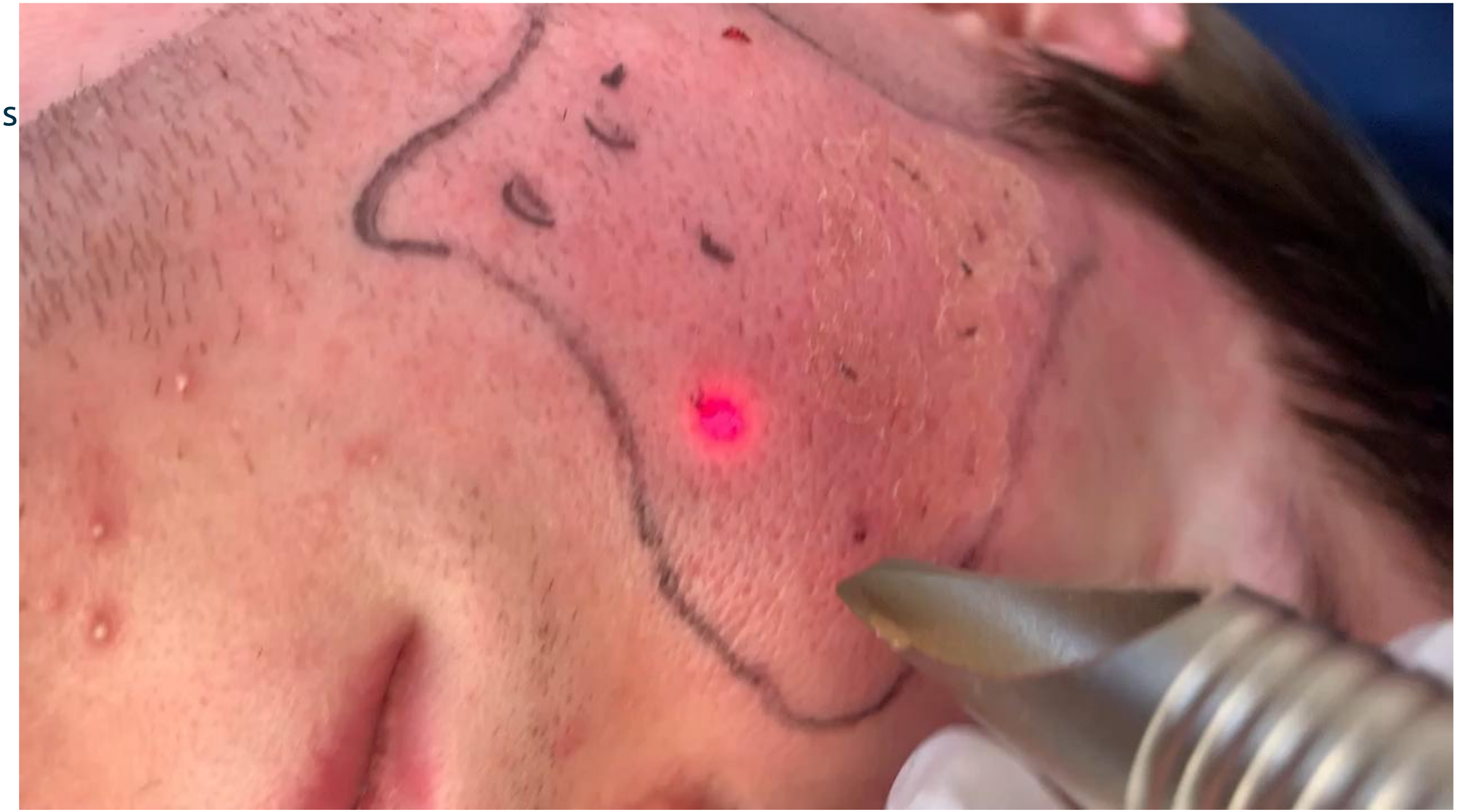


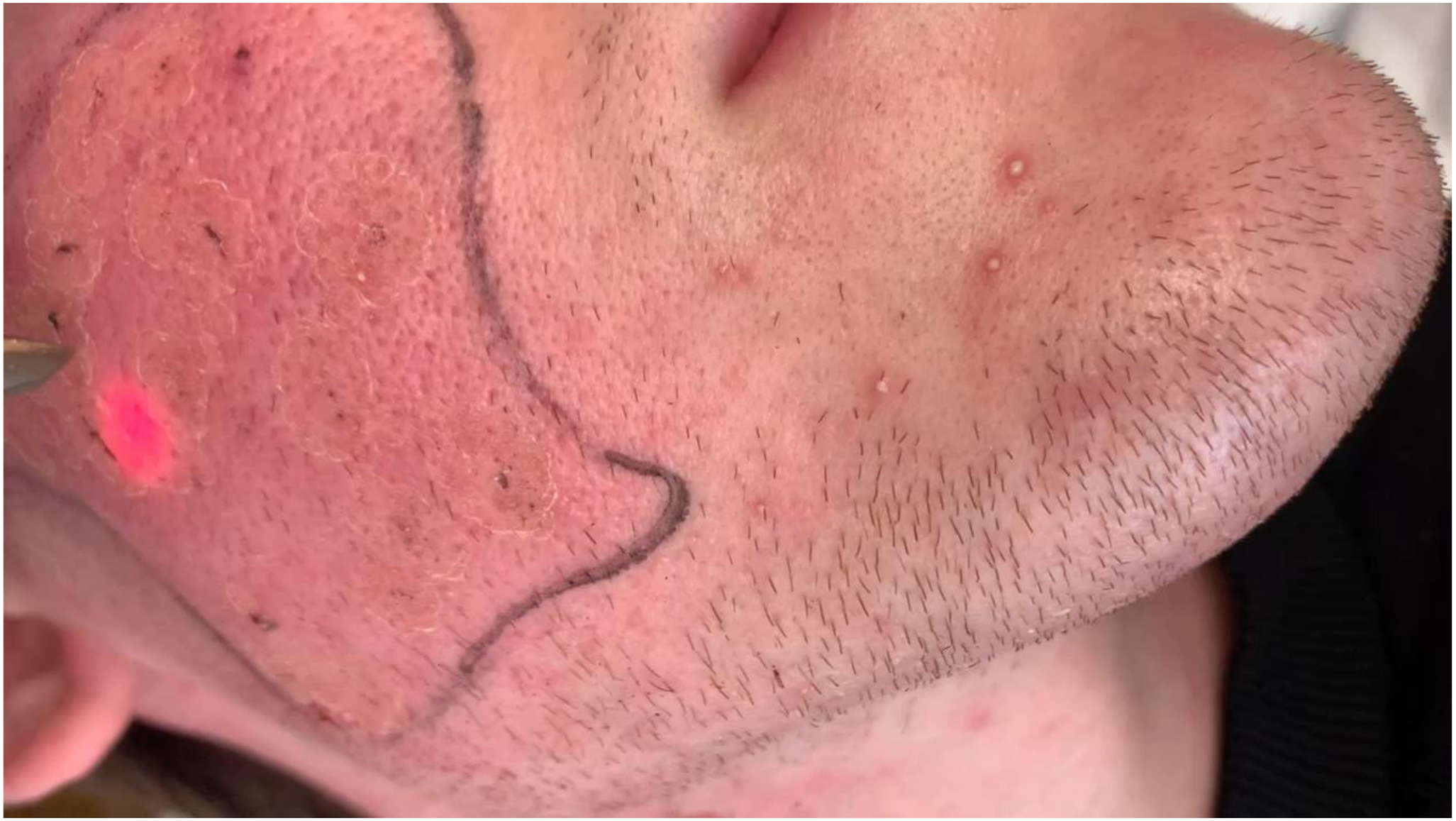
Fuld ablativ laser resurfacing

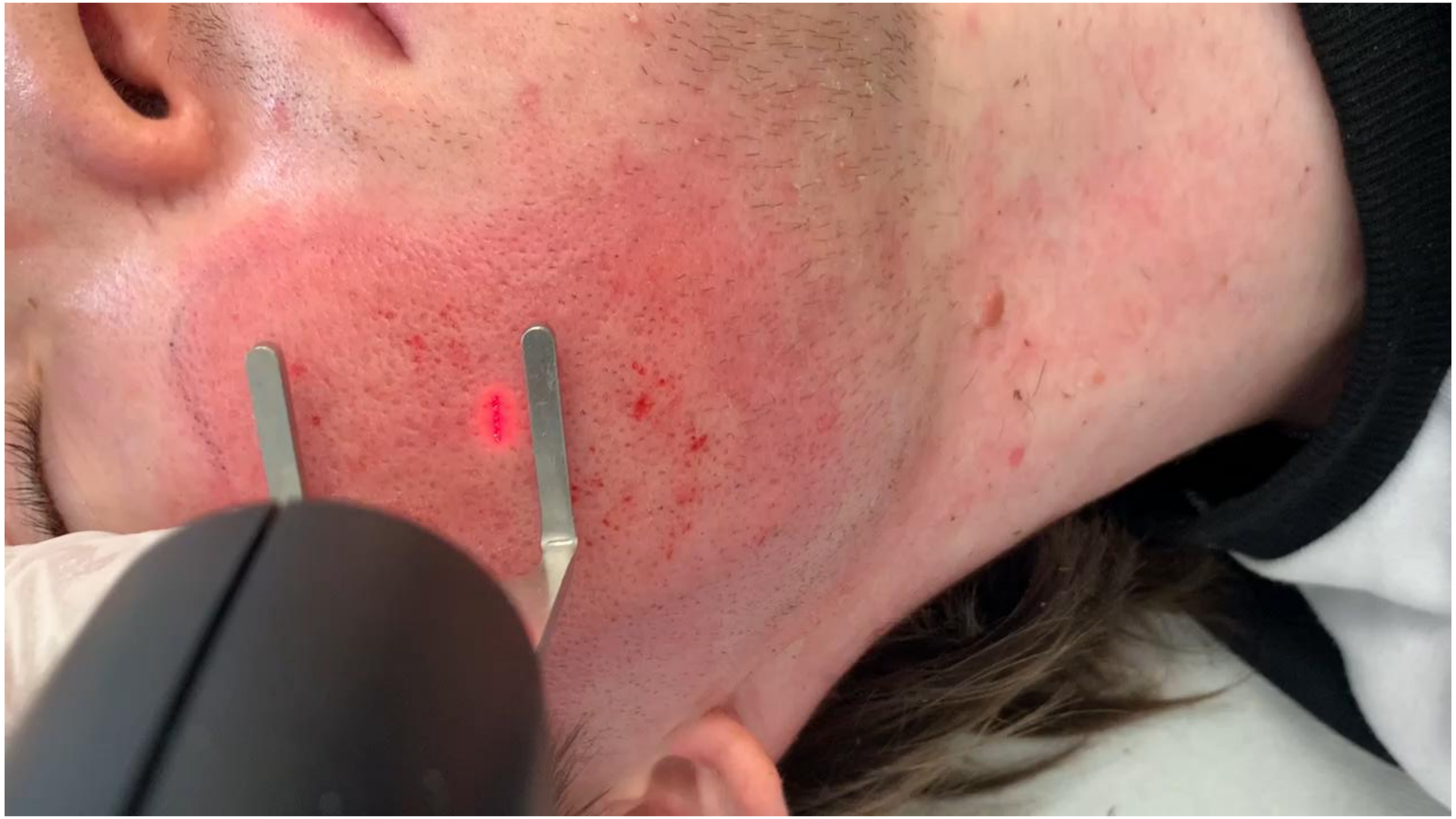

Hypertrohic Scar
Keloid Scar
Atrophic Scar
Icepick
Boxcar
Rolling
Raised scar caused
collagen deposition within (hypertrophic) or beyond (keloidal) the borders of original injury
Deep and narrow (<2mm) (ap
bottom),
arply demarcated tracts that extend to deep dermis
Shallow (<0.5mm) or deep (>0.5mm) round to oval depressions (1.5-4mm) with sharply demarcated vertical edges, flat-bottomed
Wide (>4-5mm) shallow or deep depression with gently sloped edges, caused by dermal tethering



