

## Abstract

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## Laser therapy of pigmented lesions: pro and contra.

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### Abstract

Although frequently performed, **laser removal** of pigmented lesions still contains certain controversial issues. Epidermal pigmented lesions include solar lentigines, ephelides, café au lait macules and seborrheic keratoses. Dermal lesions include melanocytic nevi, blue nevi, drug induced hyperpigmentation and **nevus** of Ota and Ito. Some lesions exhibit both an epidermal and dermal component like Becker's **nevus**, postinflammatory hyperpigmentations, melasma and **nevus** spilus. Due to the wide absorption spectrum of melanin (500-1100 nm), several **laser** systems are effective in **removal** of pigmented lesions. These **lasers** include the pigmented lesion pulsed dye **laser** (510 nm), the Q-switched ruby **laser** (694 nm), the Q-switched alexandrite **laser** (755 nm) and the Q-switched Nd:YAG **laser** (1064 nm), which can be frequency-doubled to produce visible green light with a wavelength of 532 nm. The results of **laser** therapy are usually successful. However, there are still many controversies regarding the use of **lasers** in treating certain pigmented lesions. Actually, the essential question in removing pigmented lesions with **lasers** is whether the lesion has atypical features or has a malignant potential. Dermoscopy, used as a routine first-level diagnostic technique, is helpful in most cases. If there is any doubt whether the lesion is benign, then a biopsy for histologic evaluation is obligatory.

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