

Peel to Reveal

New twists on established skin care technologies can lead to improved results for patients

By Wendy Lewis

In the 1960s, Miami-based plastic surgeons Baker and Gordon developed a deep-peeling agent that became popular for smoothing deeper lines and furrows, most notably from photodamage.

From the 1980s to the present, we have seen an explosion of peeling agents of varying depths that produce an improved appearance, a reduction in acne lesions, a decrease in pigmentation and irregularities, and a smoother texture to the skin.

Superficial peels are most commonly performed with alpha-hydroxy acids (AHAs), such as salicylic acid and glycolic acid.

These have been proven to be effective in treating acne, melasma, superficial scarring, skin texture, and skin tone.

Treatments of light peels are usually administered in a series of six to eight peels, each peel given 2 or 3 weeks apart.

"Most patients can tolerate a program of monthly superficial peels, while we recommend medium-depth peels be performed at 6- to 12-month intervals as needed," according to Bonnie Marting, RN, NP, of Anushka Spa and Cosmedical Centre in Palm Beach, Fla. "Following the peel treatment, it is important that the patient follow instructions religiously to prevent complications, especially in terms of sun avoidance."

Medium-depth peels are typically performed using trichloroacetic acid (TCA), and can benefit coarser wrinkles and precancerous lesions due to the deeper penetration achieved.

Coarse wrinkles and deep perioral rhytides may require a more aggressive agent, such as phenol or croton oil, and can produce dramatic results after one treatment.

However, this type of peel has an extended recovery time that has made it less popular since the advancement of laser- and light-based technologies.

"We are very careful to make the patient aware that the skin will exfoliate for a period of time depending on the depth of the peel," Marting explains. "For

superficial peelings, we generally schedule a follow-up appointment at the time of the next peel. For medium peels, patients are seen two or three times during the week after treatment to provide for early intervention if problems develop.

"If the patient has a history of cold sores, treating with acyclovir or an equivalent drug is advisable, beginning 2 days prior to the peel and continuing for up to 1 week for prophylaxis," she adds.

SUPERFICIAL PEEL SYSTEMS

"The spectrum of superficial to medium peels includes AHAs, such as glycolic and lactic; salicylic, or beta-hydroxy acid (BHA); Jessner's solution, a combination of lactic, salicylic, alcohol, and resorcinol; and TCA," says Grace L. Keenan, MD, founder of The Medical Spa at Nova in Ashburn, Va.

Among her peel systems of choice, Keenan offers Sensi Peel/PCA Peel from Physicians Choice, Destin Fla.

"The Sensi Peel is designed for the special needs of mature, ethnic, and sun-damaged skin. We have found it to be effective for reducing the appearance of age spots, acne scars, fine lines, superficial hyperpigmentation, and melasma," Kennan explains.

"Another effective program we feature is from MD forté. We offer two strengths of glycolic acid peels—70% and 99%—to exfoliate the surface of the skin. After a skin analysis to determine the appropriate strength for each individual patient, a series of six peel treatments are usually recommended," she adds.

Vitalize Chemical Peel from Skin-Medica, Carlsbad, Calif, which is formulated with retinoic acid, AHAs, and resorcinol, is typically used to address a wide range of skin conditions with minimal downtime.

Benefits include reduction in photodamage, hyperpigmentation, and enlarged pores. Due to the active ingredients, patients are advised that redness and peeling may occur for several days after the peel. A series of six treatments is rec-

THE "LUNCHTIME PEEL"

Superficial chemical peeling has several benefits and few risks or side effects.

- Removes fine wrinkles and skin roughness caused by photoaging.
- Takes away scaly skin patches that become actinic keratoses.
- Not appropriate for deep photodamage or acne scars—moderate to deep chemical peeling may be required, as well as other skin-rejuvenation procedures.
- Alpha-hydroxy acids such as glycolic acid and lactic acid derived from natural sources are typical superficial peeling agents.
- Medical criteria are less stringent or rigorous than for moderate or deep peeling.
- All skin colors are acceptable—white skin is the most likely to have successful results.
- Some darker skin types may have a temporary loss of pigmentation.
- Side effects can include slight swelling of the skin and redness for a day or so.

ommended.