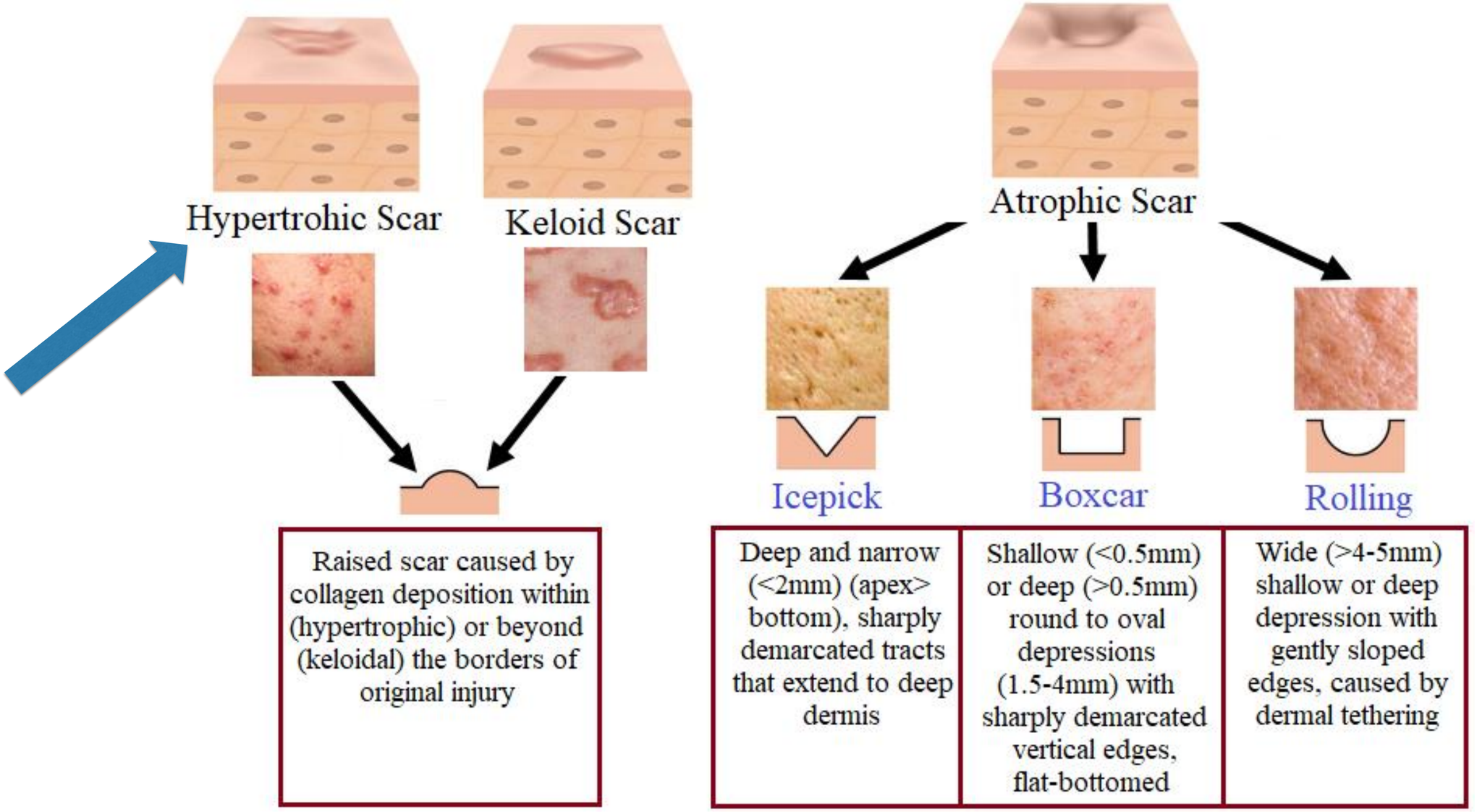
Scar s

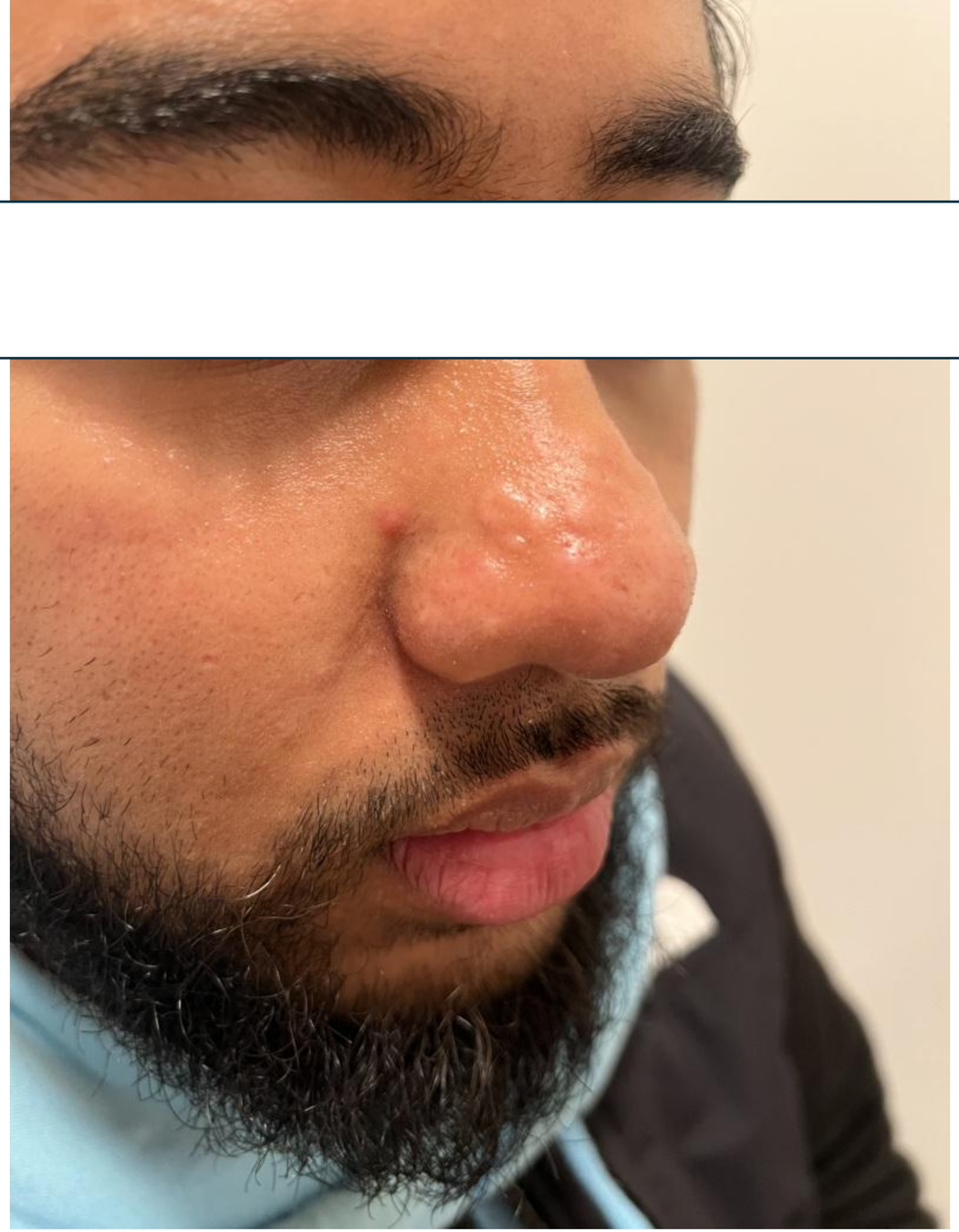


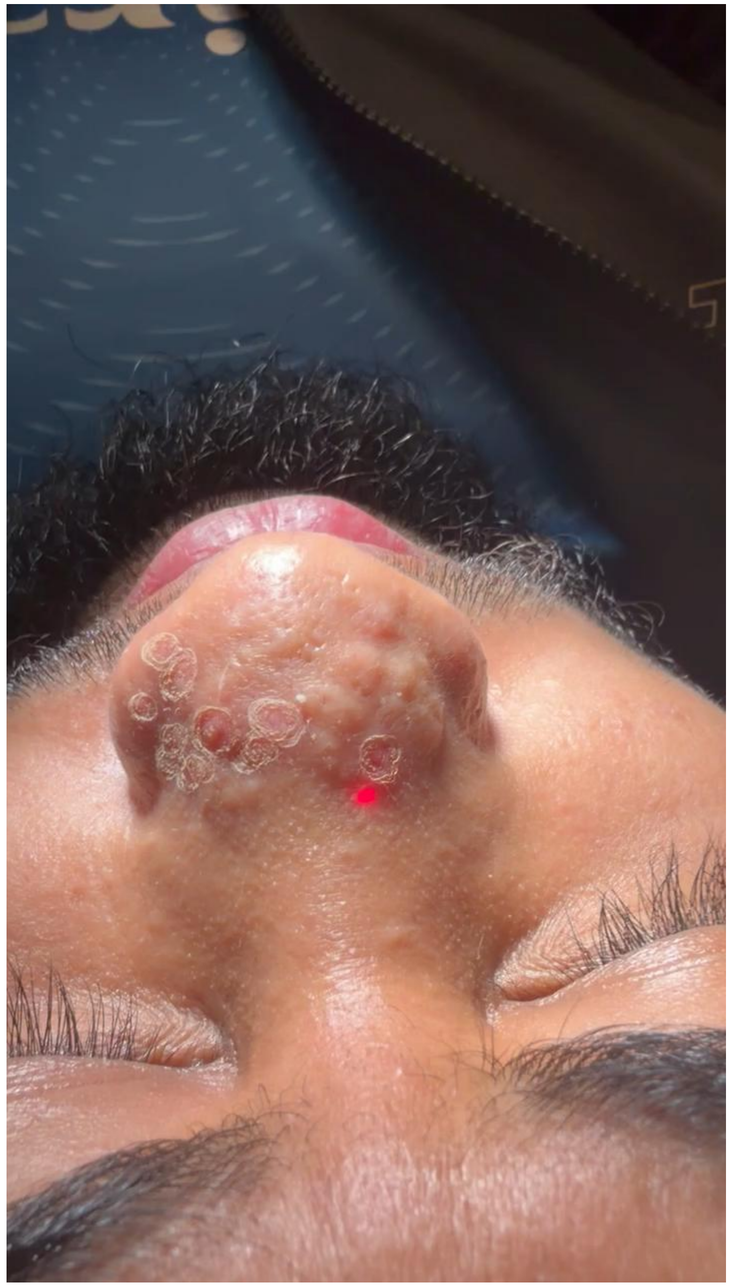


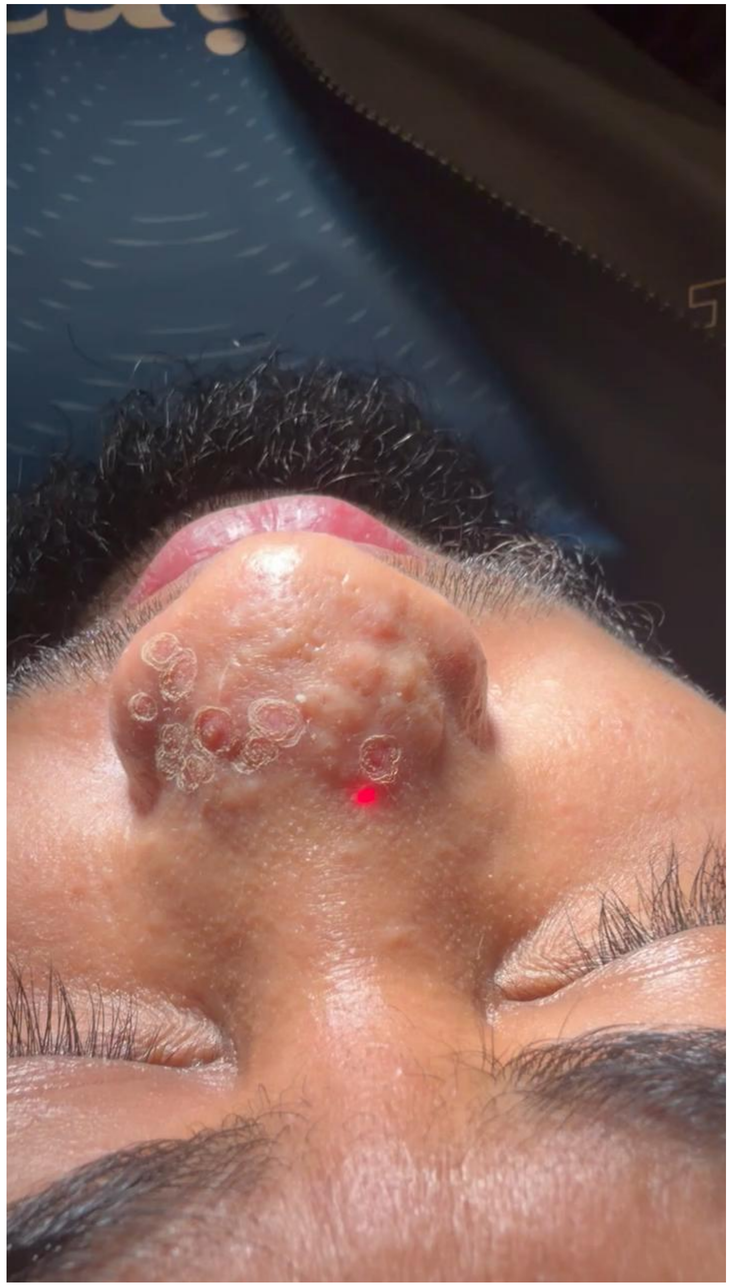


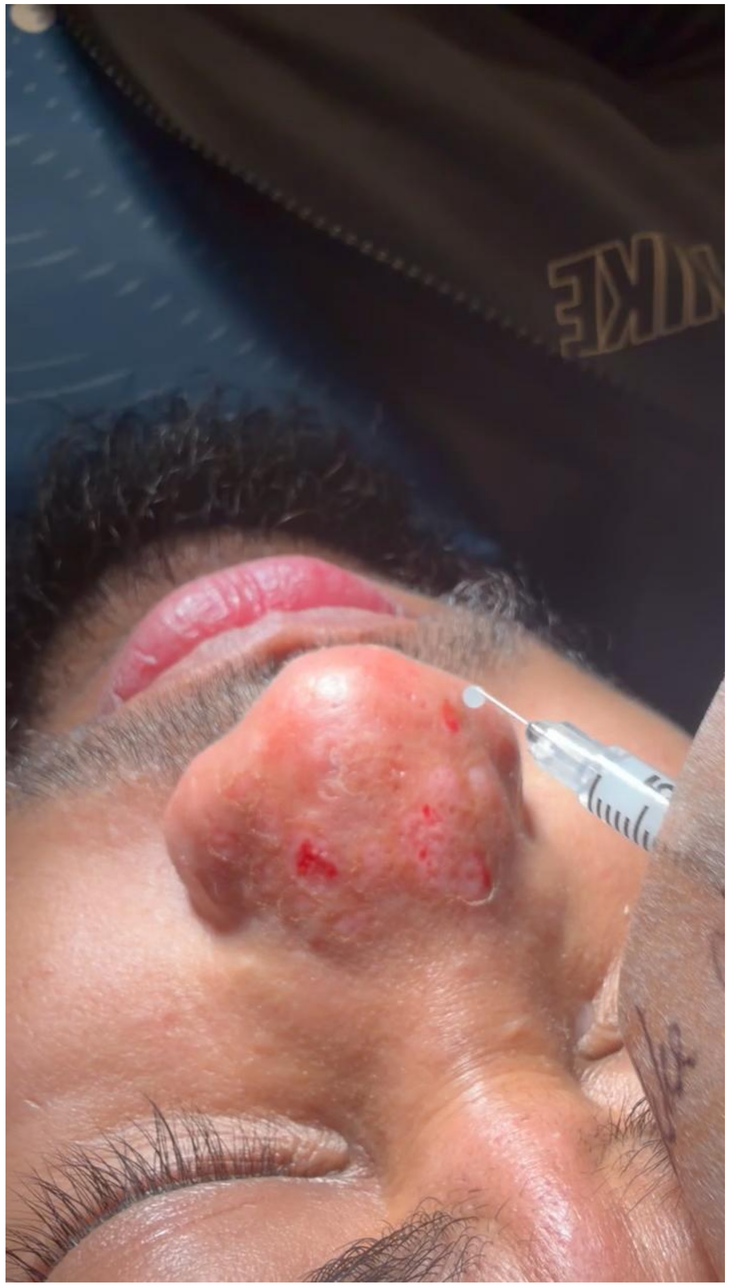
Fuld ablativ laser resurfacing

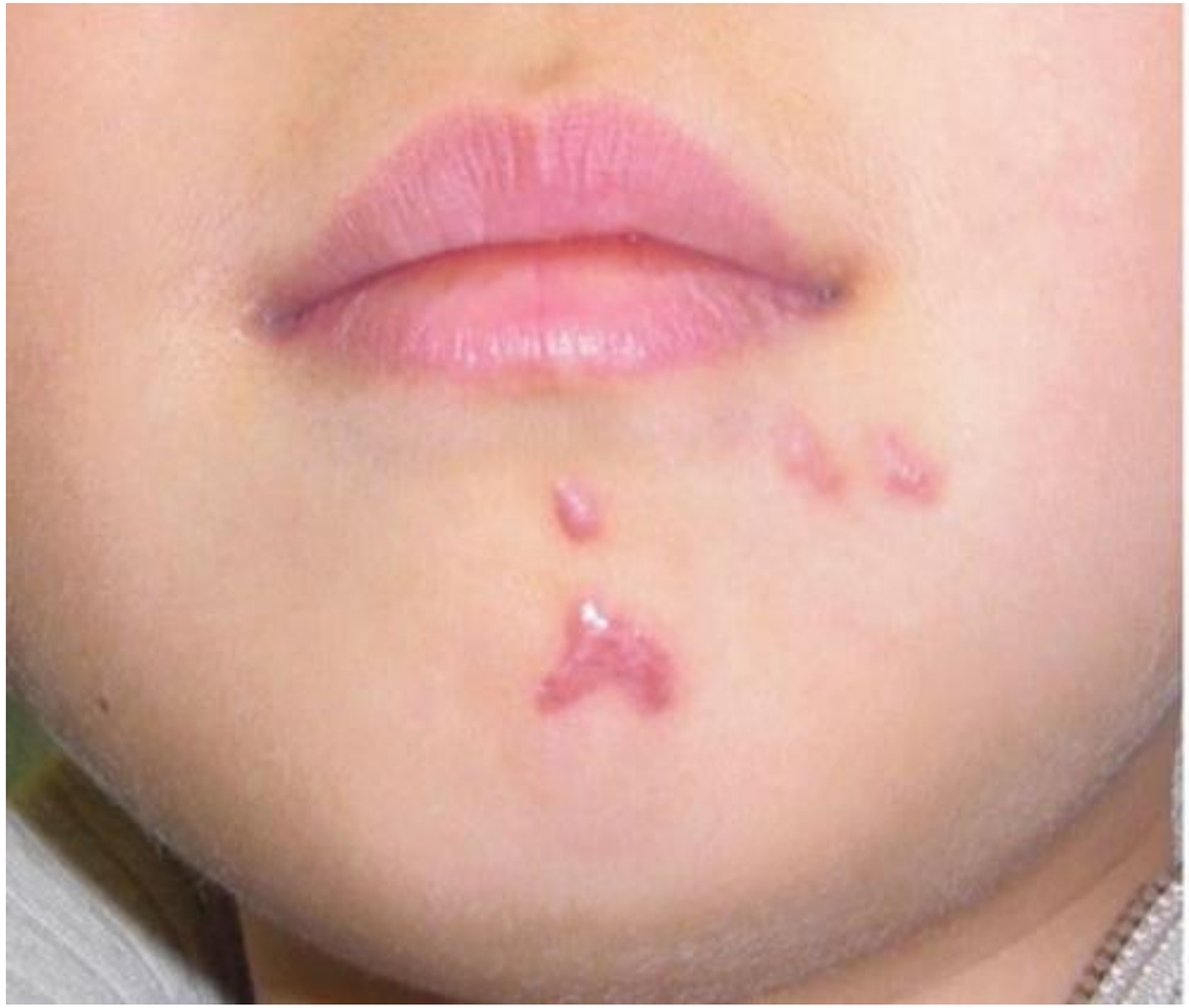

Hypertrohic Scar
Keloid Scar
Atrophic Scar
Icepick
Boxcar
Rolling
Raised scar caused by collagen deposition within (hypertrophic) or beyond (keloidal) the borders of original injury
Deep and narrow (<2mm) (apex> bottom), sharply demarcated tracts that extend to deep dermis
Shallow (<0.5mm) or deep (>0.5mm) round to oval depressions (1.5-4mm) with sharply demarcated vertical edges, flat-bottomed
Wide (>4-5mm) shallow or deep depression with gently sloped edges, caused by dermal tethering

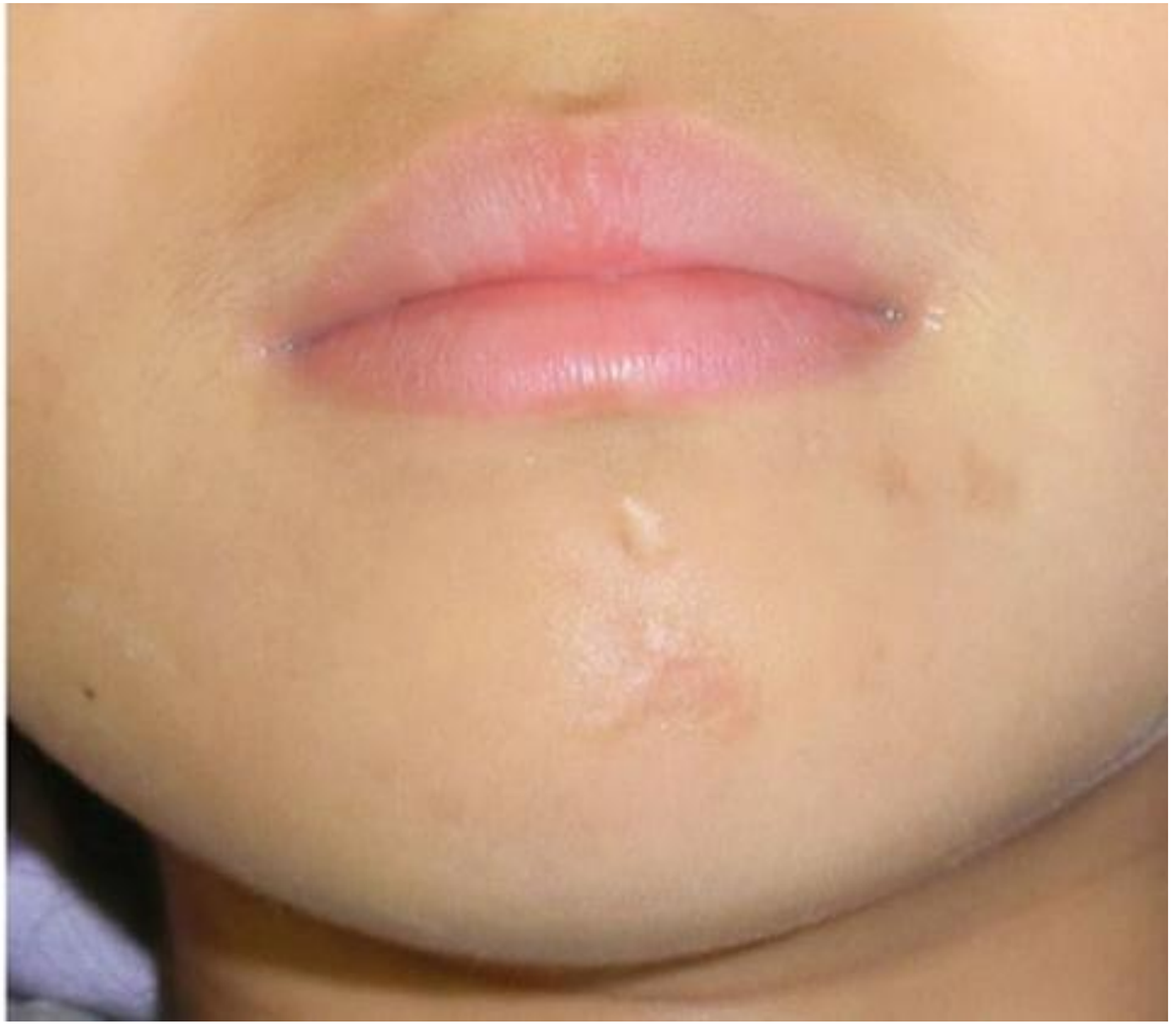


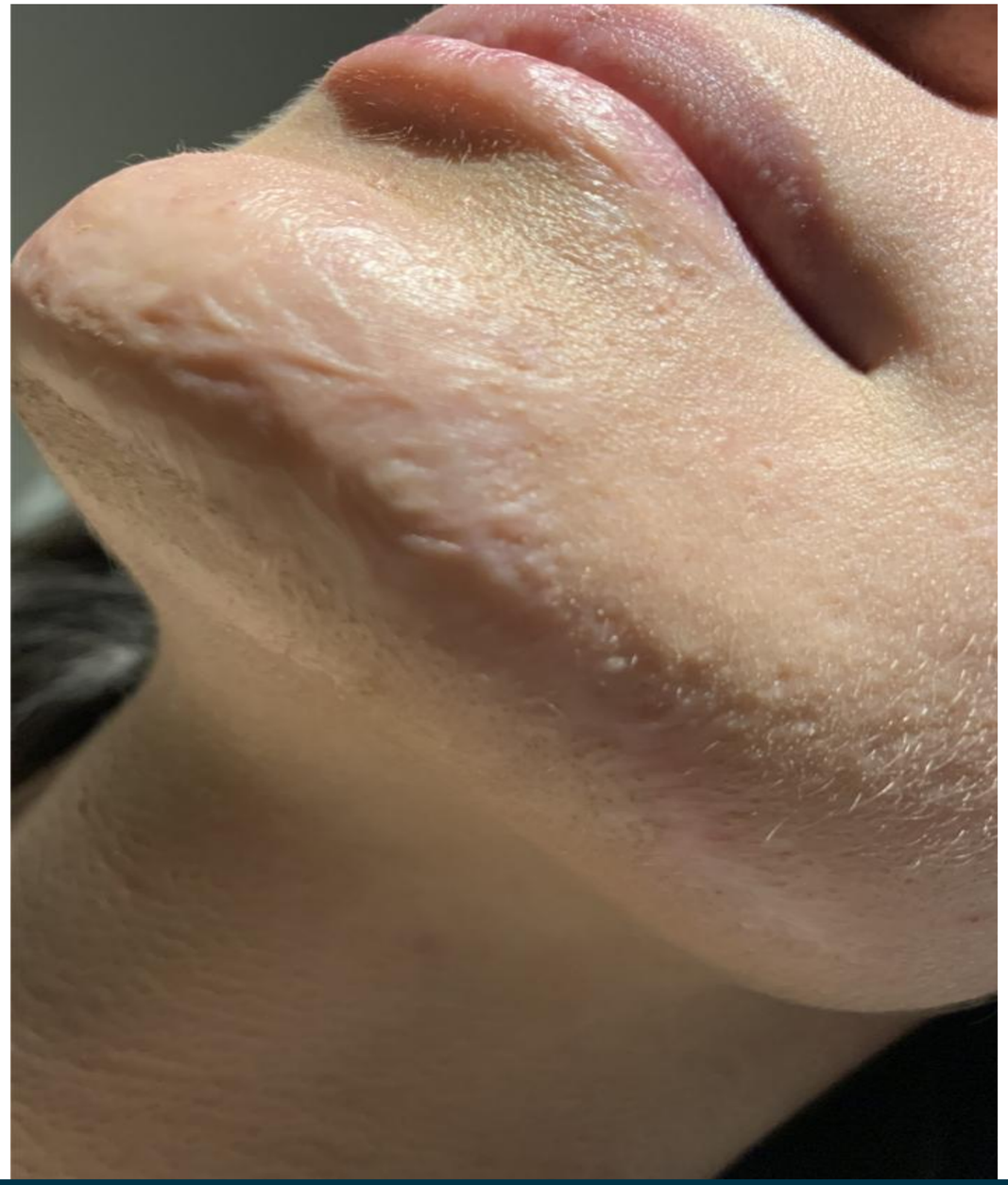


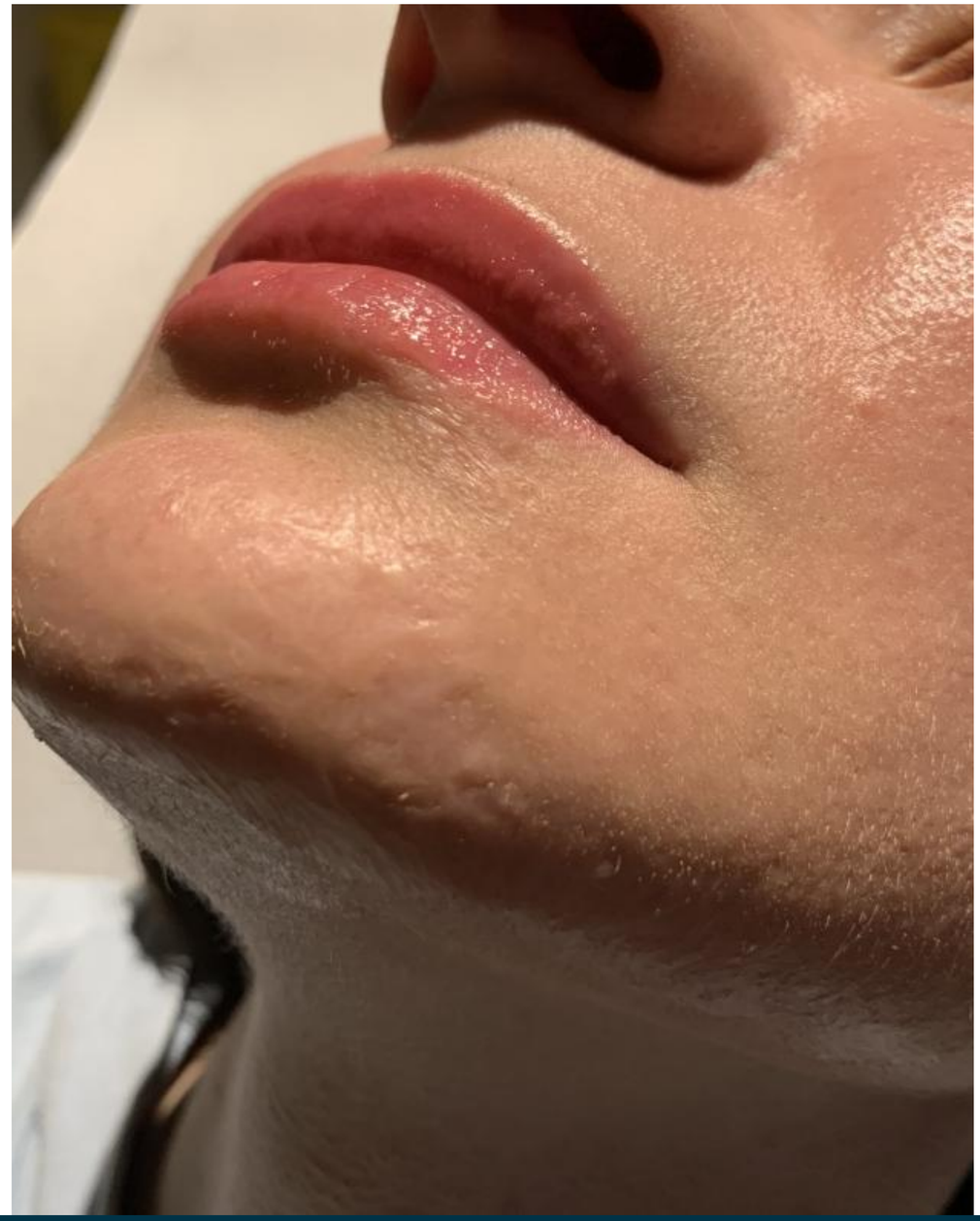




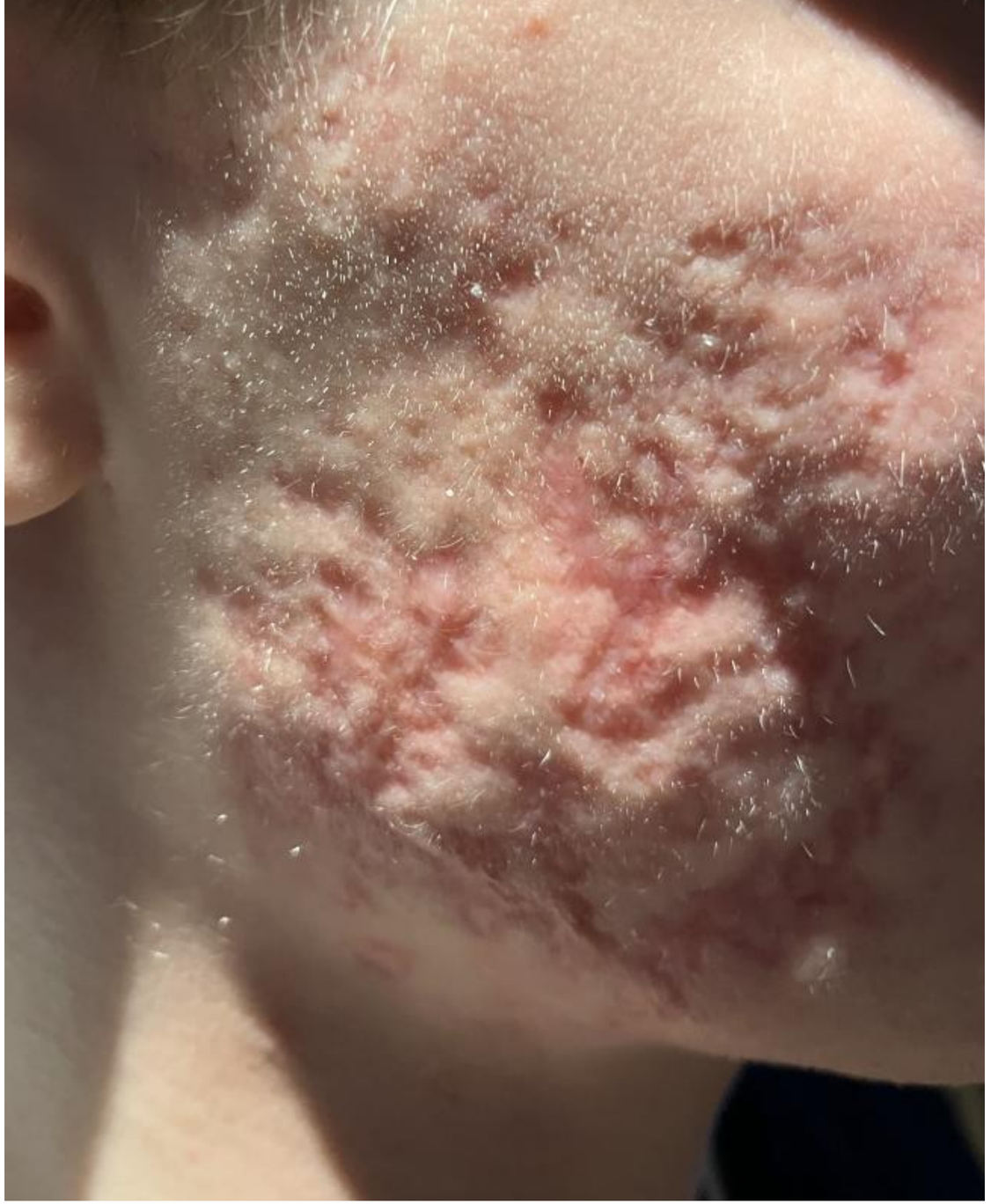




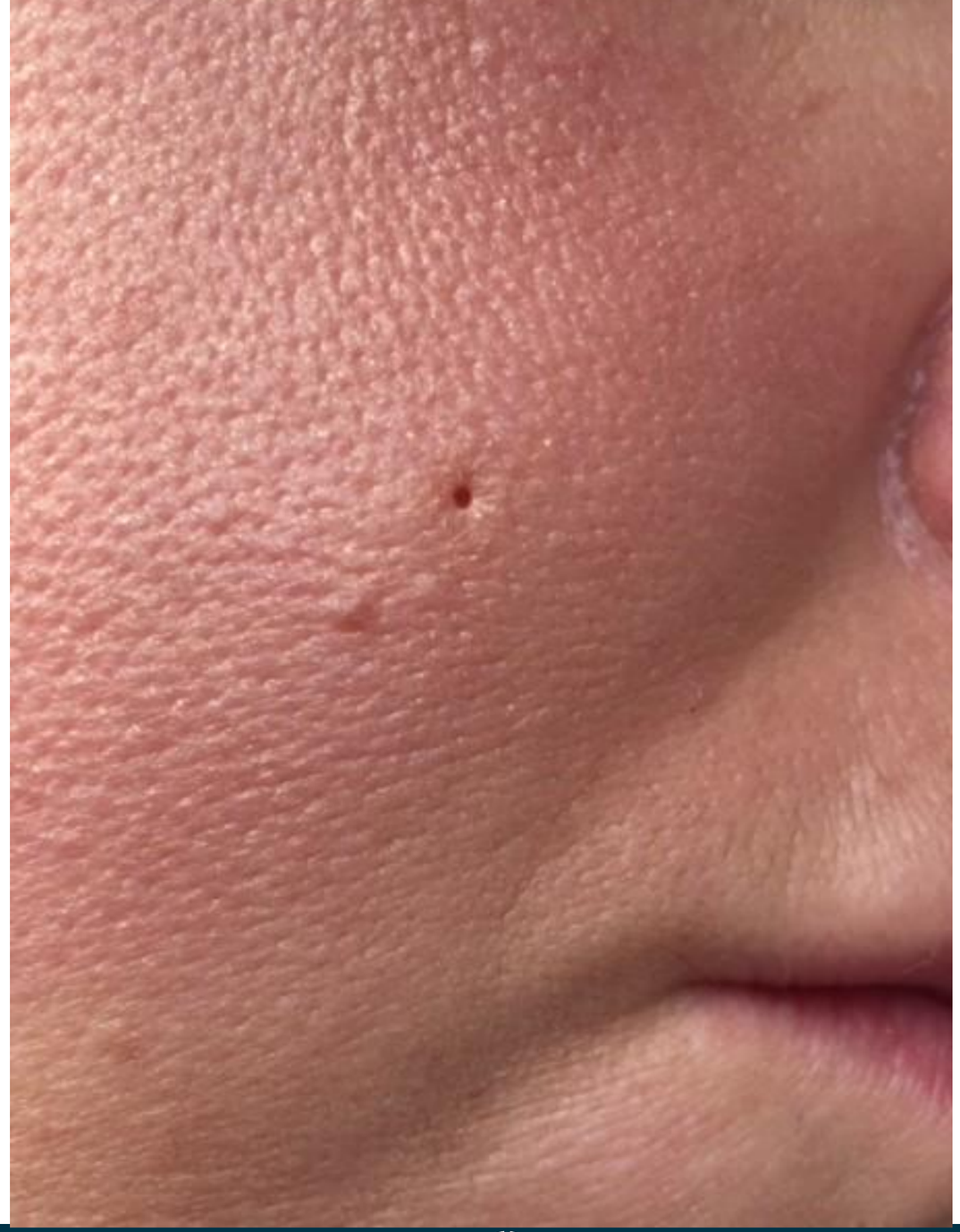


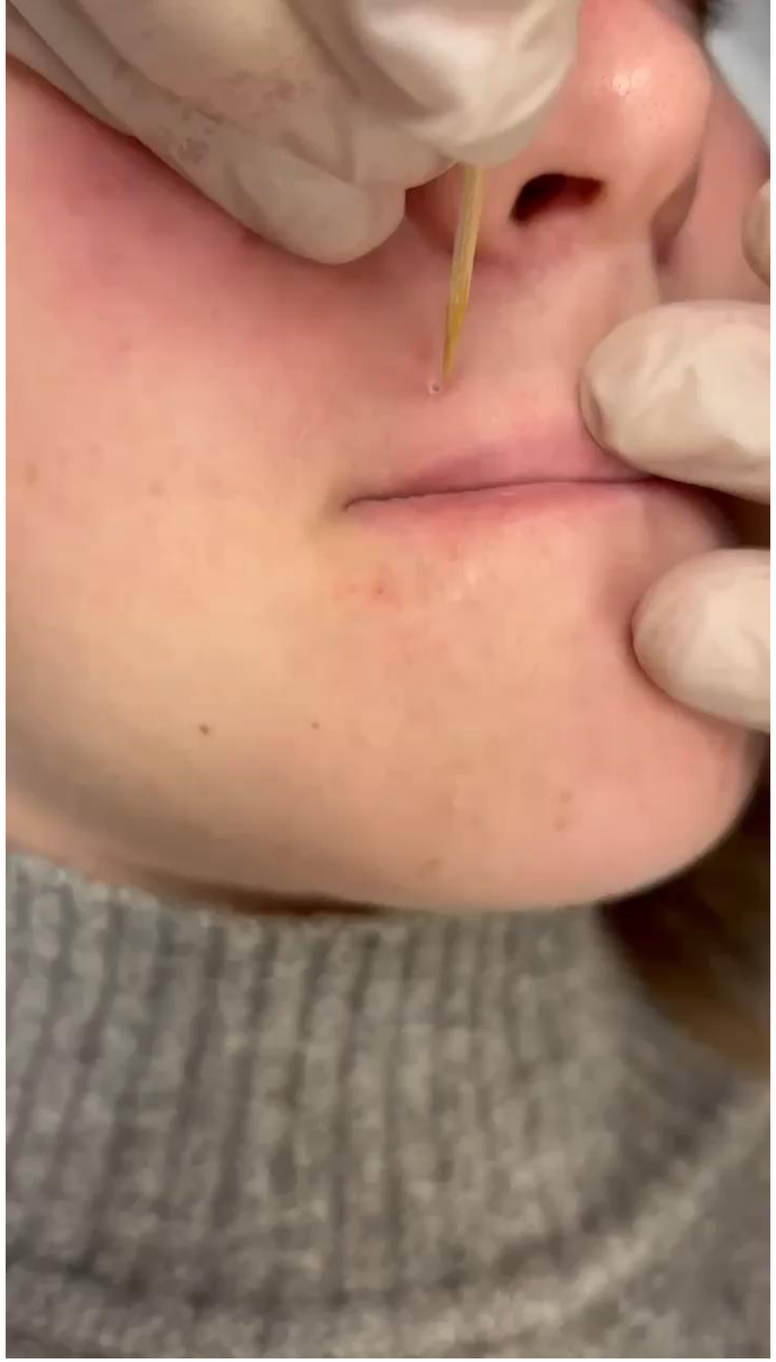


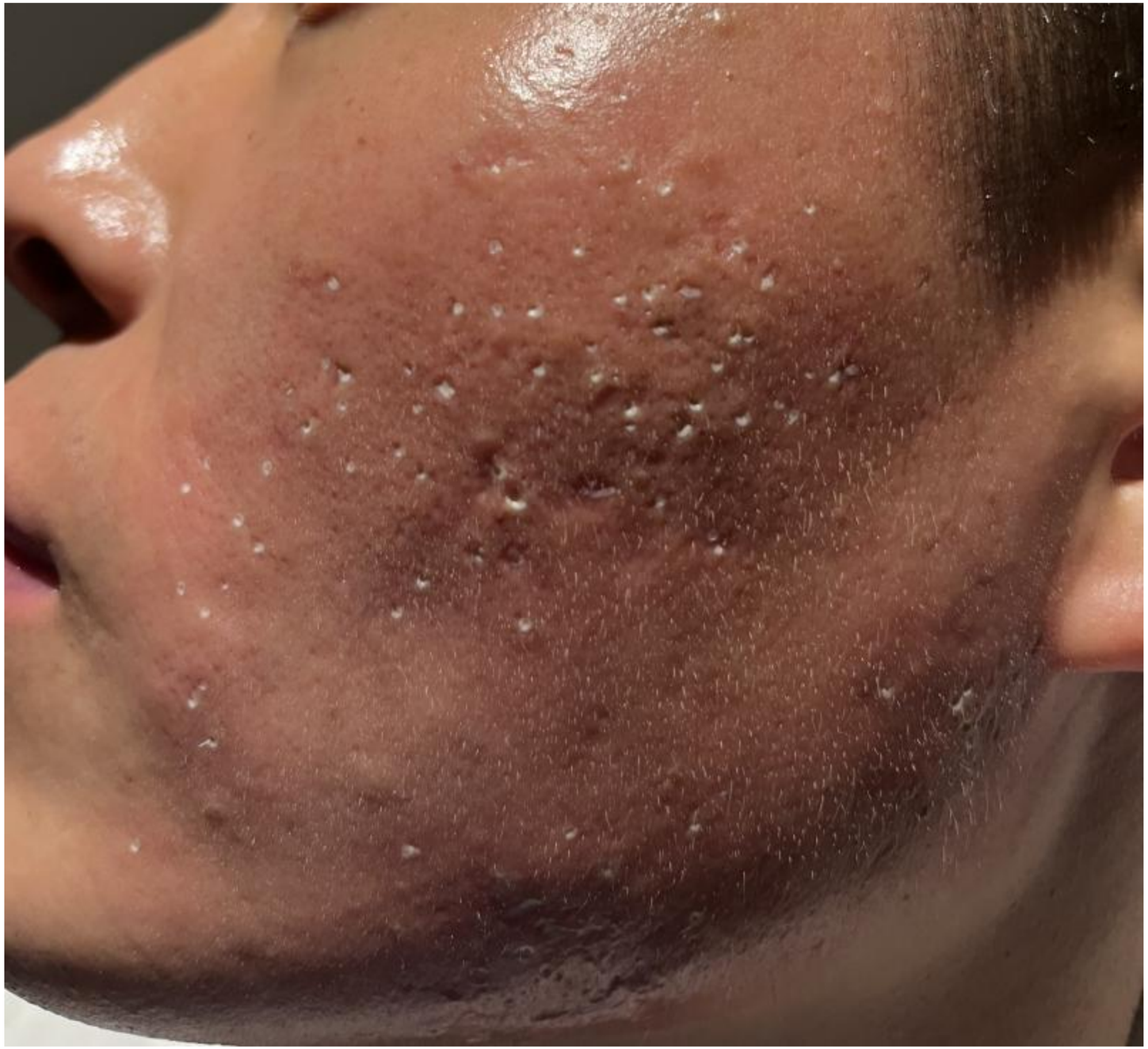
Hvorfor virker CO2 laser ikke altid?

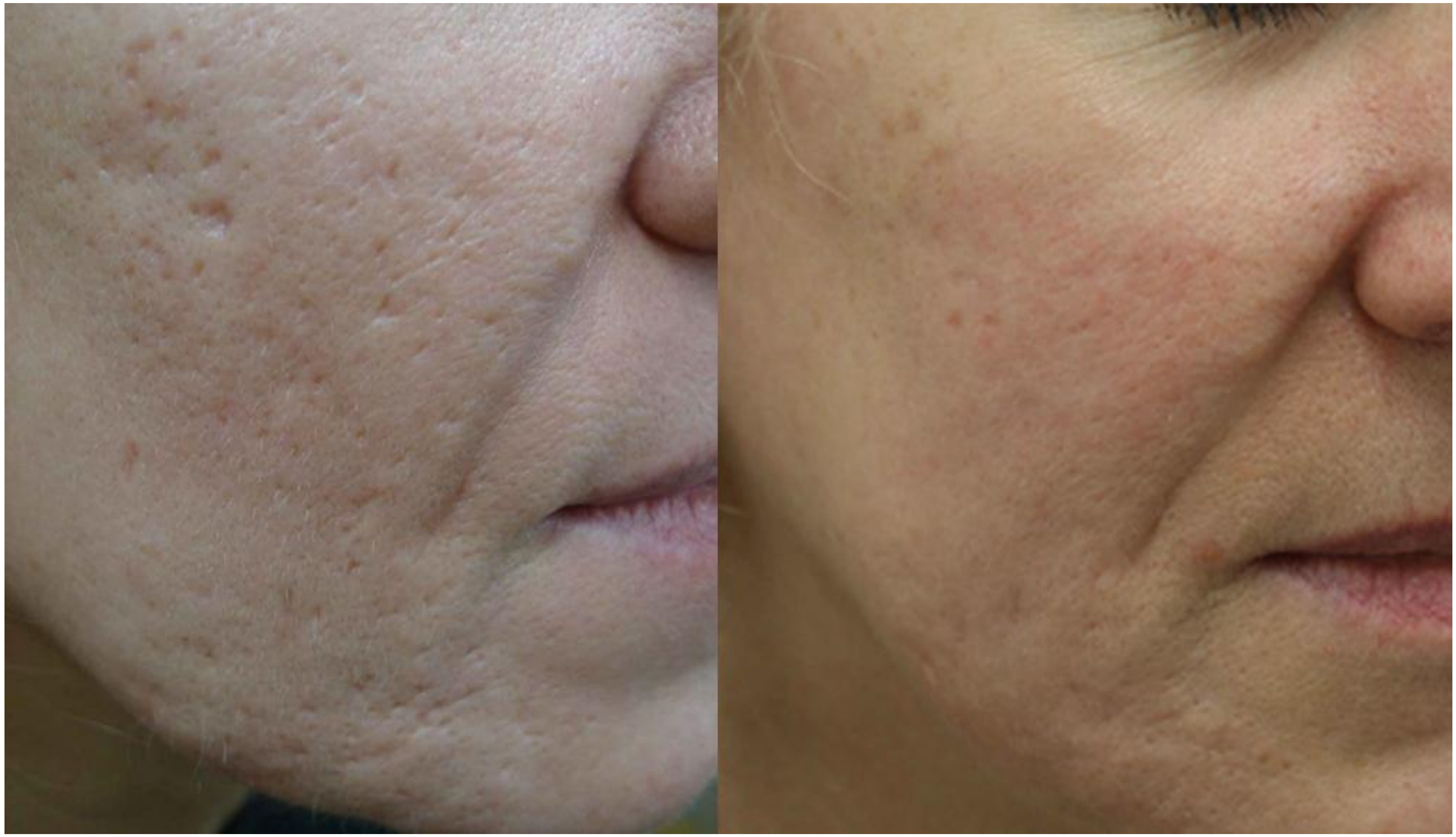


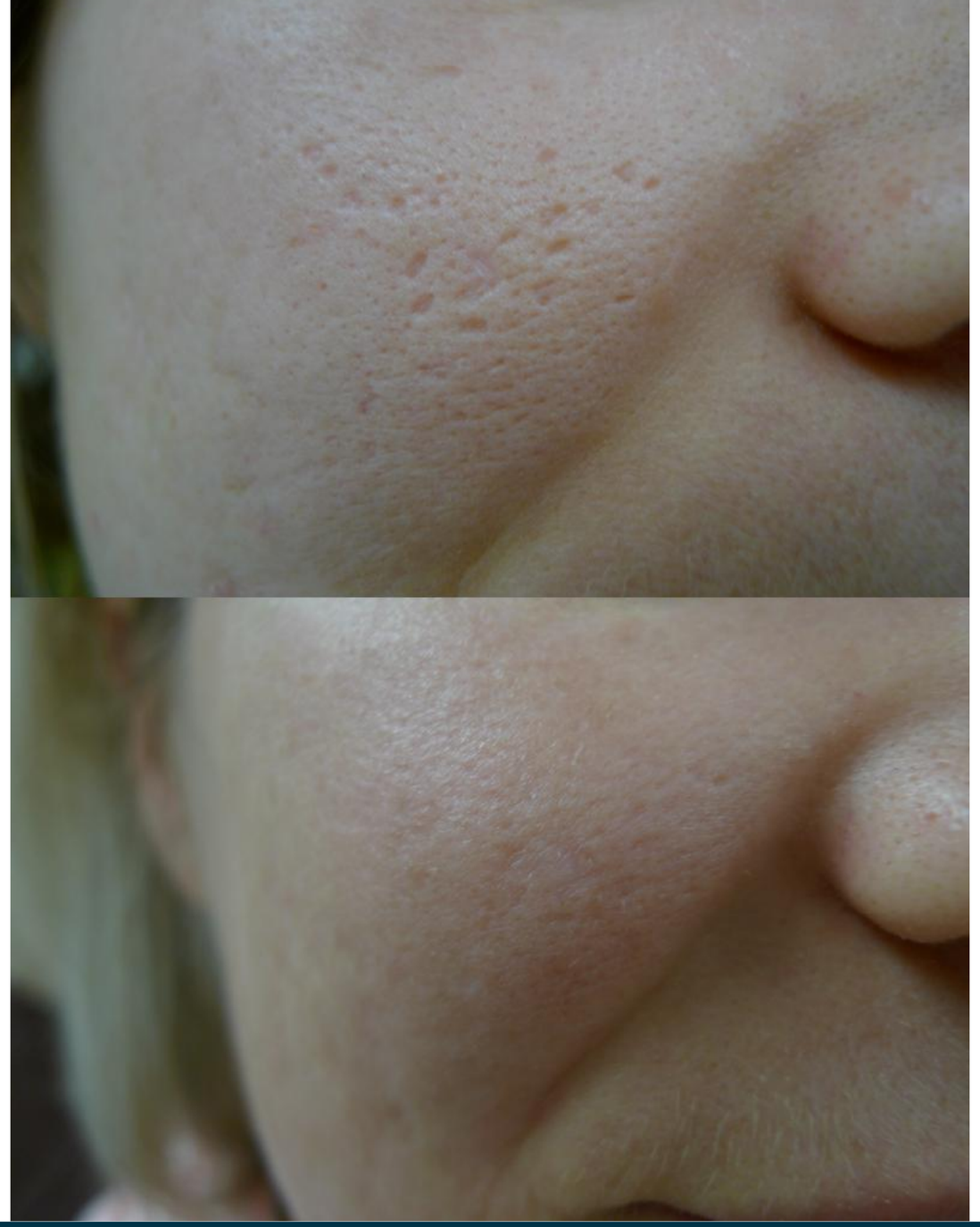
.. og hvad gør man så ??