"The Vitalize Peel has rapidly become one of the most sought-after cosmetic procedures in my offices. My patients visit me from throughout the world, and the Vitalize Peel is ideal for all of them because it produces an even, predictable exfoliation with minimal downtime in all skin types," according to Hema Sundaram, MD, FAAD, a cosmetic dermatologist in the Washington, DC, area.

Sundaram notes that Vitalize Peel dramatically improves hyperpigmentation, fine lines, acne, scarring, and prominent pores; as well as restores skin luster.

Epidermal peels using mild AHA and BHA concentrations of 50% or less can be used on all skin types to treat a wide variety of conditions, but there are some contraindications.

LaRoche-Posay, New York City, for example, offers several peeling options, including the glycolic-based MicroPeel Plus for professional use.

The MicroPeel Plus is a 15-minute, one-set office procedure available in two concentrations of salicylic acid—so that it can be tailored to different indications and skin types.

Dermatologist Judith Hellman, MD,

director of Big Apple Skin in New York City, sees a diverse patient population for photoaging, acne, and hyperpigmentation, as well as those seeking maintenance treatments for general skin health and beauty.

Her approach is combination therapy when indicated.

"I use glycolic peels, mostly NeoStrata, melasma in combination with bleaching creams, Differin, or Azelex, along with glycolic acid cream a home care regimen. These are also effective for treating acne combined with topical acne agents and MD forté Glycolic Lotion for oily skin," she says.

PEELS AND CLINICAL PRACTICE

Despite the advent of laser- and light-based technologies, peeling agents still have a place in aesthetic practices.

For rejuvenation in the context of a larger regimen that includes light-based devices such as Affirm, Hellman incorporates a peel in-between sessions to facilitate the other treatments.

"I don't use much TCA currently. Laser peels give me better control of depth. Generally, one pass at a certain energy level penetrates the same depth, independent of pressure, as with peeling

solutions. However, I will occasionally do low-percentage TCA peels of around 20% for exfoliation in acne patients," she says.

Most practitioners agree that today's patients are more inclined to buy into the concept of multiple sessions of milder treatments with less discomfort, risks, and downtime, than to opt for a single deeper treatment when presented with the choices.

However, the Obagi Blue Peel is widely considered the gold standard for professional TCA peel systems.

The treatment, which generally takes 20 to 45 minutes to perform, can be adjusted based on the number of coats applied.

The signature blue mixing base incorporates built-in safeguards to help ensure practitioner control and consistent results. A single coat may involve just a few days of swelling and redness, whereas 1 week or more of discoloration and flaking can follow a deeper treatment.

The level of discomfort experienced by the patient also depends on the type of treatment administered.

"Most PCA Professional™ chemical peels are gentle and create little or no burning or stinging sensation in the skin," says Jennifer Linder, MD, a

Scottsdale, Ariz.-based dermatologist and chief scientist with PCA Skin

"Dramatic wrinkling, sun damage, or acne scars may require a deeper peel, which may cause moderate stinging. Our philosophy is a low-dose approach, which means our superficial chemical peels create minimal discomfort and duce immediate results for most patients," she adds.

To successfully incorporate chemical peels into an aesthetic practice, the clinician should assess each patient, take an extensive skin history to rule out any contraindications, explain the risks and alternatives, and then decide on the best treatment course.

"The key is to select the right peeling agent for each individual patient, apply it correctly and neutralize it efficiently, and to explain postpeel instructions carefully," Hellman explains. "When performed in this manner, chemical peels can produce excellent results. ■"

Wendy Lewis is a New York- and London-based consultant and writer in the field of aesthetic medicine, and the author of 10 books, including Plastic Makes Perfect (Orion, 2008). She can be reached at PSPeditor@ascendmedia.com.