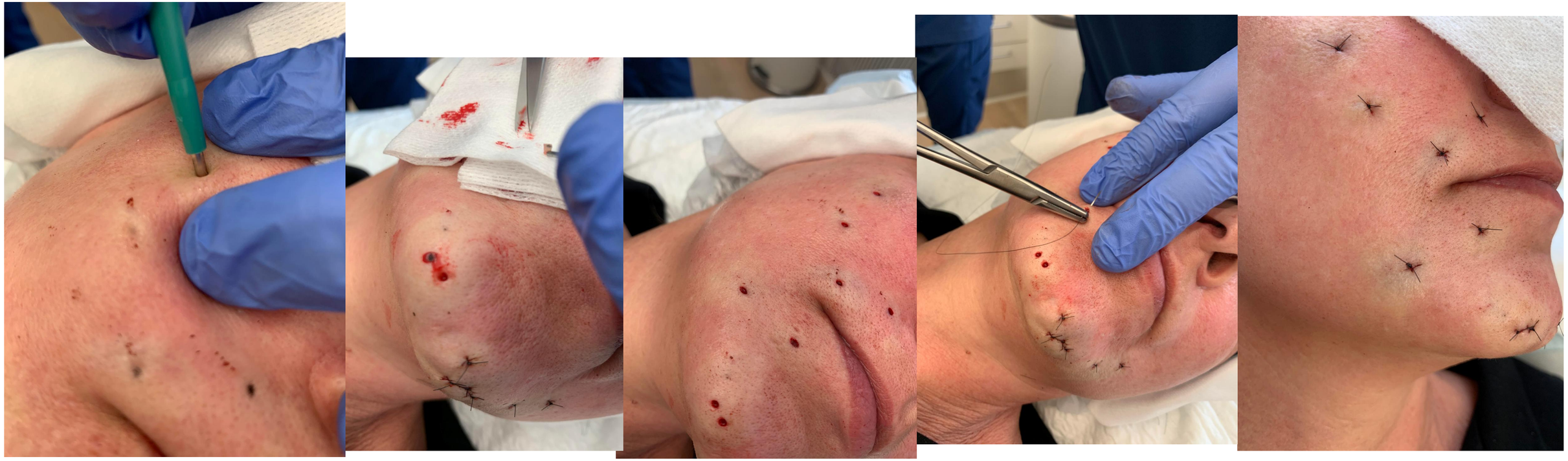


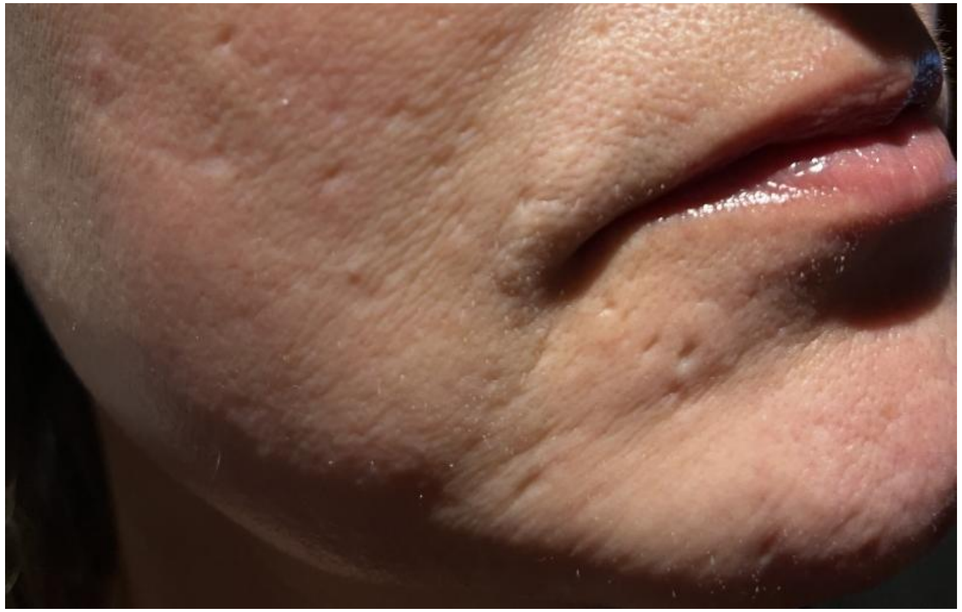


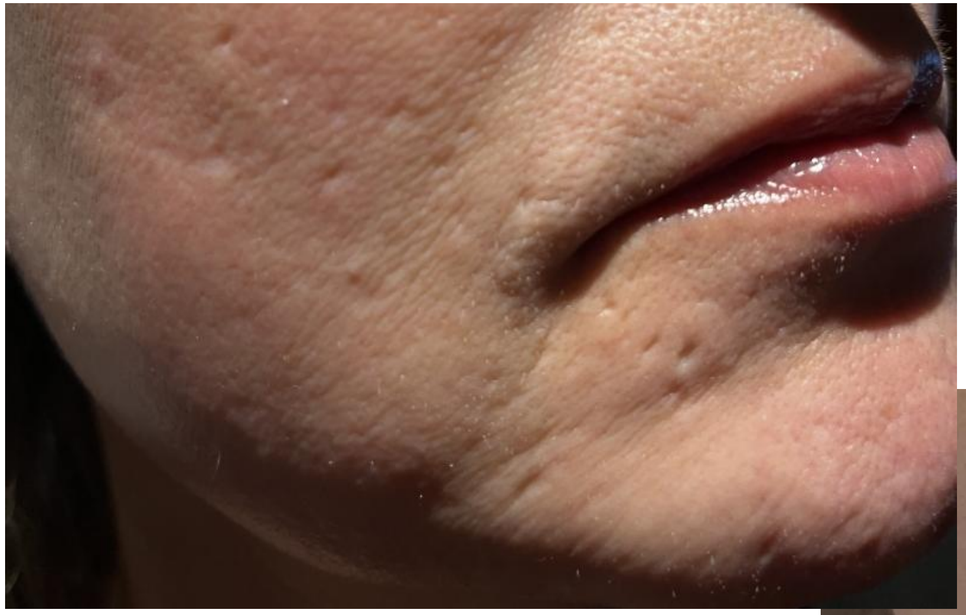


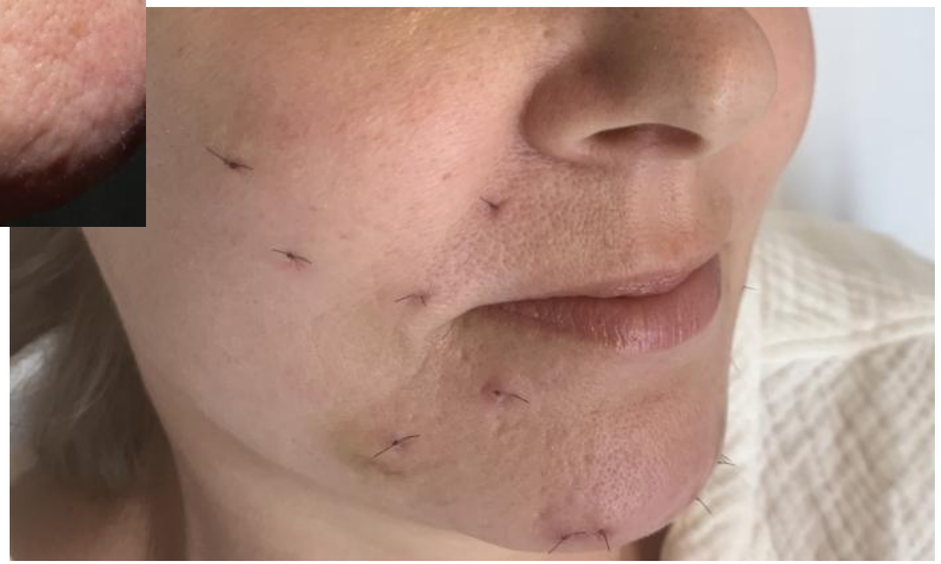


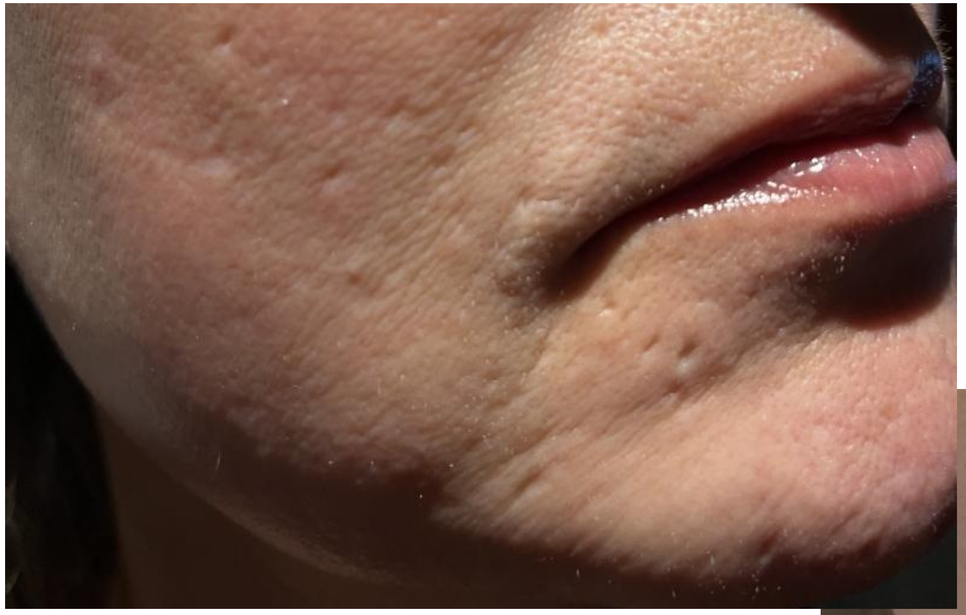


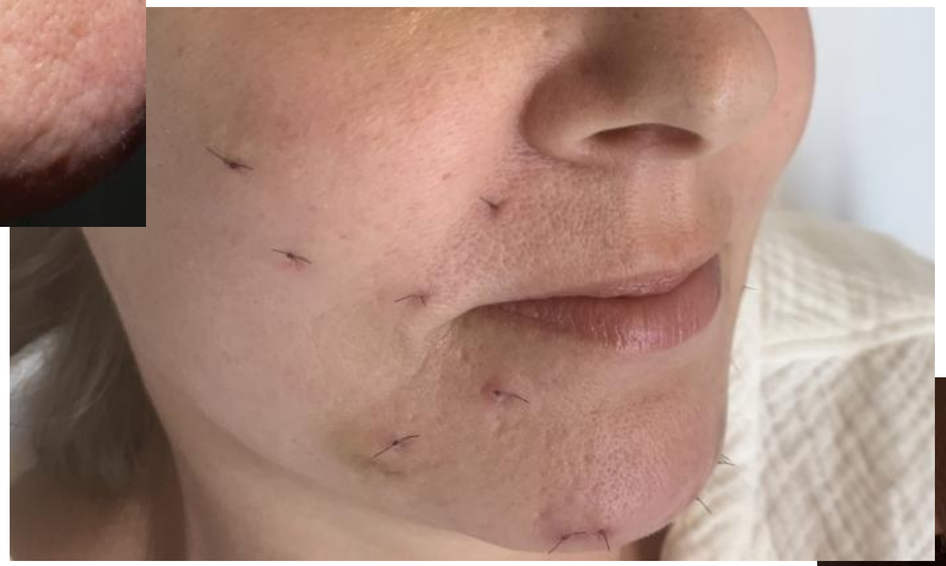


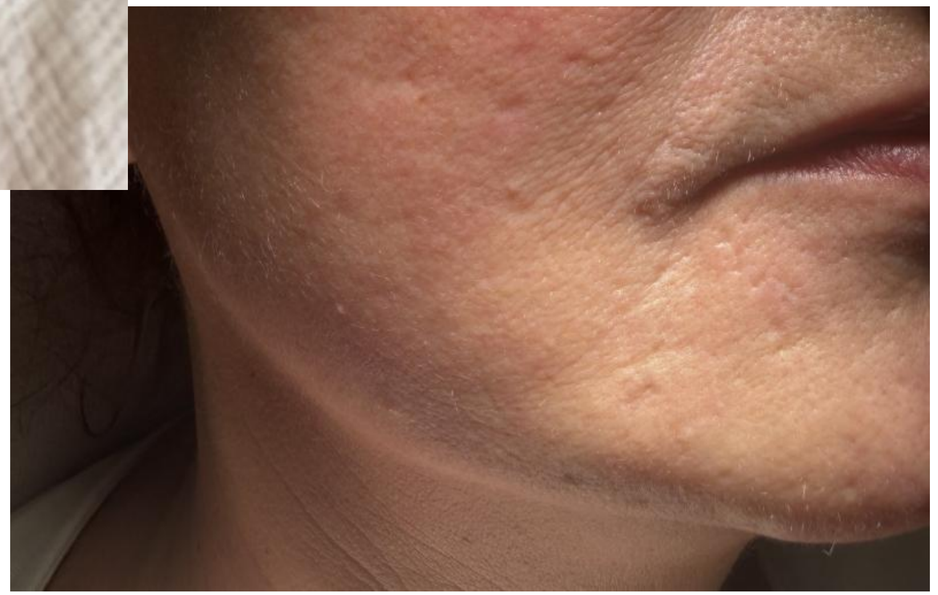












Case Reports > Dermatol Surg. 1995 Jun;21(6):543-9. doi: 10.1111/j.1524-4725.1995.tb00259.x.

Subcutaneous incisionless (subcision) surgery for the correction of depressed scars and wrinkles

D S Orentreich [1], N Orentreich

Affiliations + expand

PMID: 7773602 DOI: 10.1111/j.1524-4725.1995.tb00259.x

Abstract

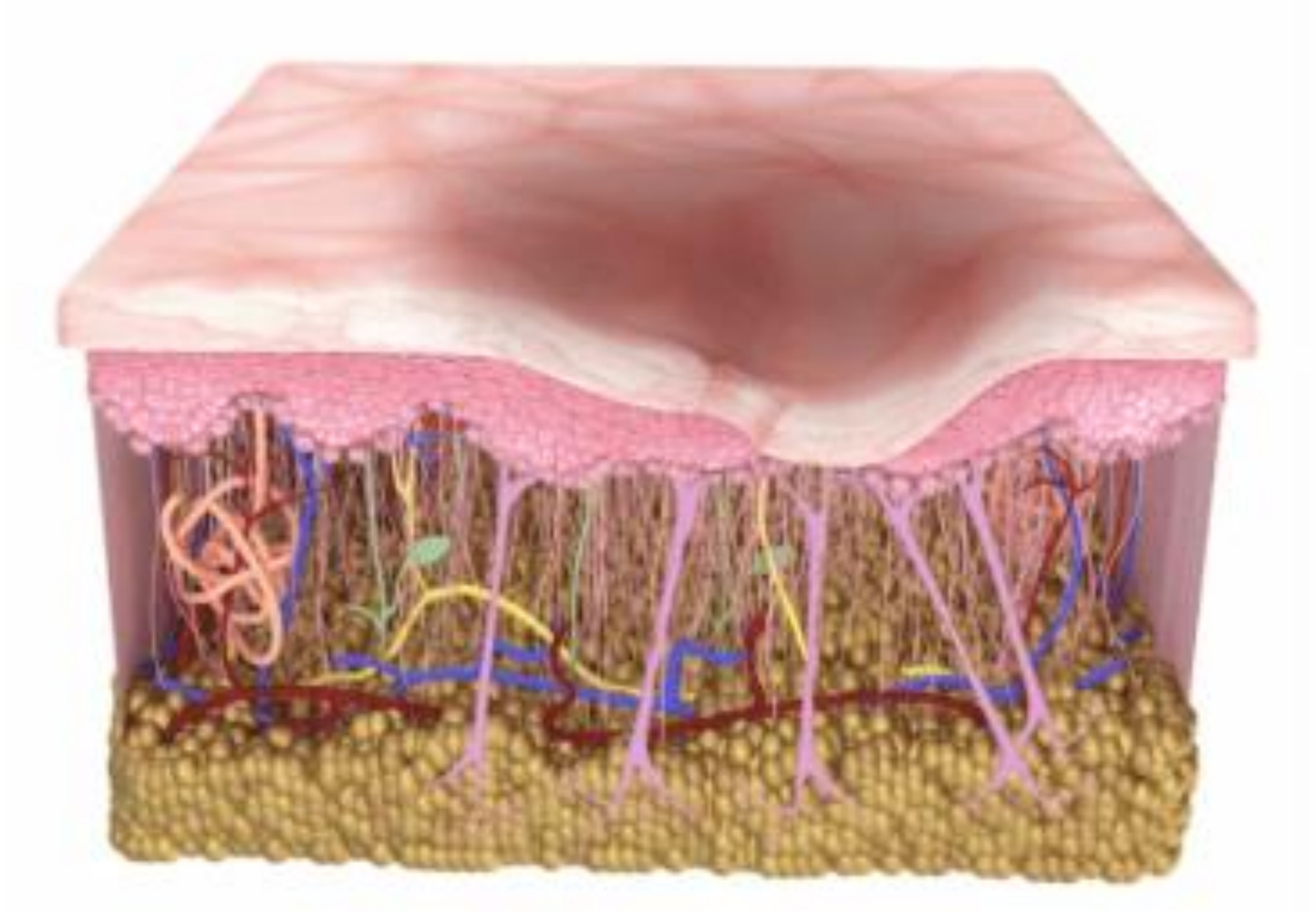
Background: A new method of subcuticular underming for the treatment of depressed cutaneous scars and wrinkles is introduced.

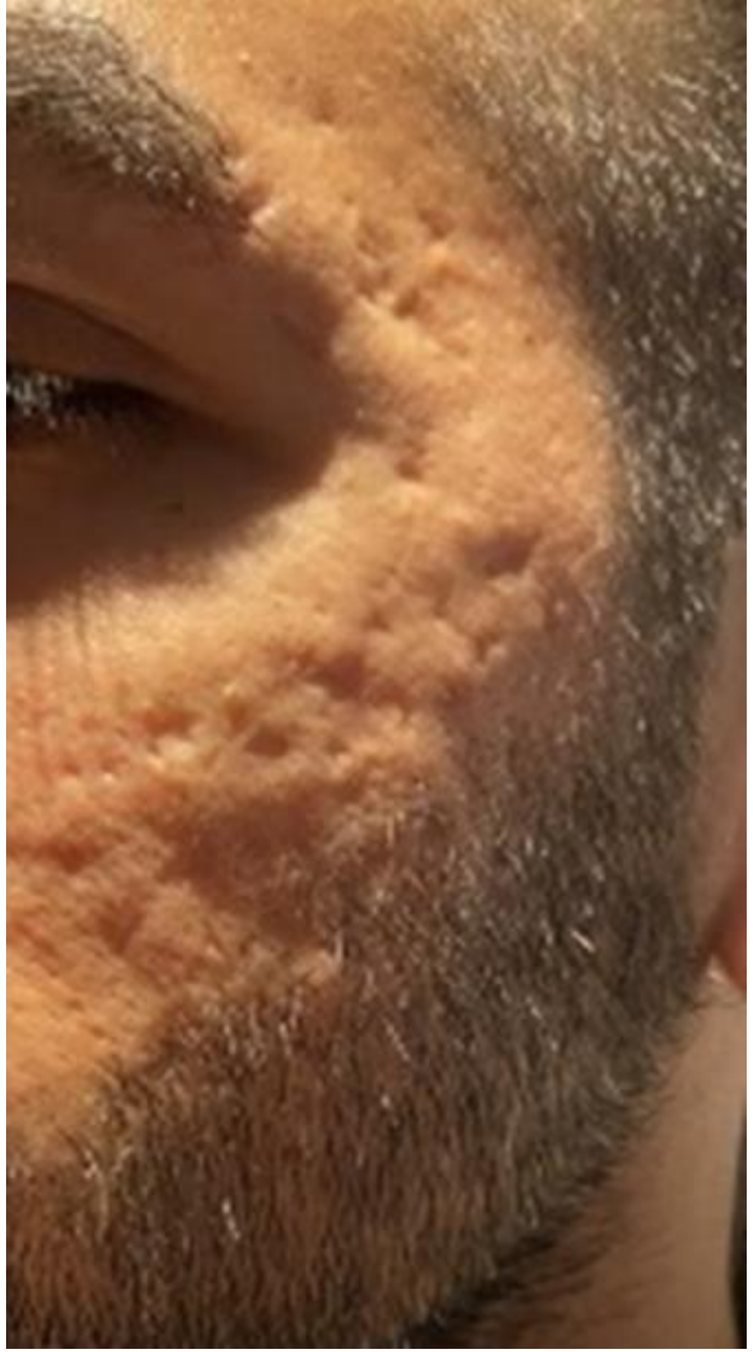
Objective: To define the newly coined term "Subcision" and to describe this minor surgical procedure for treating depressed scars and wrinkles.

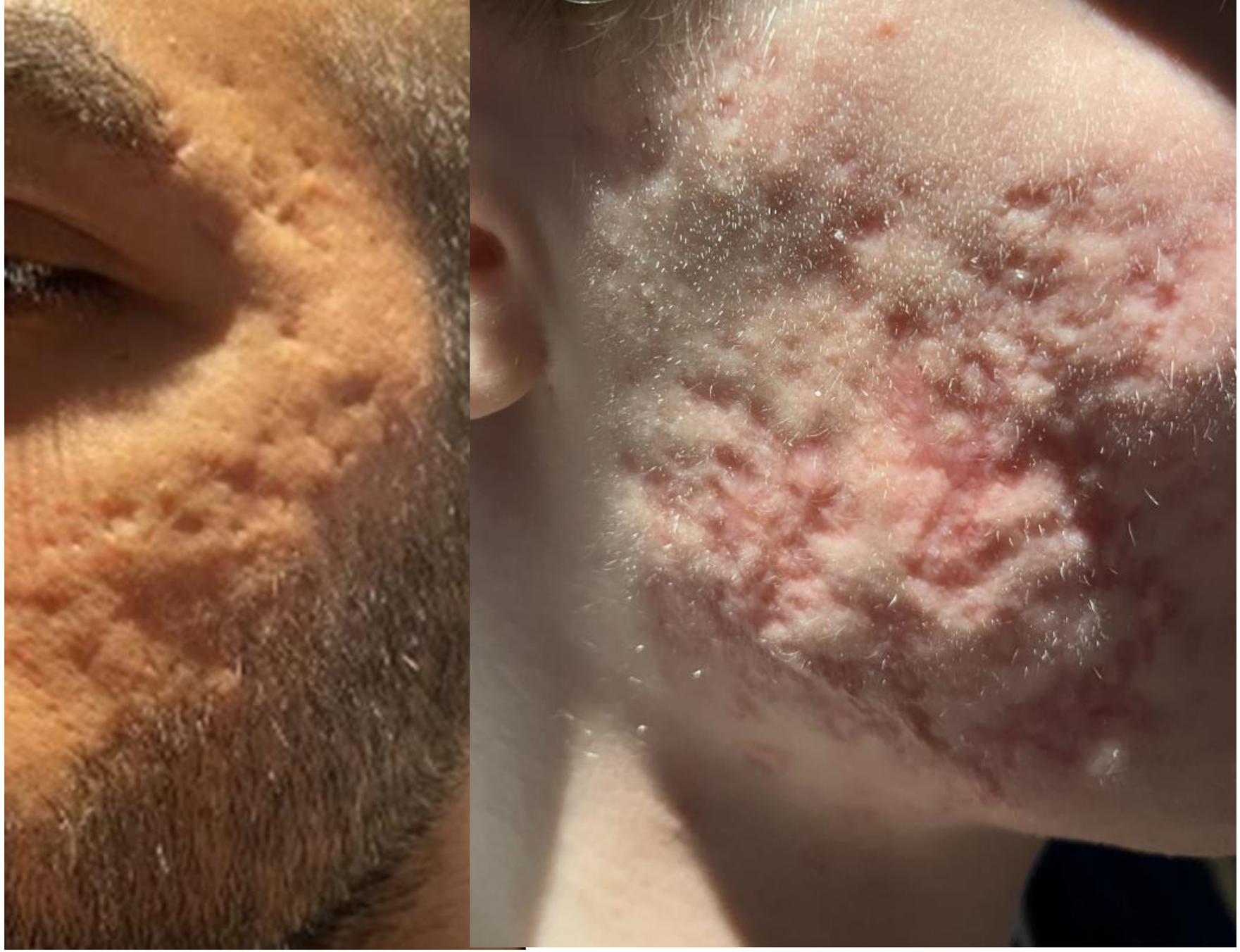
Methods: A tri-beveled hypodermic needle is inserted through a puncture in the skin surface (hence, "incisionless" surgery), and its sharp edges are maneuvered under the defect to make subcuticular cuts or "-cisions."

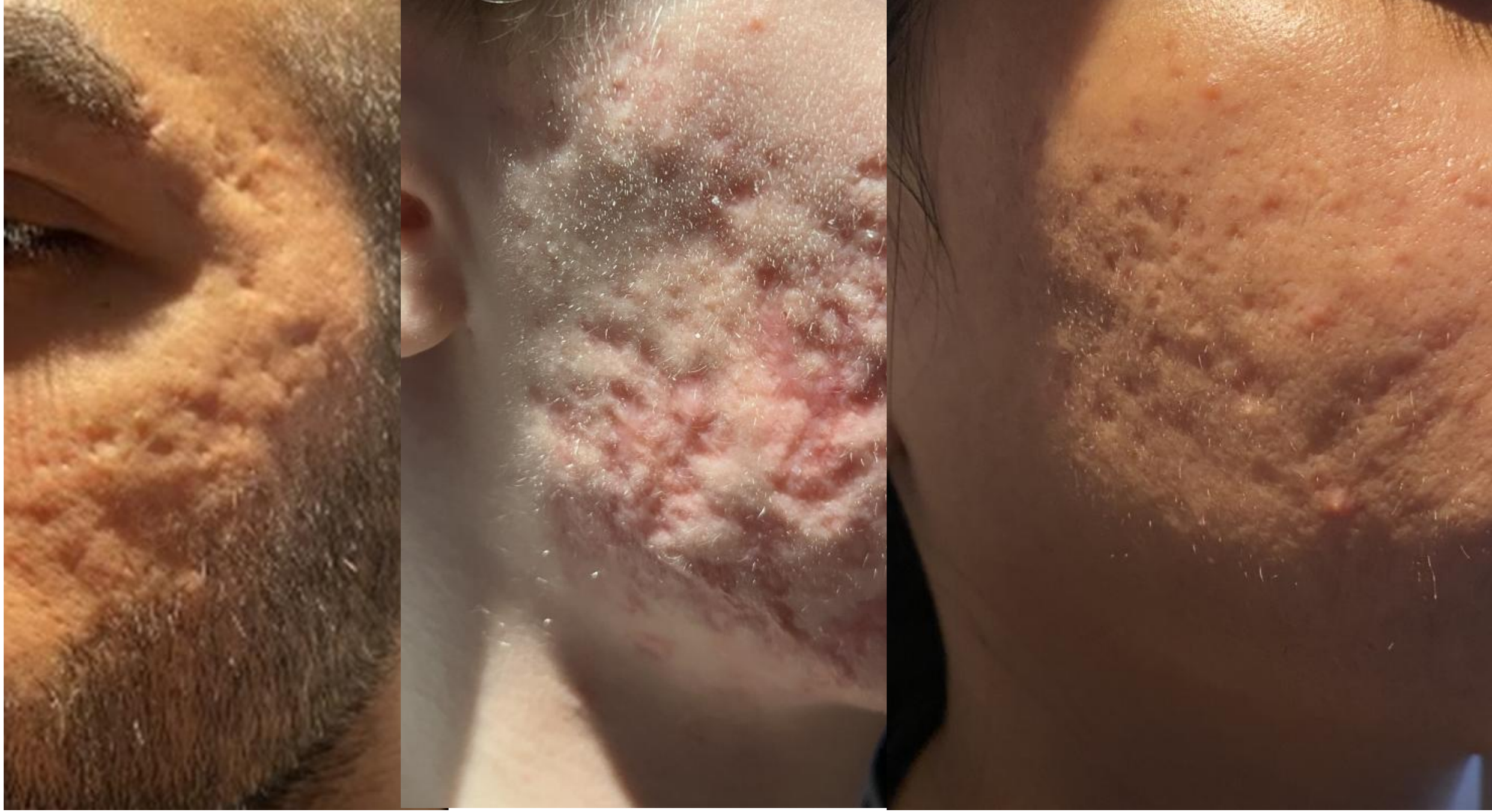
Results: The depression is lifted by the releasing action of the procedure, as well as from connective tissue that forms in the course of normal wound healing.

Conclusion: This technique is useful in treating a variety of cutaneous depressions, including scars and wrinkles.









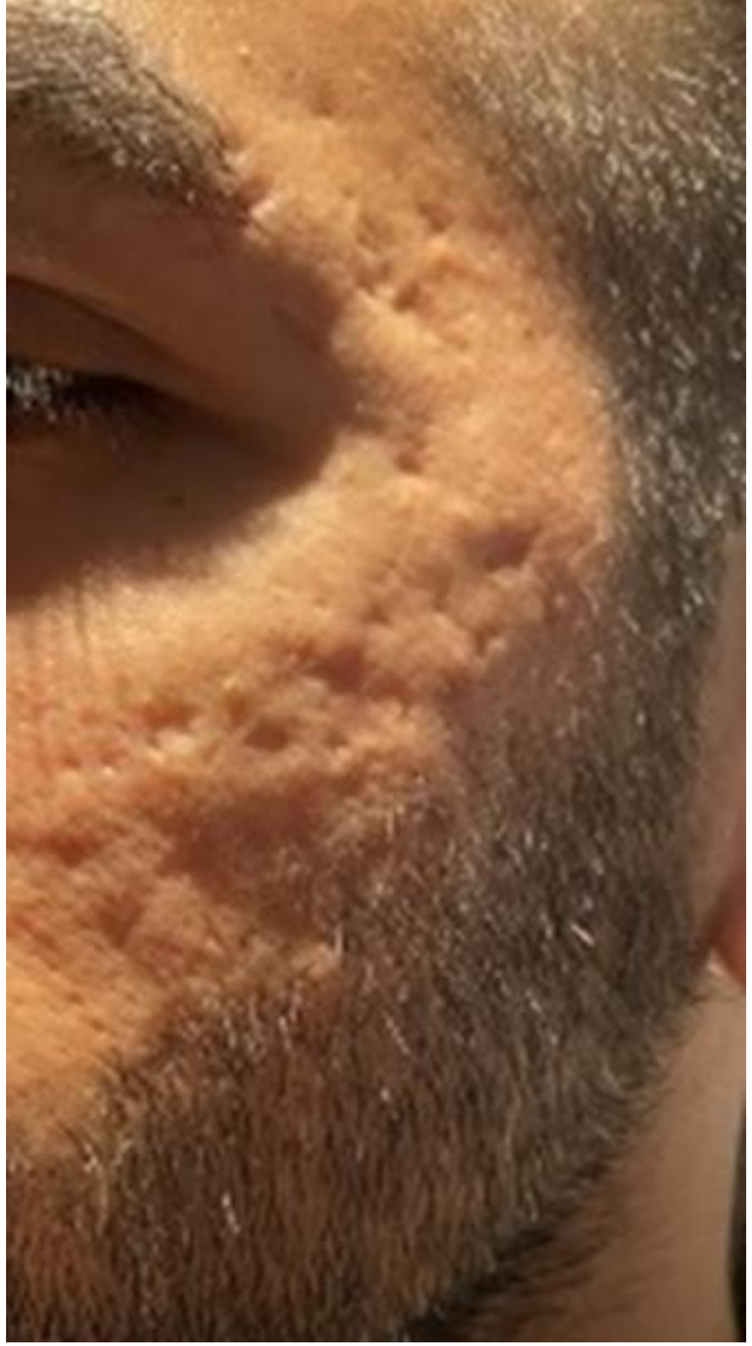
ORIGINAL ARTICLE

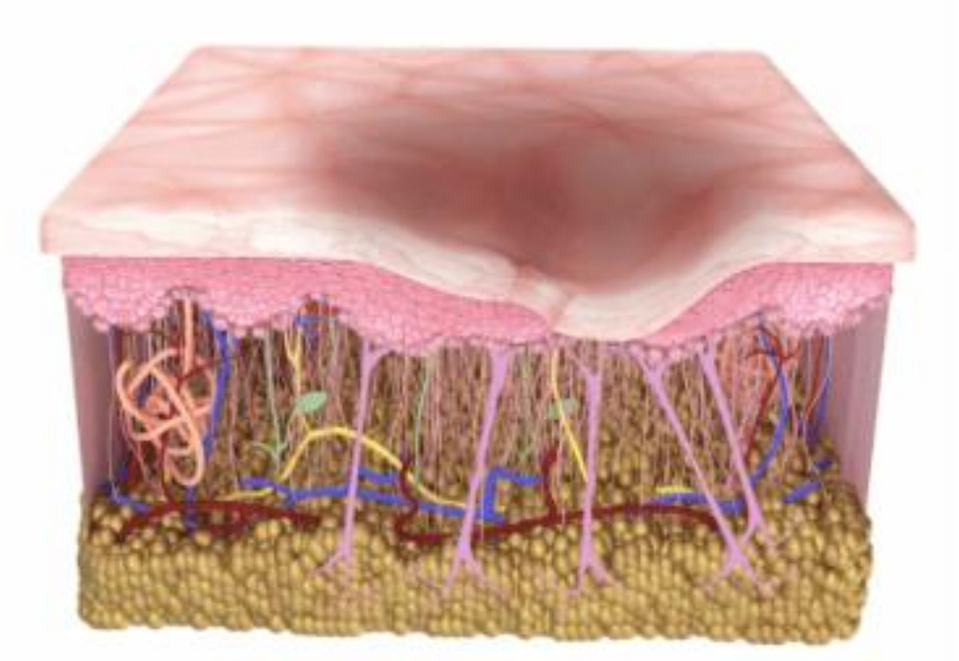
Surgical Subcision for Acne Scars: A Review of Instrumentation

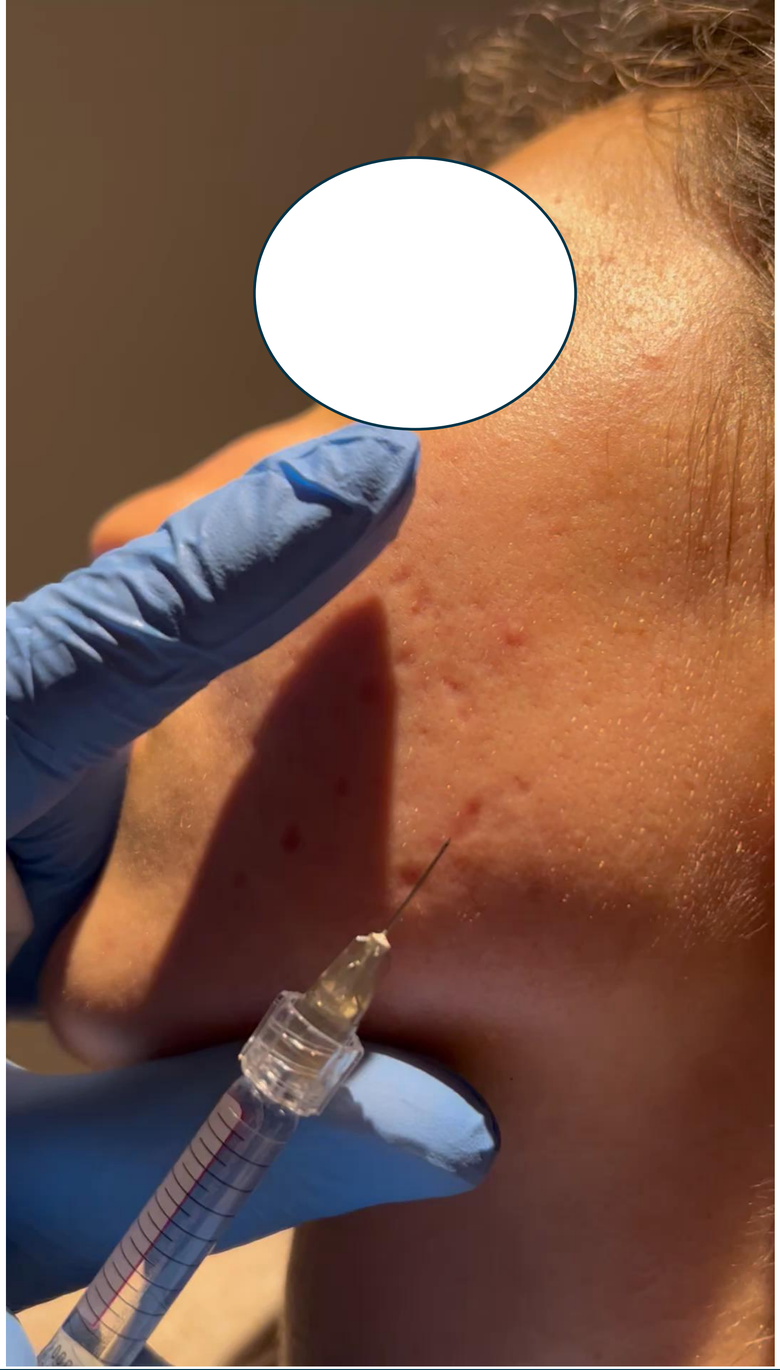
Lobo, Yolanka BPhysio, MBBS*; Lim, Davin S. MBBS, FACD†

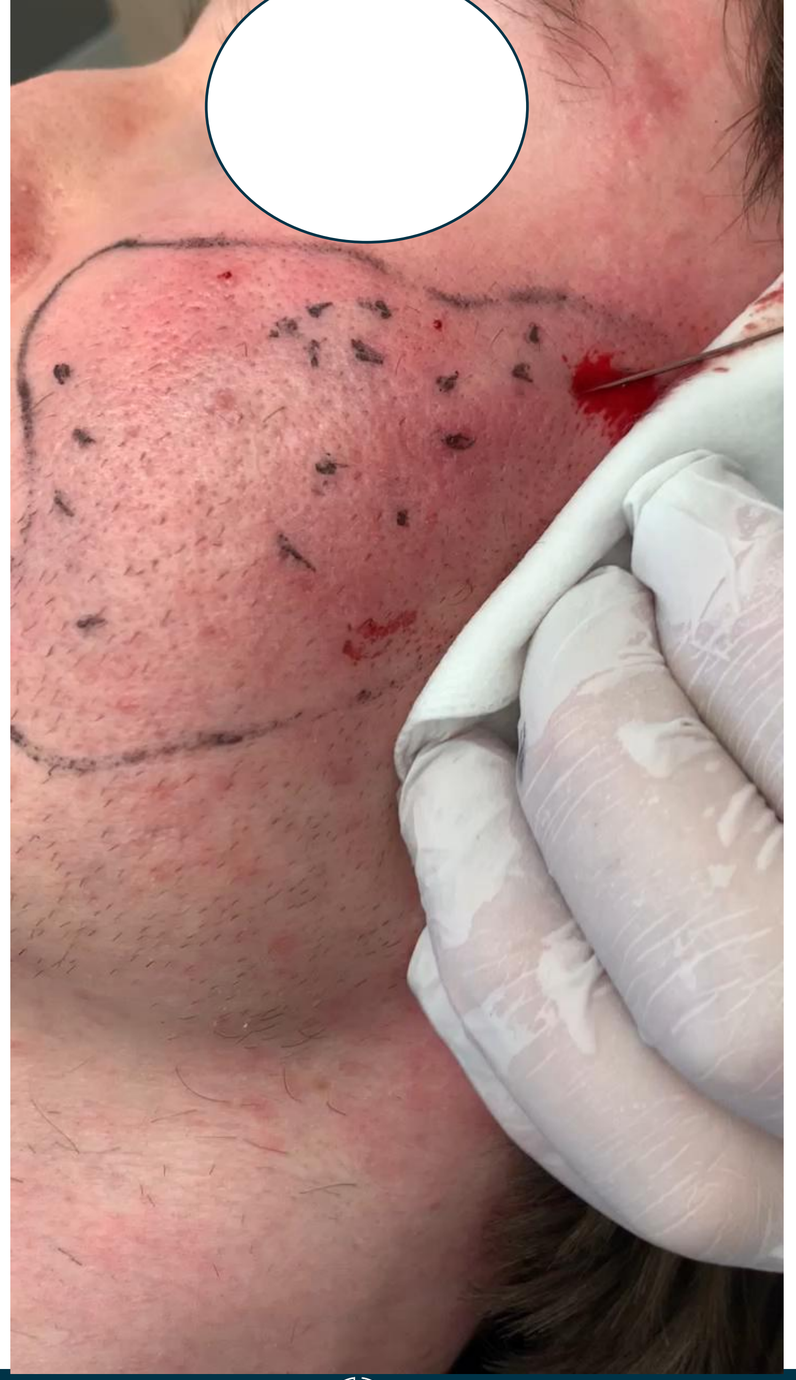
Author Information

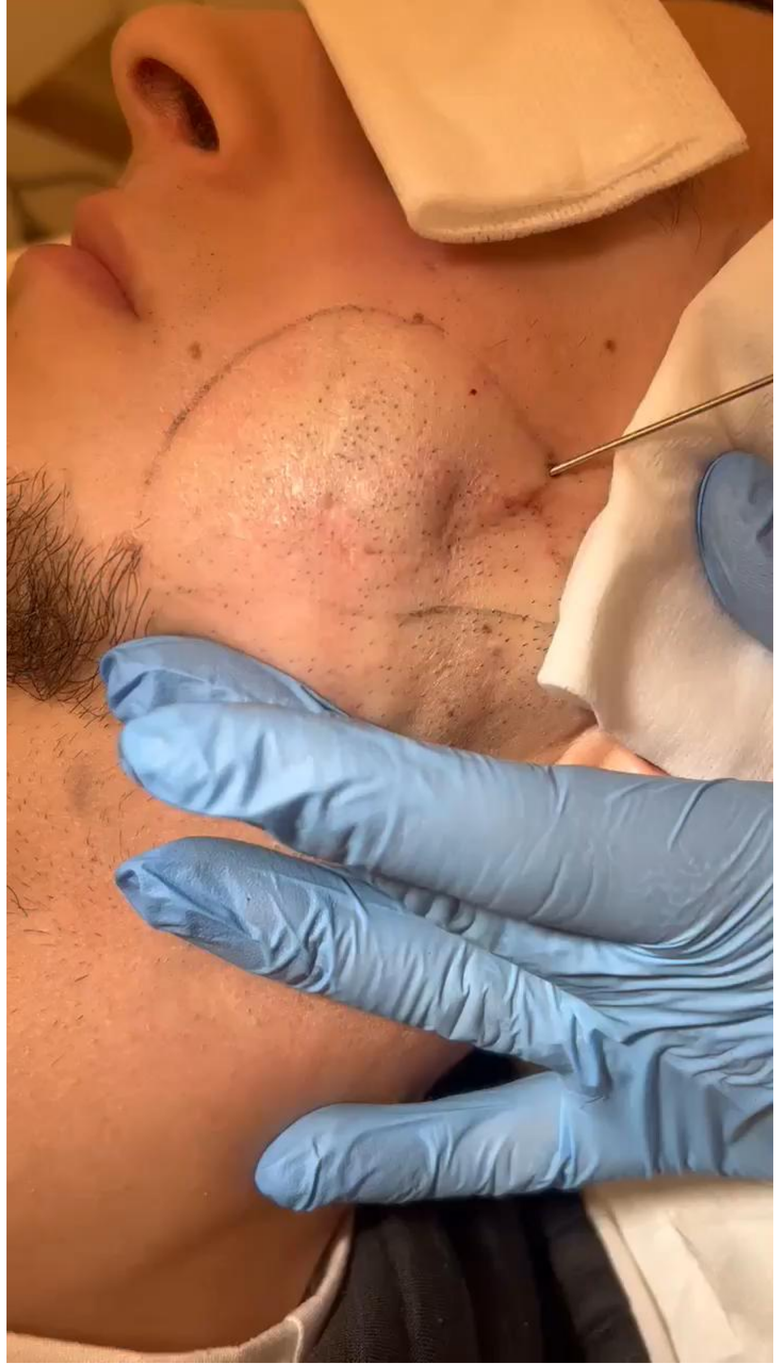
Dermatologic Surgery 49(4):p 355-362, April 2023. | **DOI:** 10.1097/DSS.0000000000003706

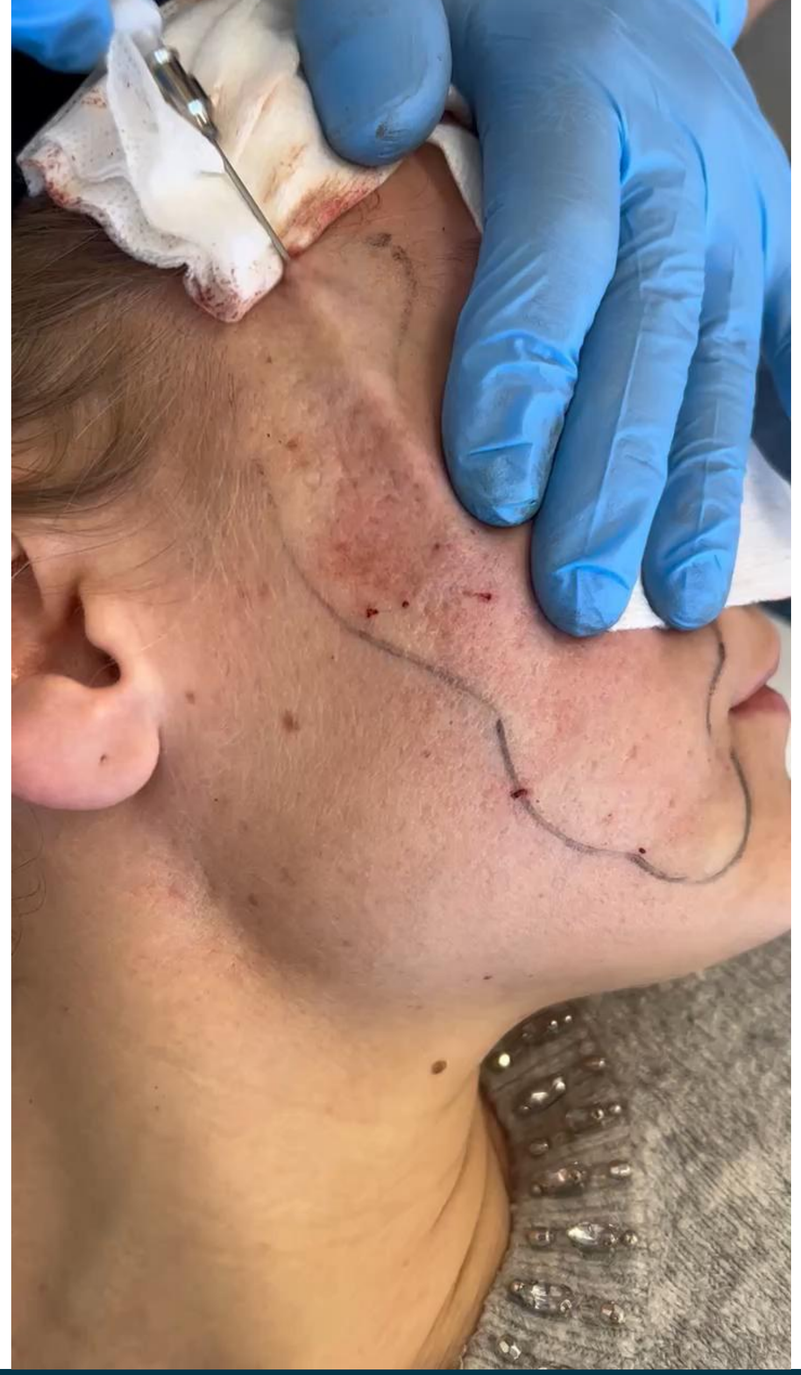


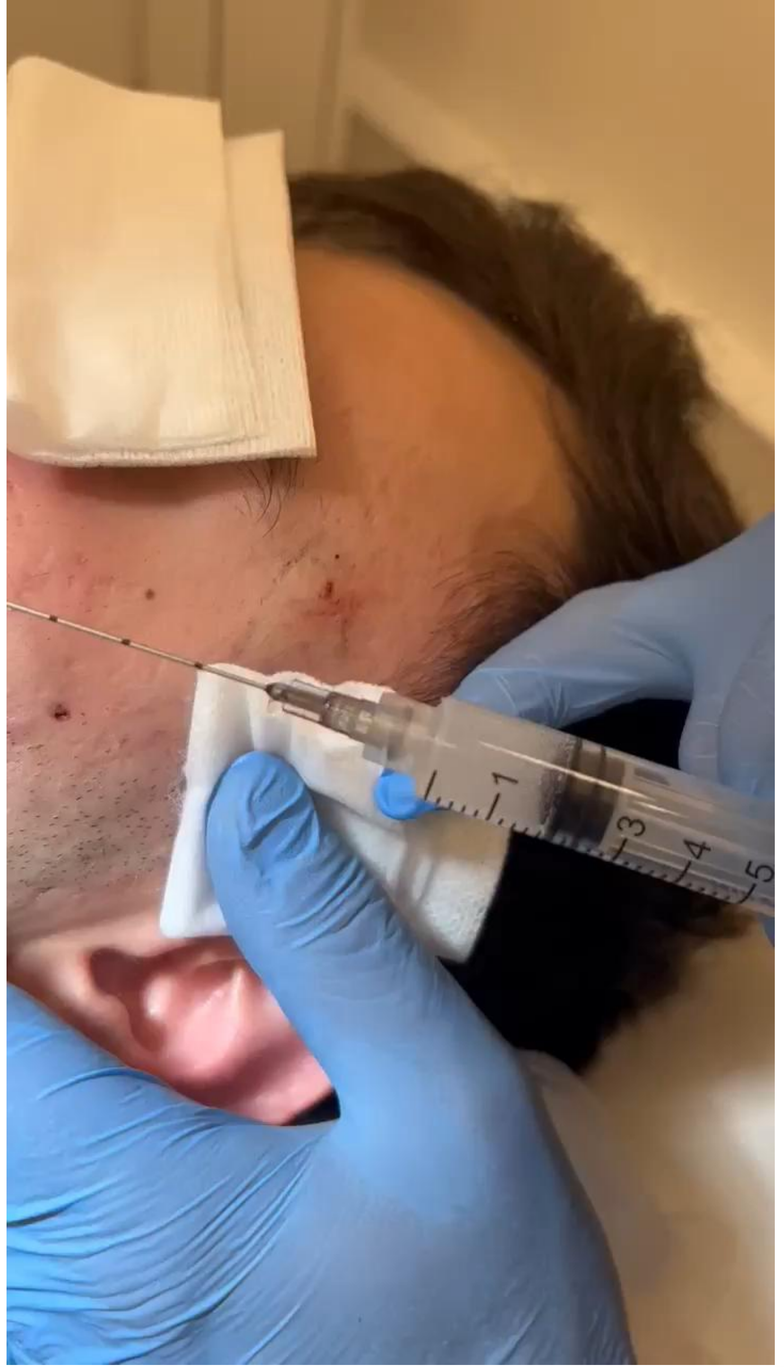


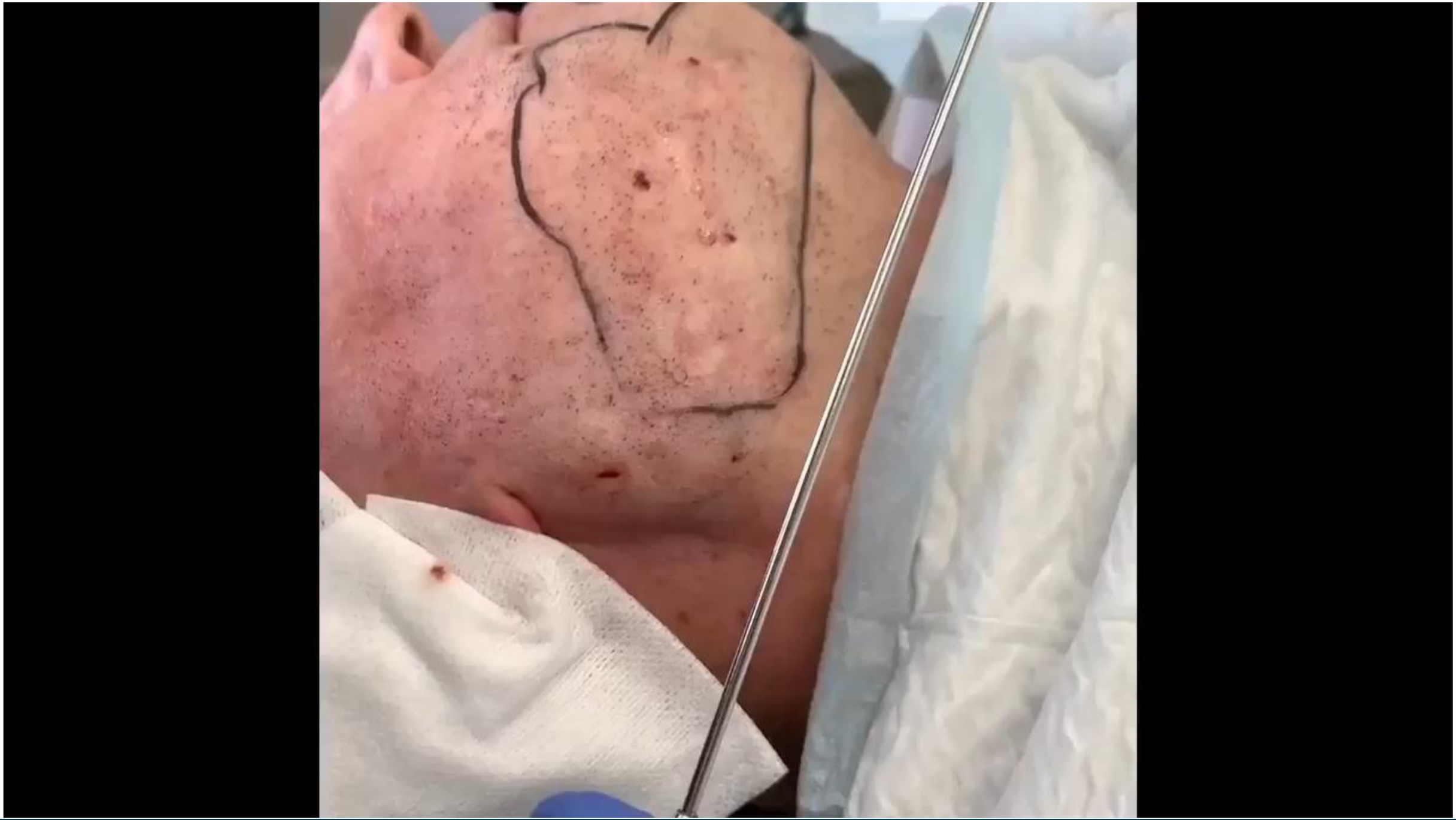




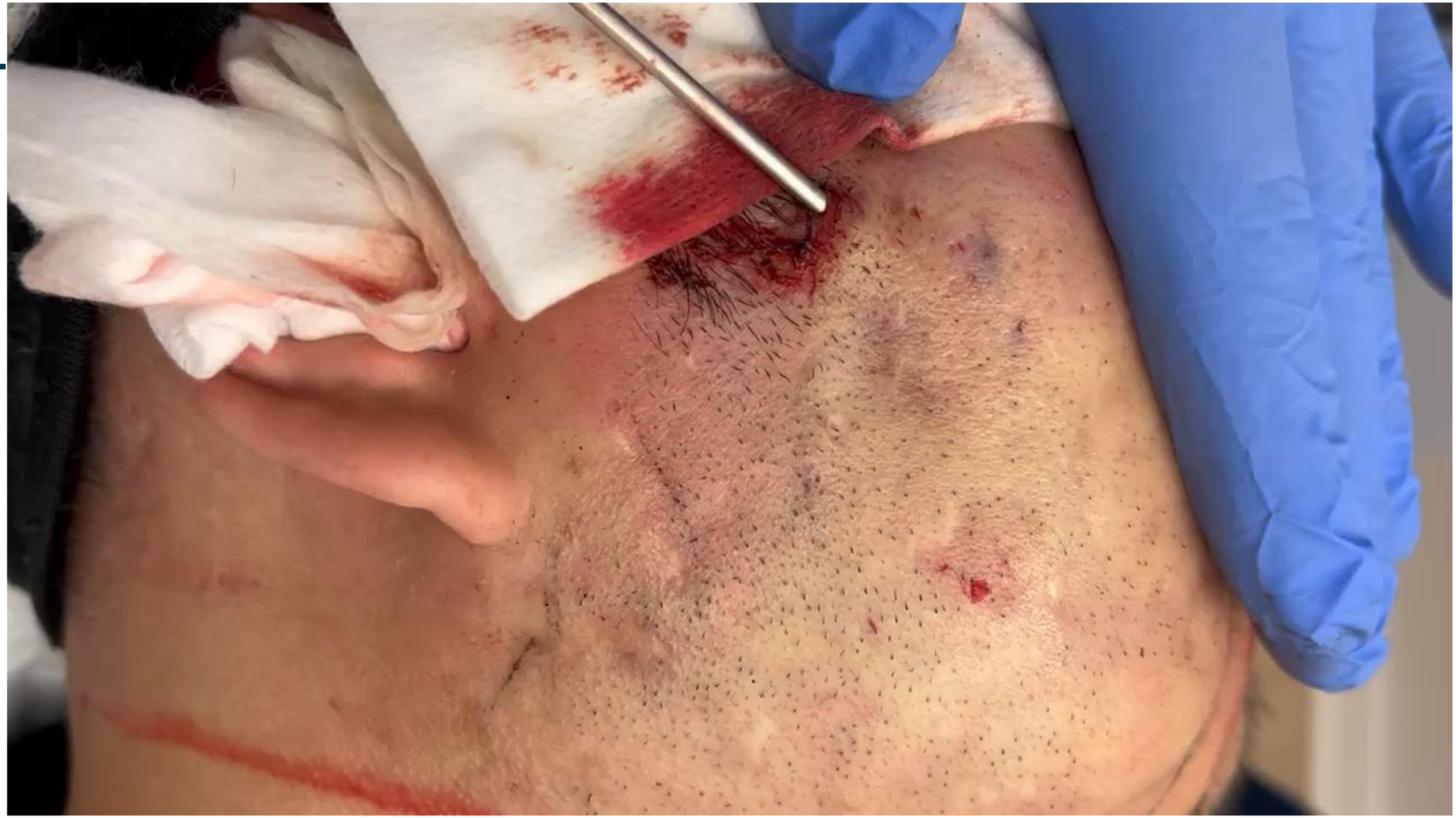


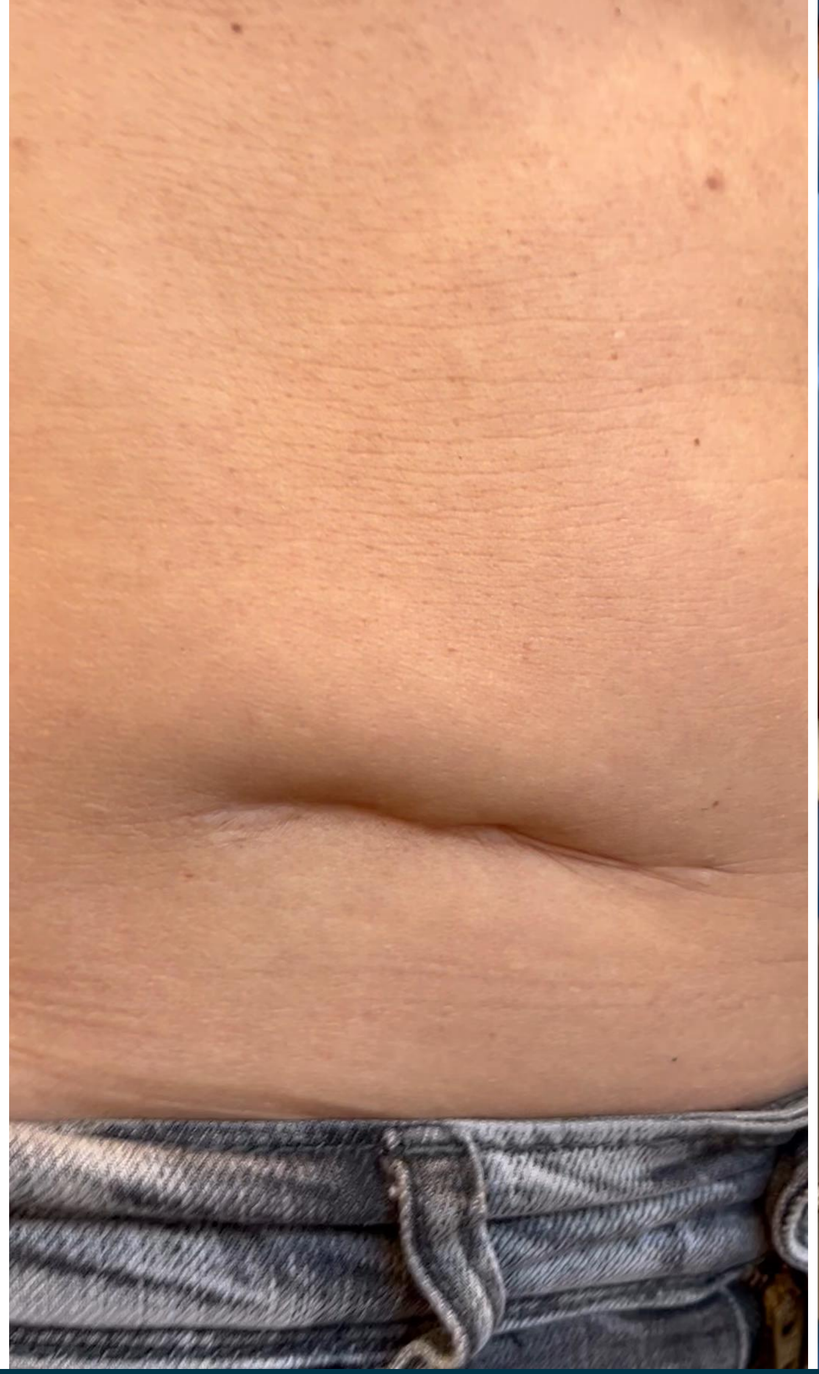


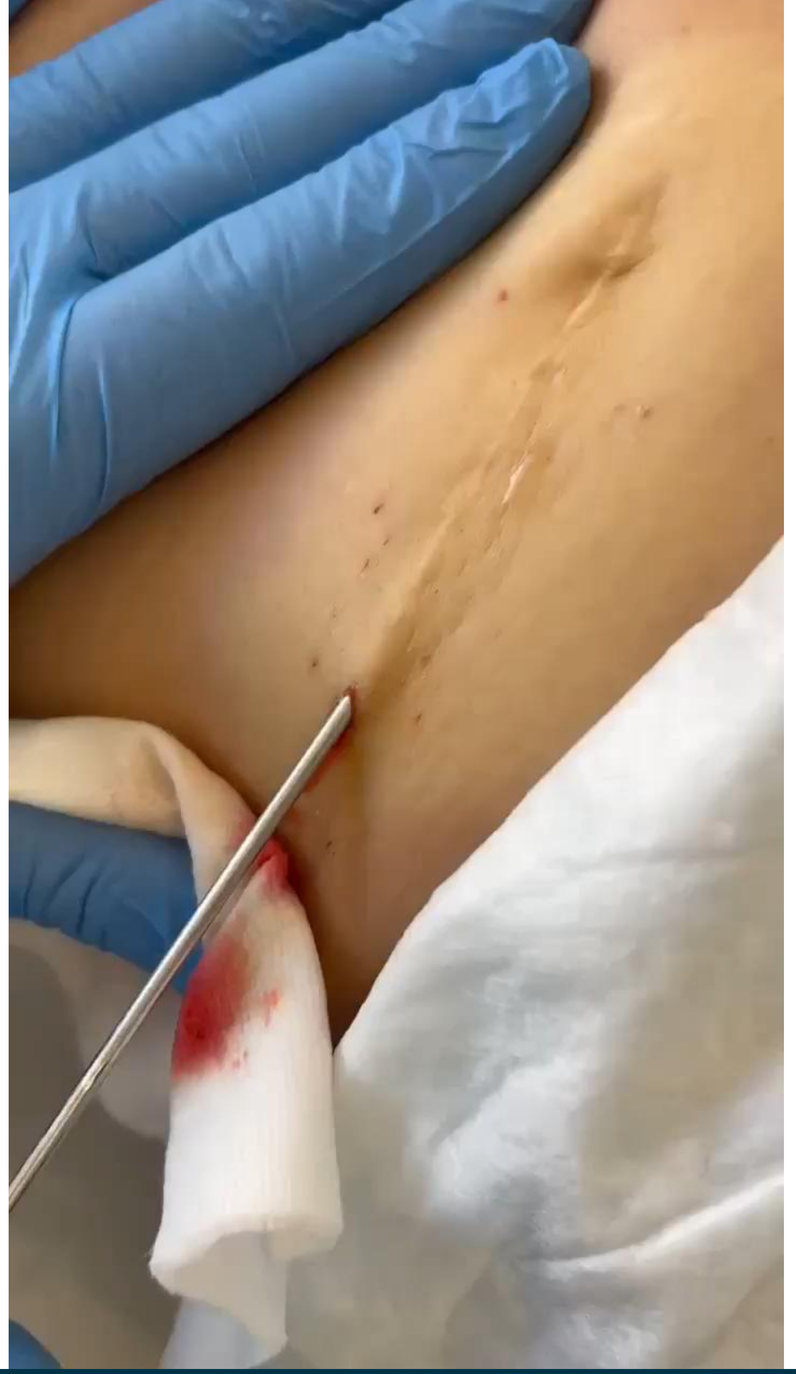




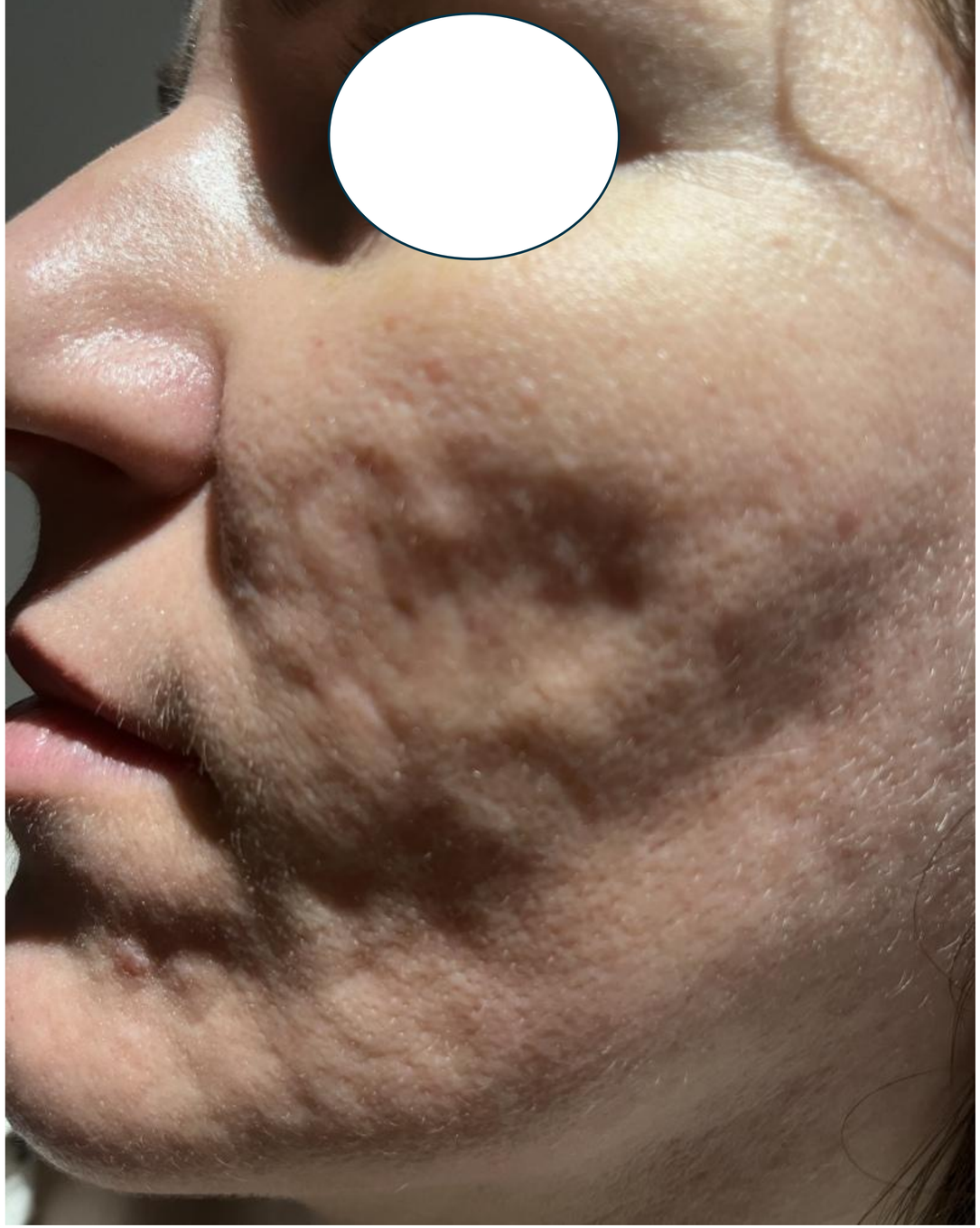
T

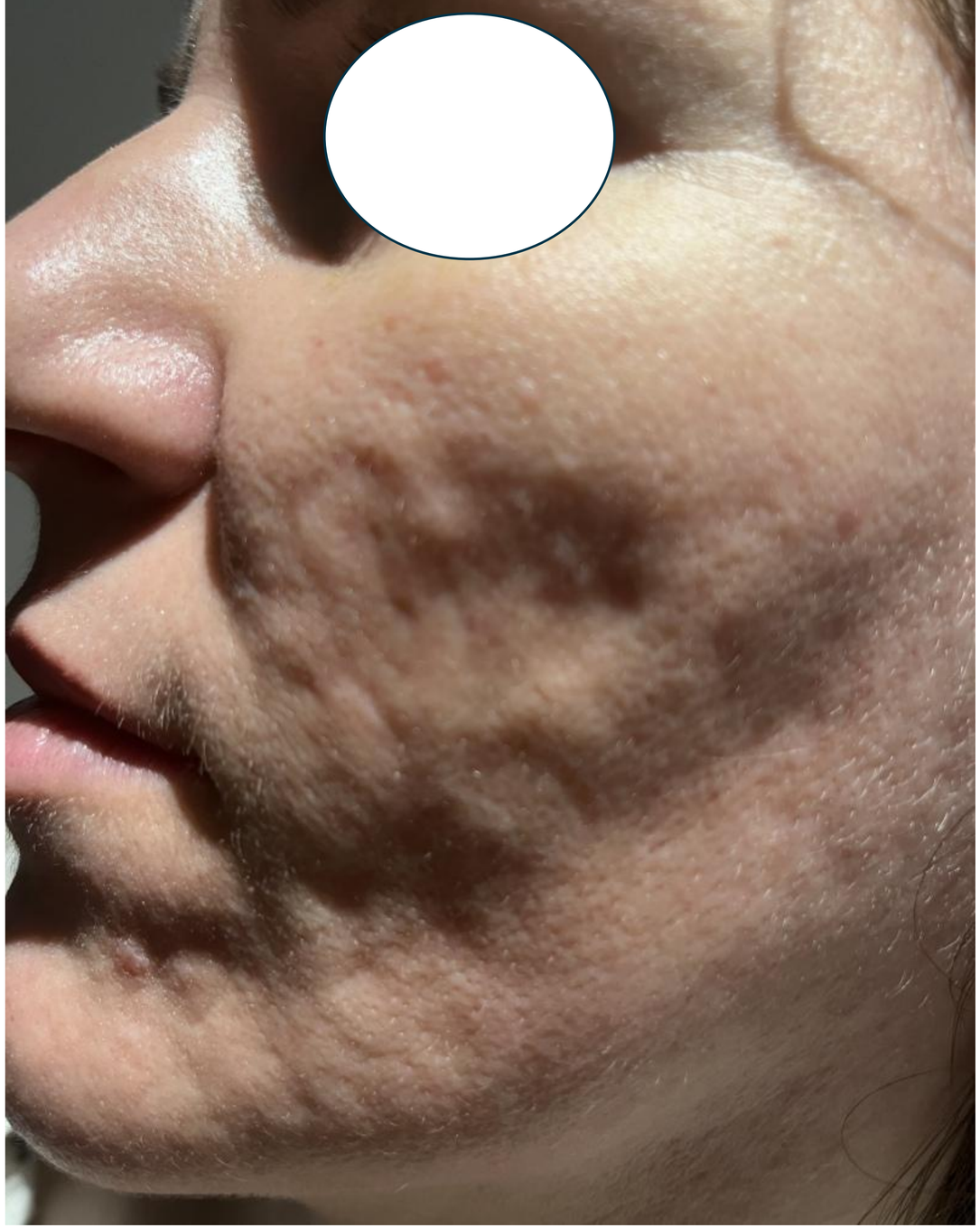


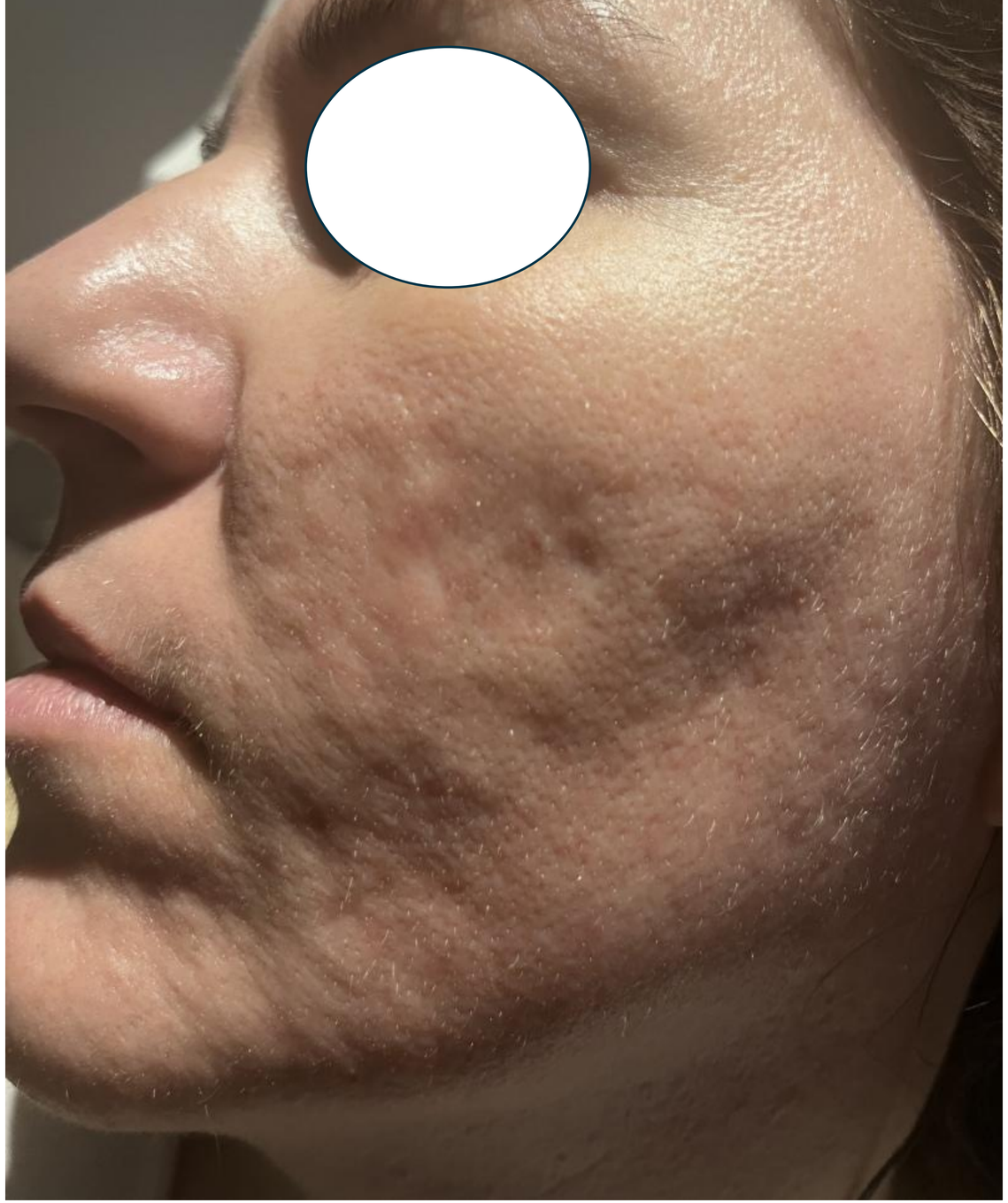


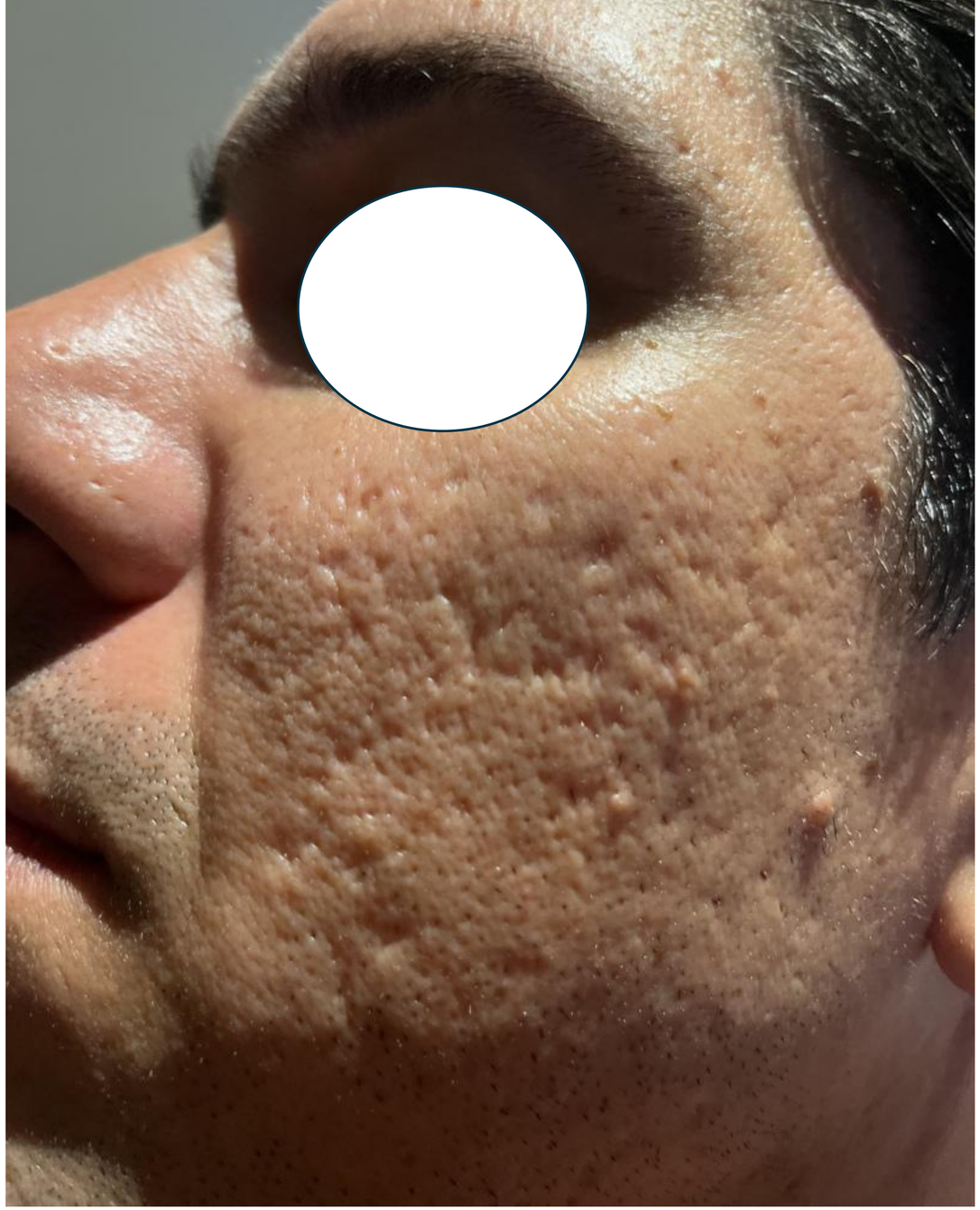


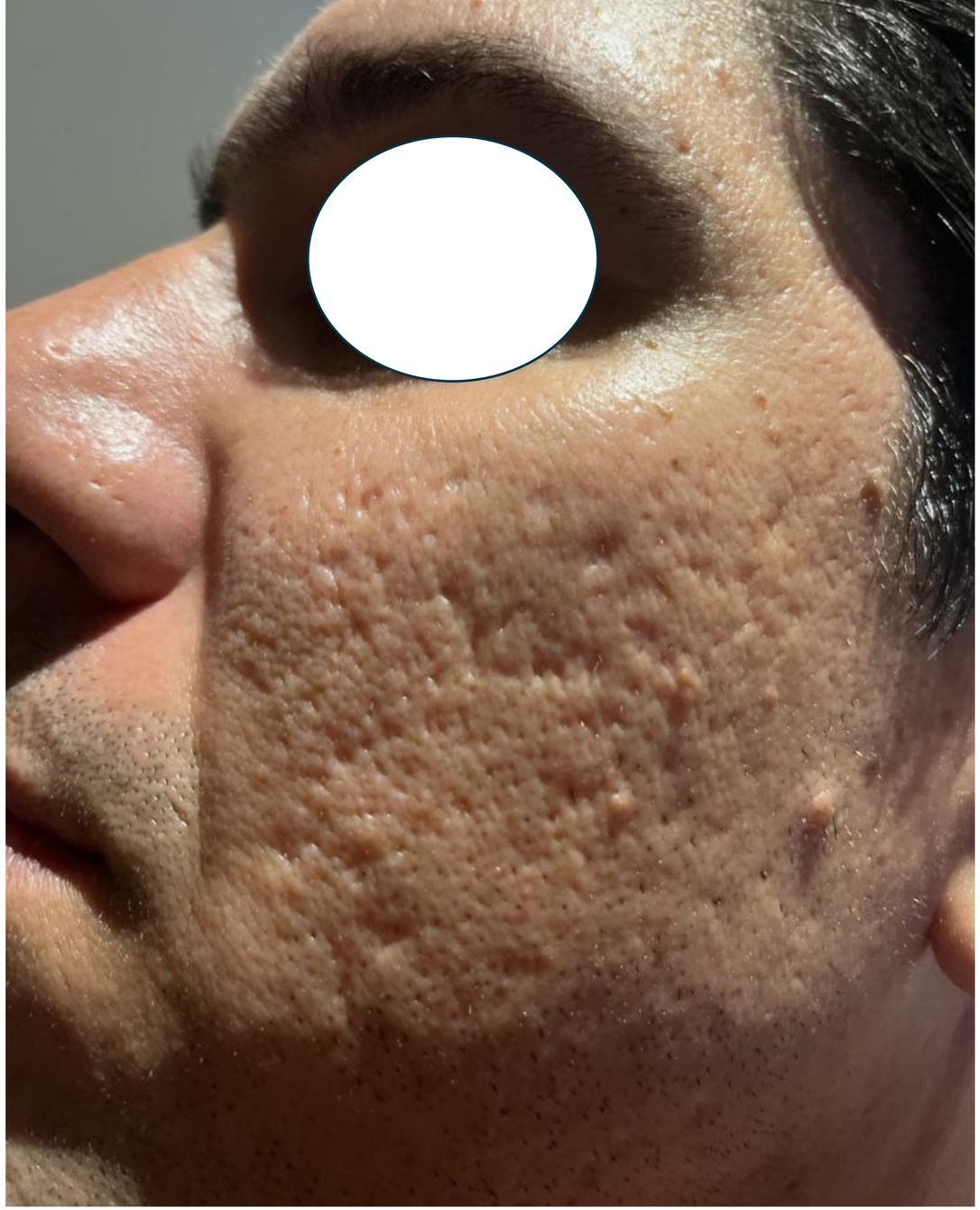
Cases

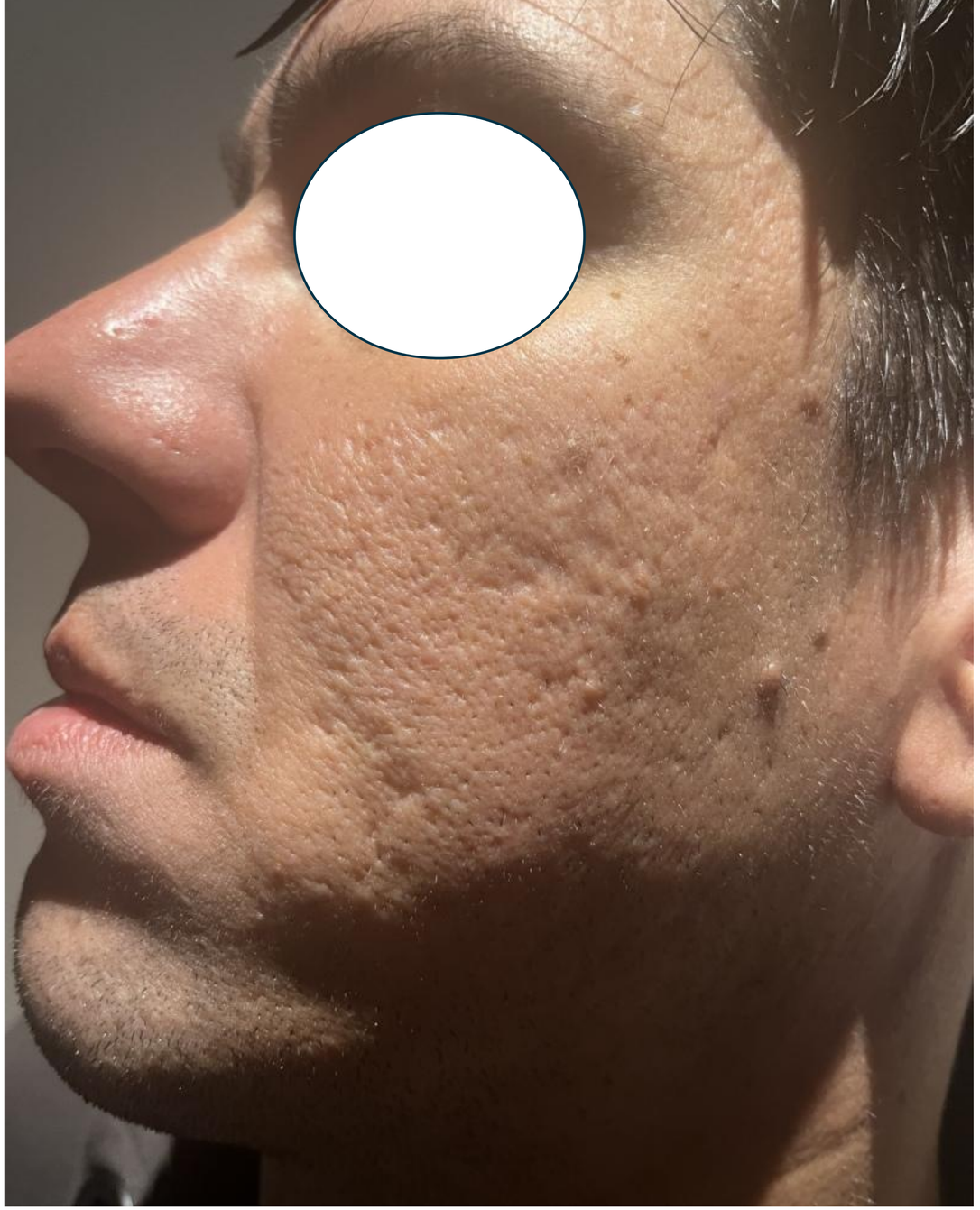


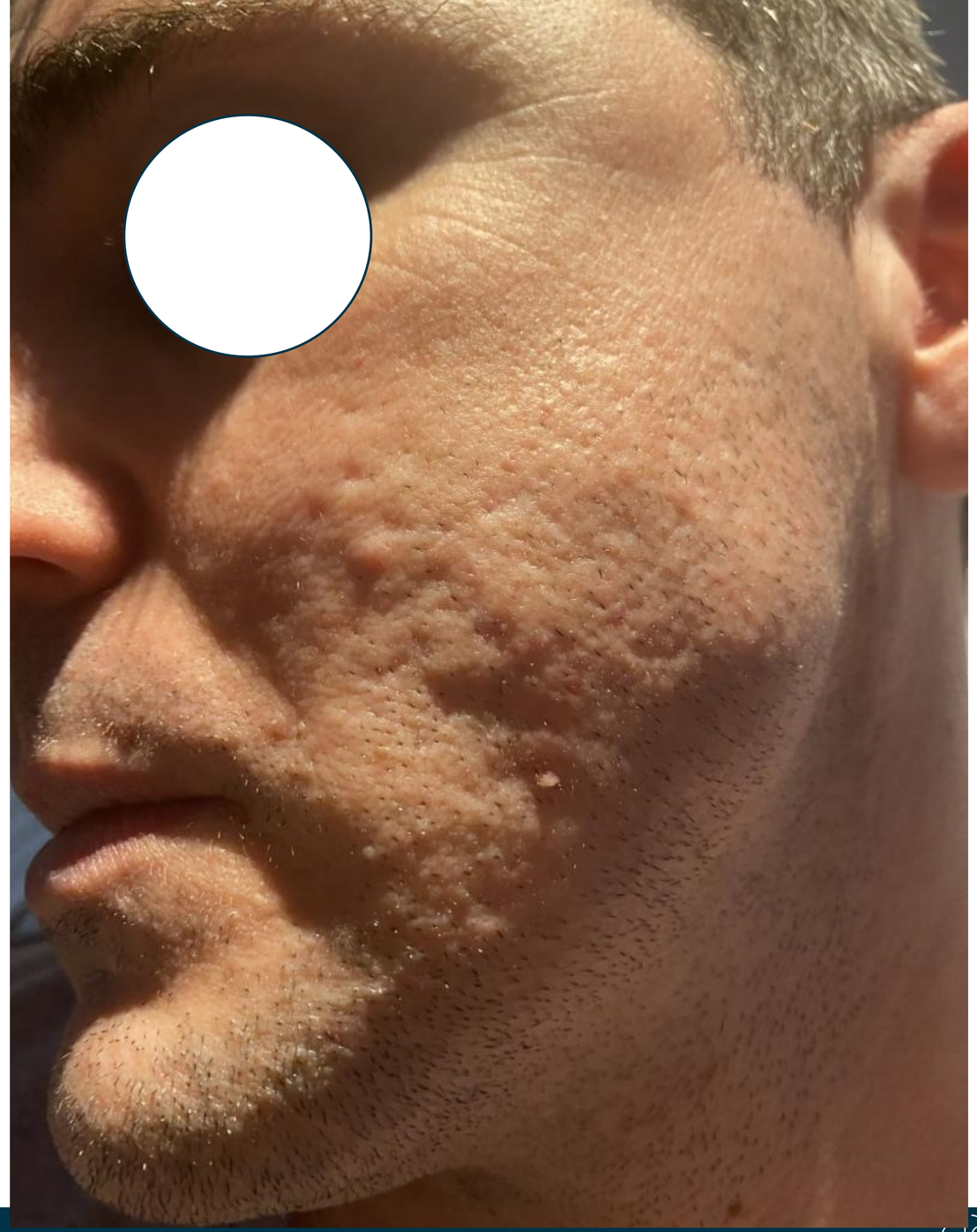


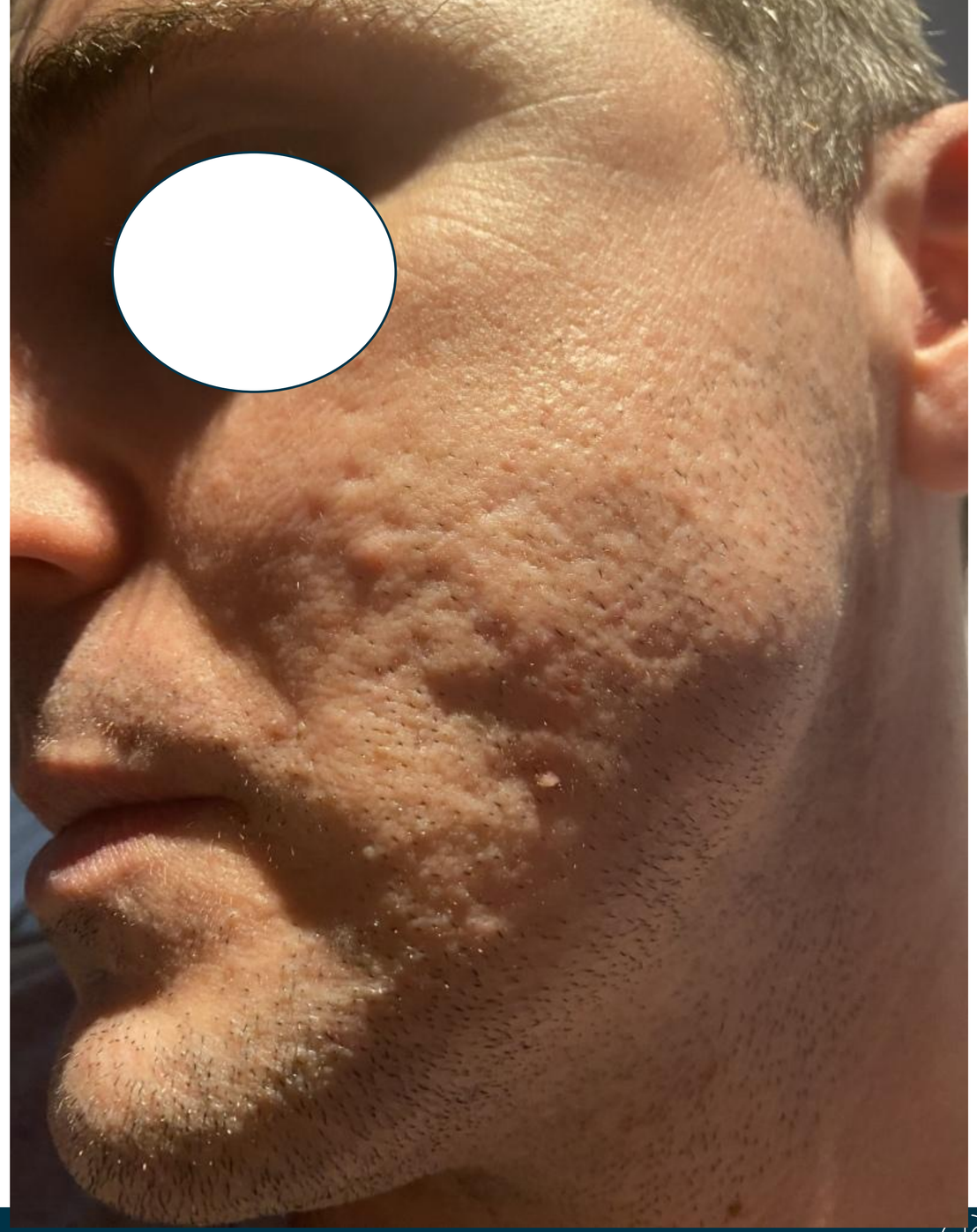


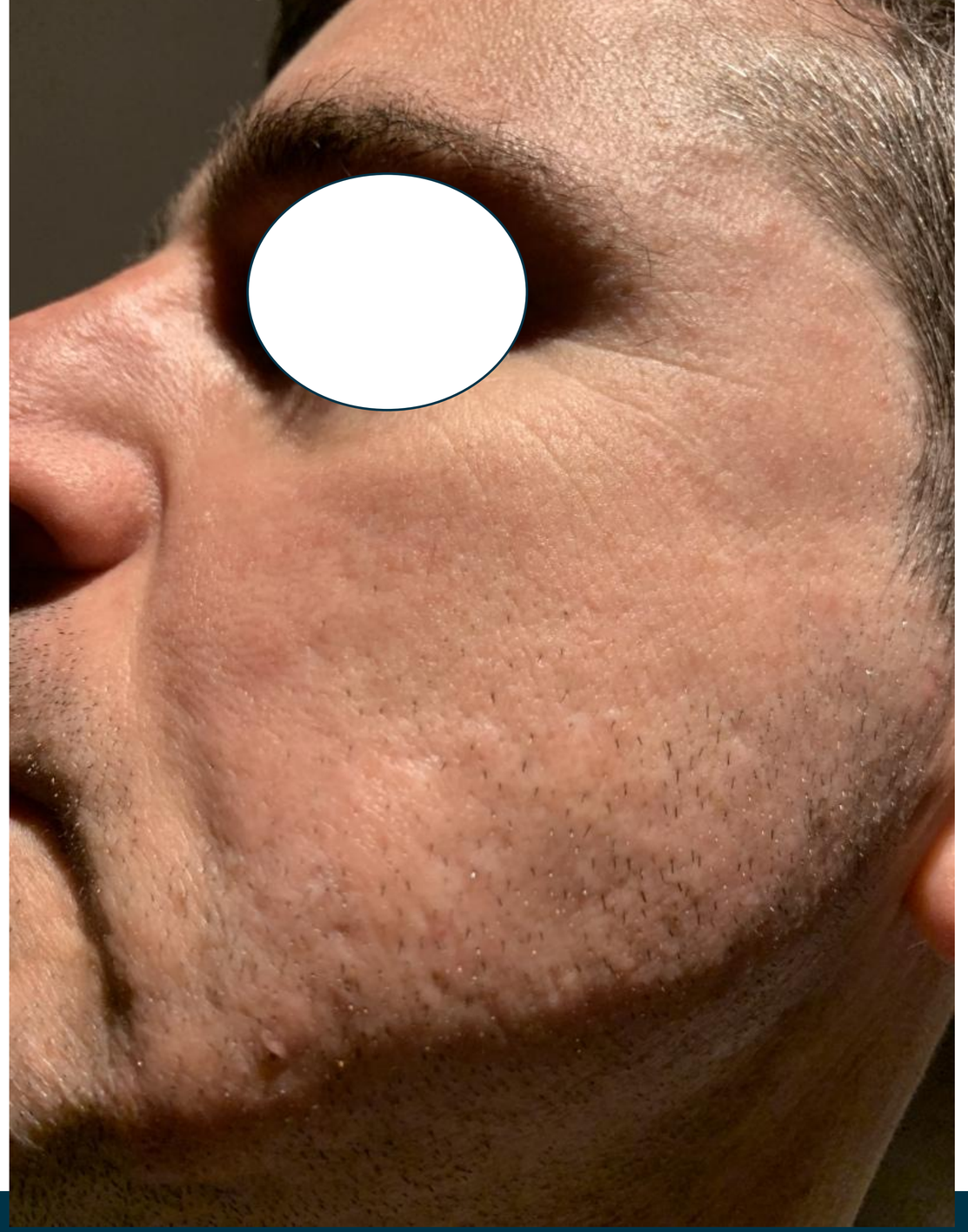


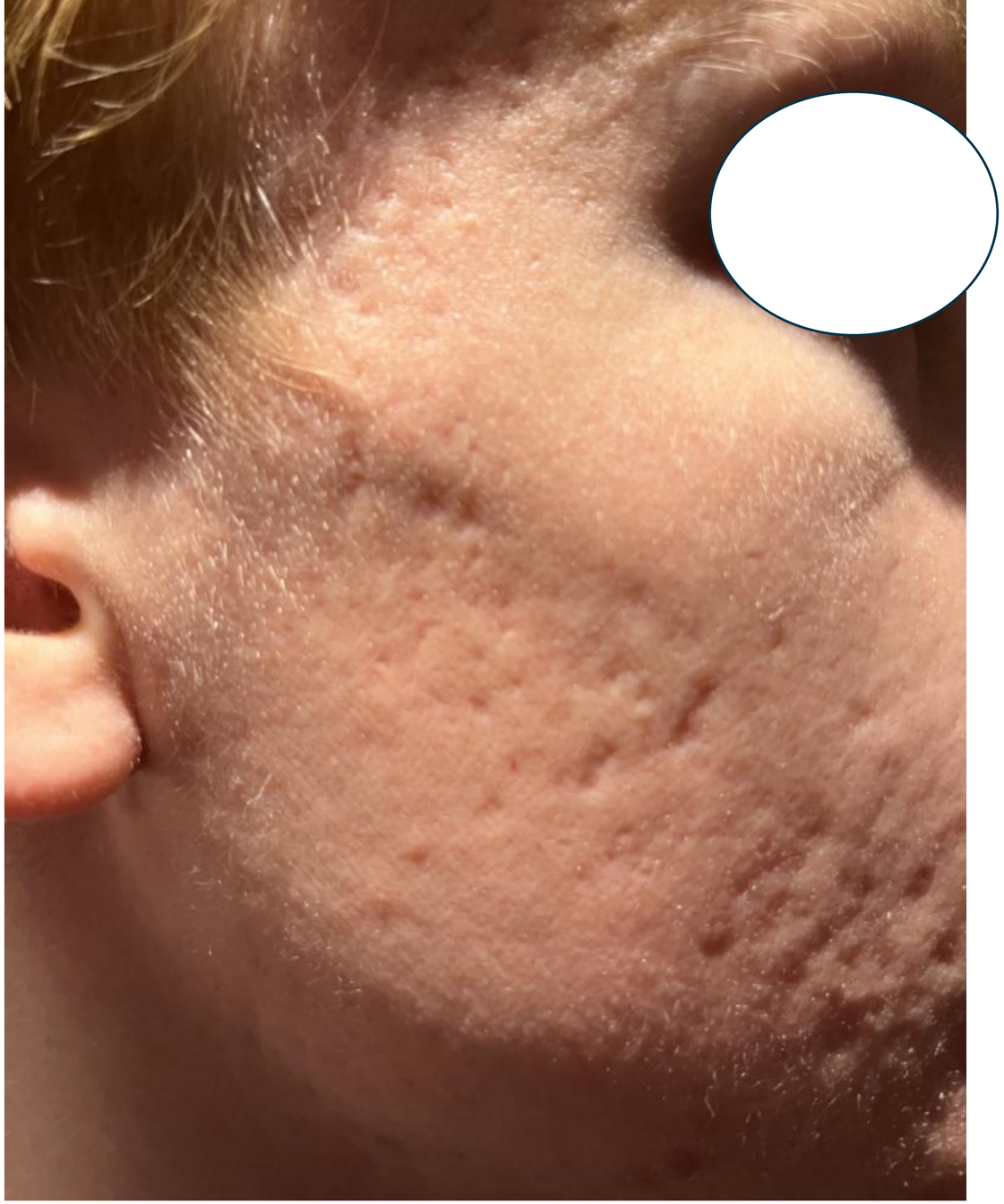


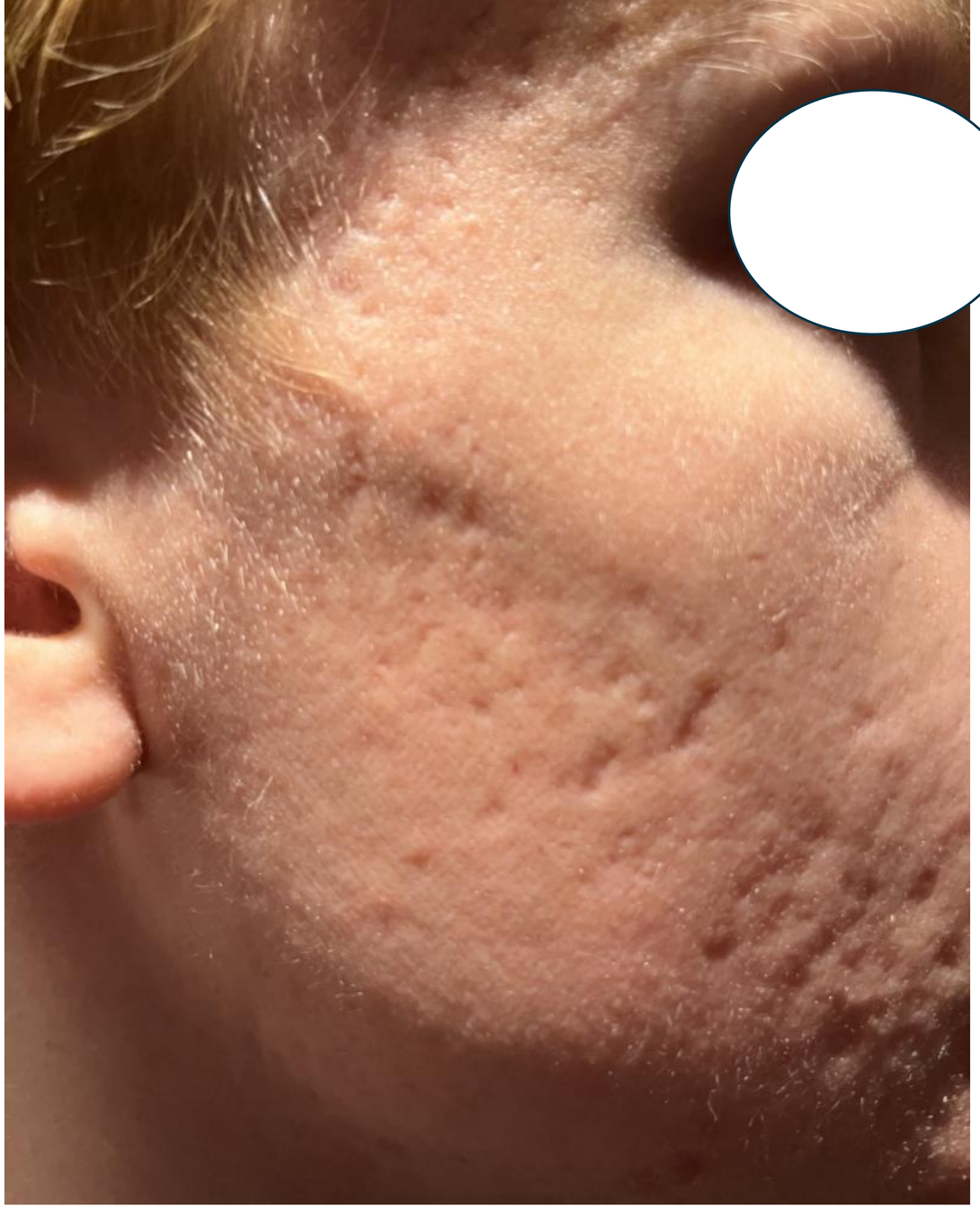


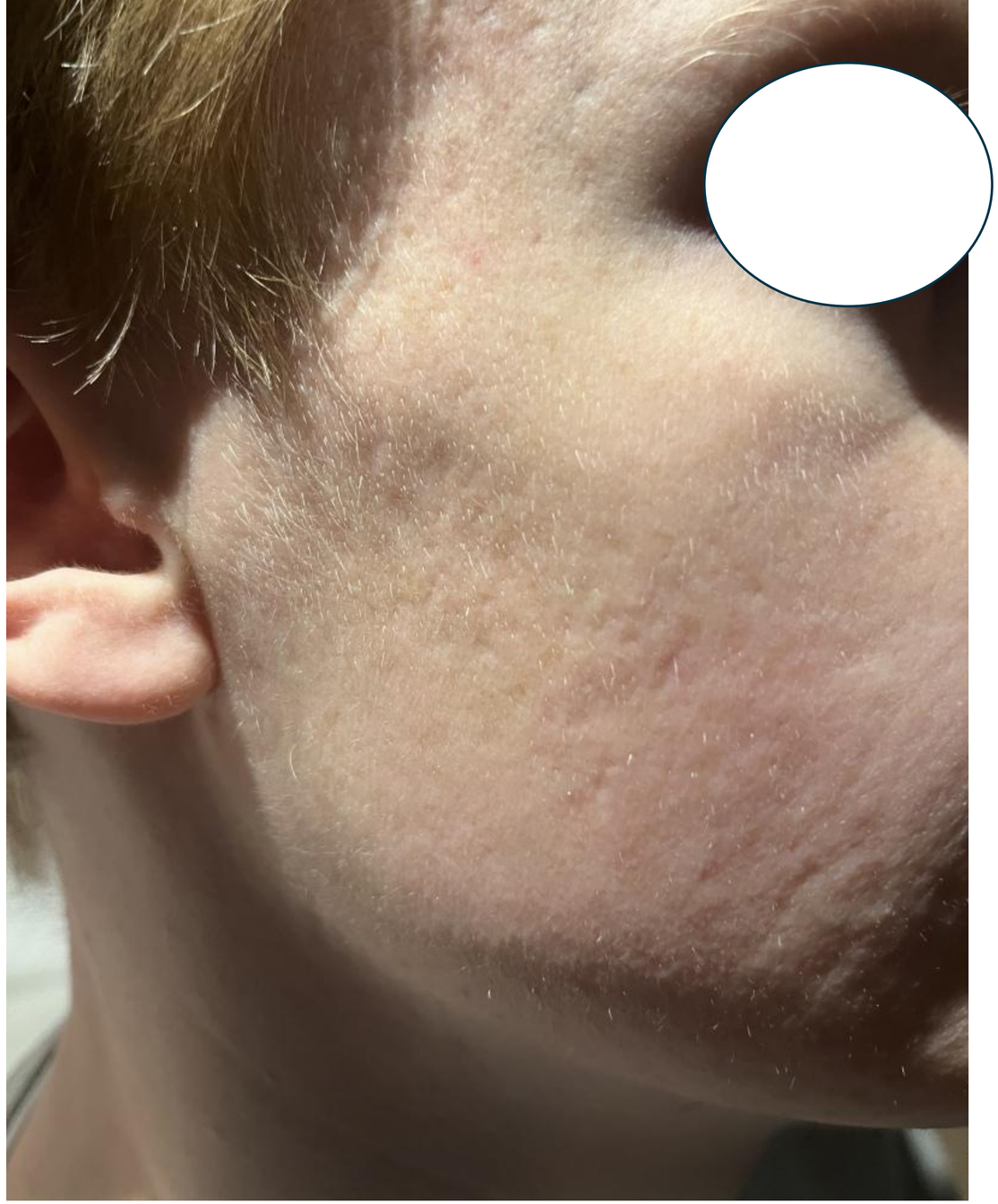


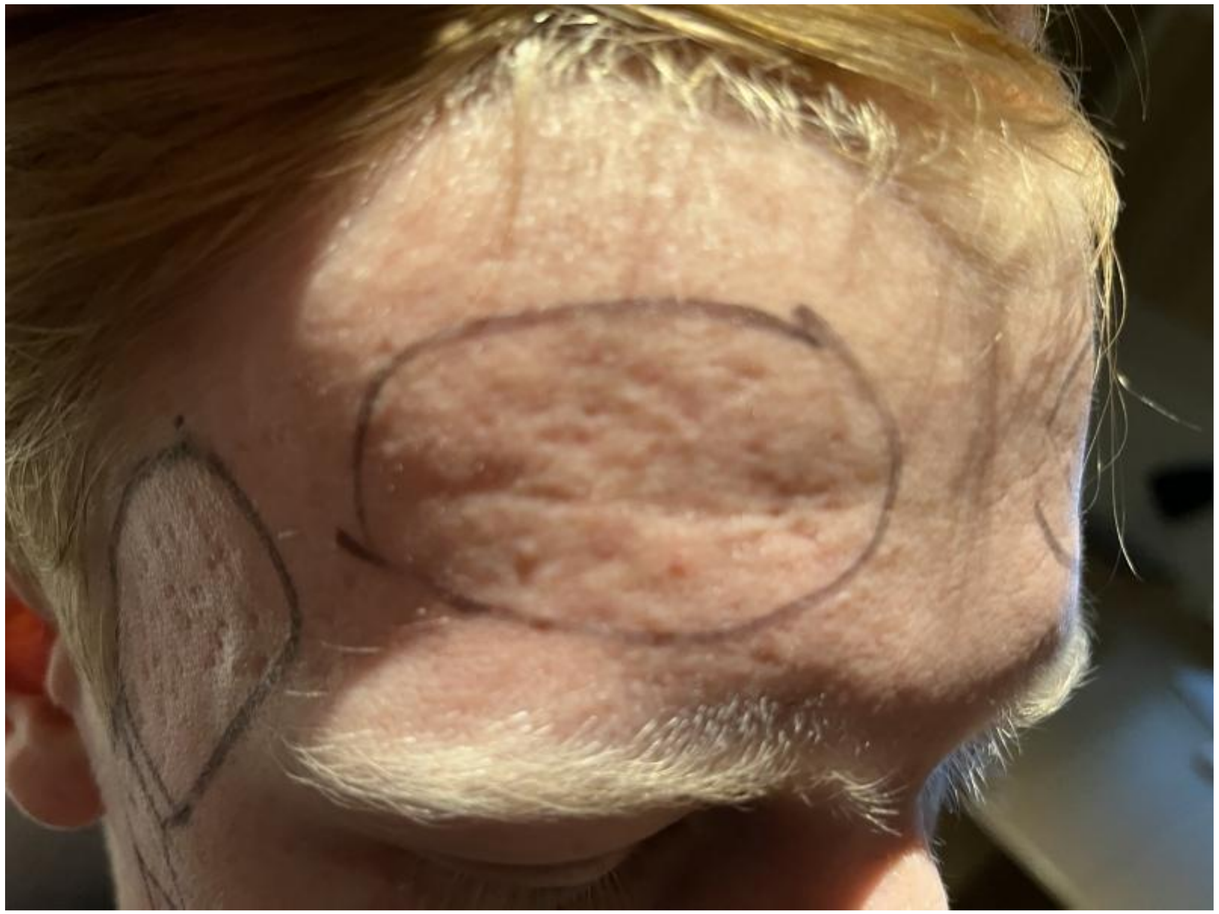


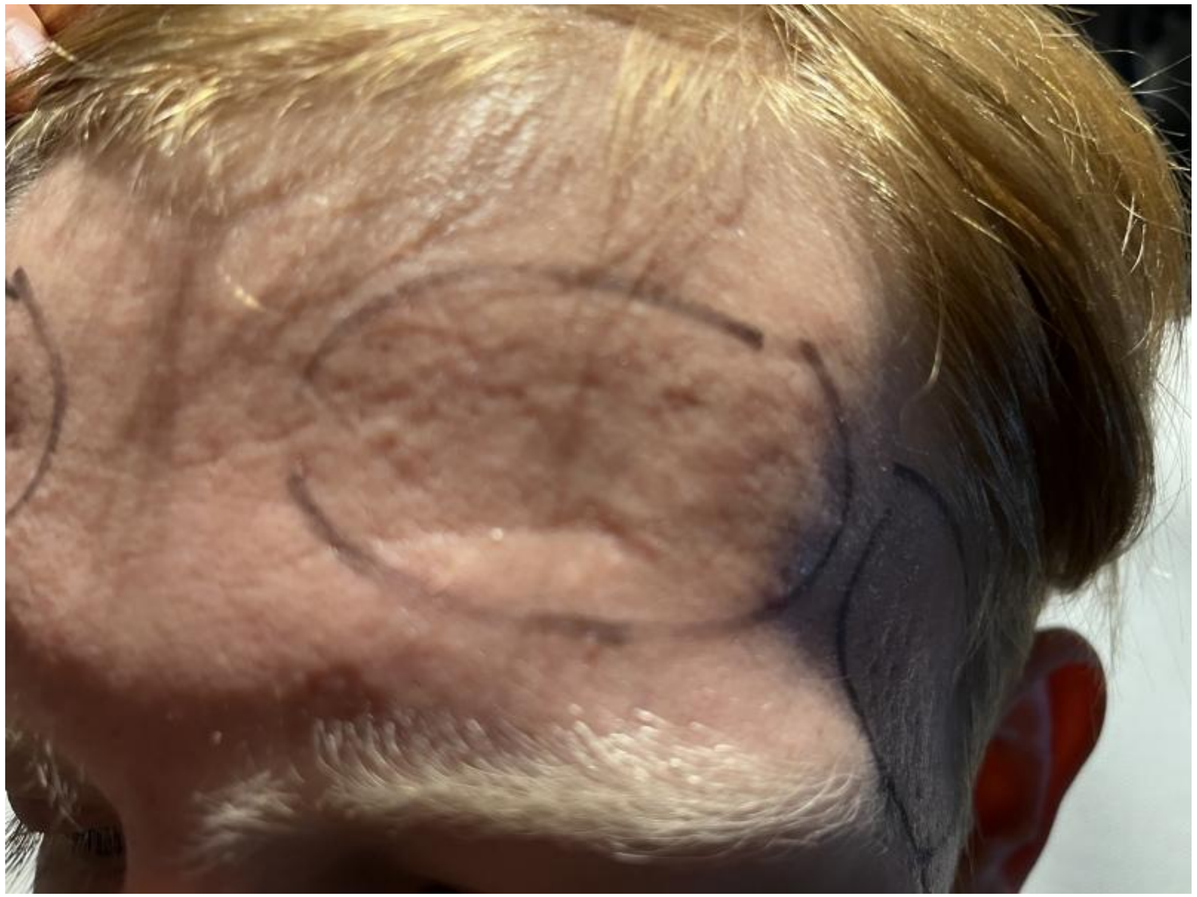


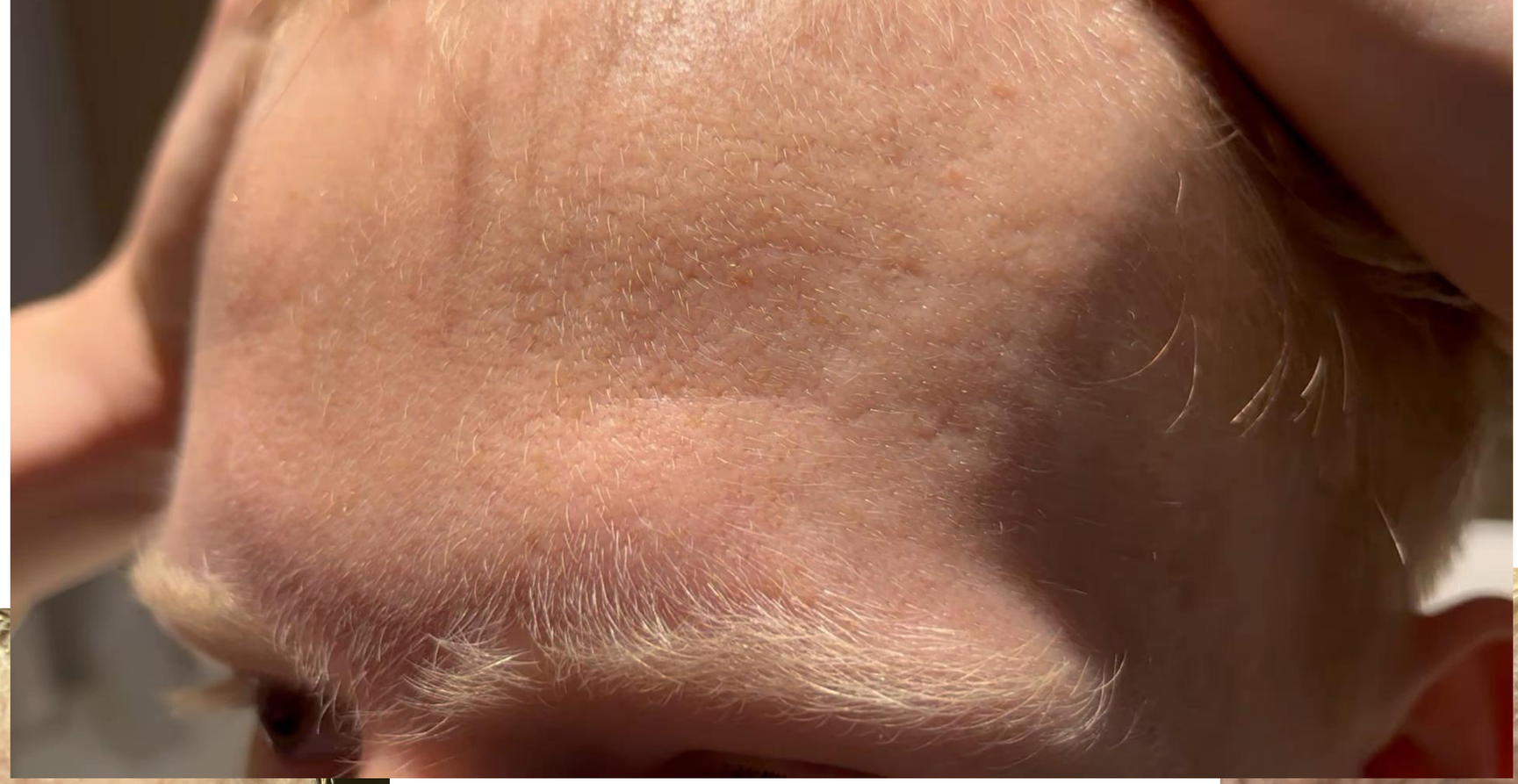


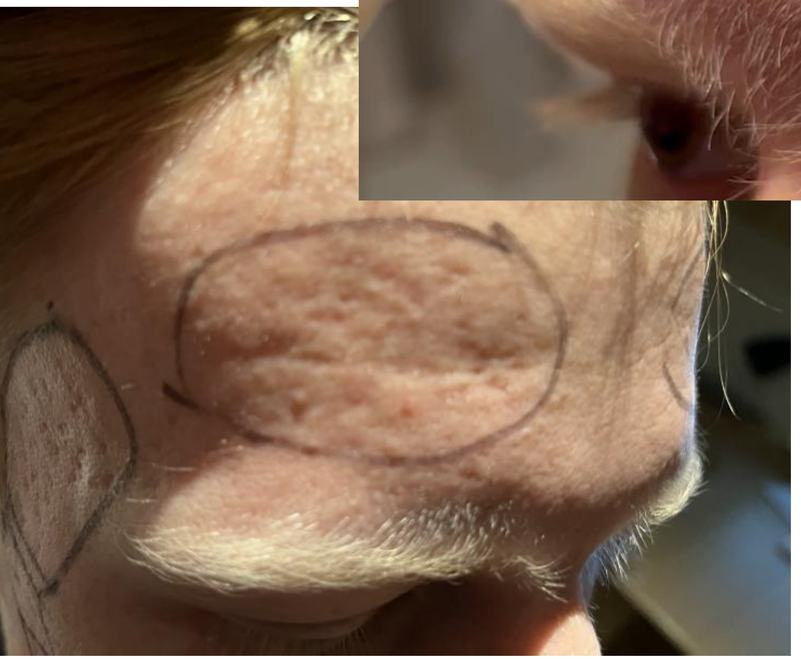


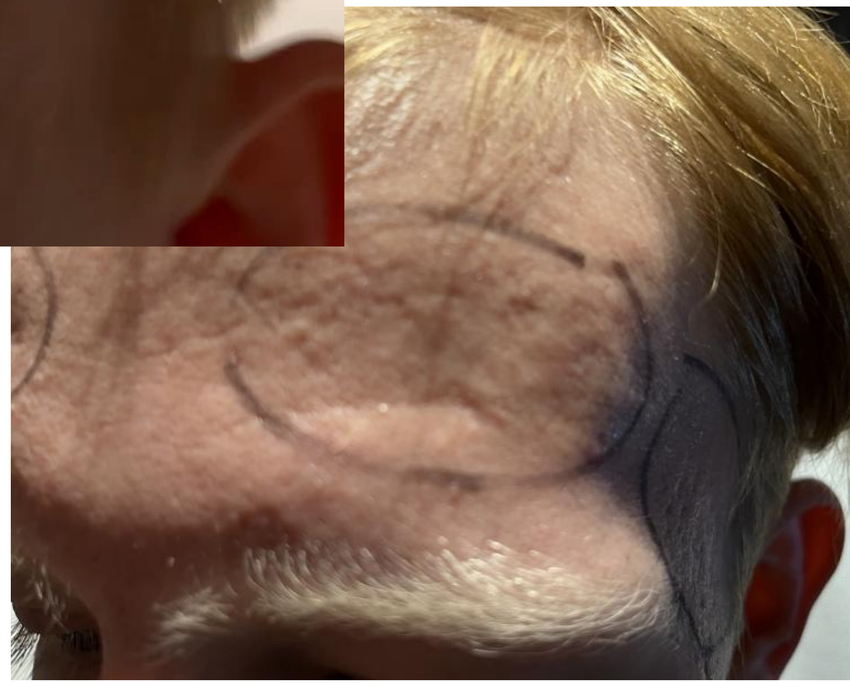












emh@cutisclinic.dk