

Session I: Hirsutism and Hair Removal

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Localized hypertrichosis

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Hypertrichosis describes the growth of an excessive amount of hair on any area of the body. Localized hypertrichosis can develop as a component of a hamartoma, as an isolated congenial lesion, as a consequence of cutaneous trauma, and as a manifestation of systemic disease. We will develop the congenital localized hypertrichosis (congenital melanocytic nevi, Becker's nevi, and nevoid hypertrichosis), the acquired localized hypertrichosis (traumas, friction, irritation or inflammation), and localized hypertrichosis in hereditary (erythropoietic porphyria, Cornea de Lange syndrome), and acquired systemic diseases (juvenile dermatomyositis ...). Treatment of hypertrichosis is depilation, being laser the best method of hair removal.

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Fundamentals of laser hair removal

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The popularity of laser-assisted hair removal has grown rapidly since the introduction of the first FDA approved hair-removal laser system on April 3, 1995. IPLs and lasers with wavelengths in the red and infrared portion of the electromagnetic spectrum are most often used for hair removal because they effectively target melanin in the hair follicle and can potentially penetrate to the appropriate depth of the dermis. However, the outcome may vary significantly from patient to patient and from one anatomical site to the other. The aim of this paper is to discuss the basic principles of this technology as lightened up by the recent research.

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A comparison of low fluence, multiple pass 810nm diode laser hair removal vs standard single pulse technique

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Laser hair removal has become an increasingly popular method to remove unwanted or excess hair. Since its inception into widespread use, the major goal is to find the balance between effective hair removal while causing the least amount of pain and discomfort for the patient. We have investigated a relatively new technology (at least in the United States) utilizing the 810nm diode laser at low fluence, but with a high average power and an in-motion technique, which is said to be effective at removing unwanted hair and with less discomfort for the patient. Specifically, we are conducting an on-going prospective, randomized, side by side comparison of either the legs or axilla comparing the Soprano XL 810nm diode in Super Hair Removal (SHR) mode (Alma Lasers) vs. the Light Sheer Duet 810 nm diode laser (Lumenis). Currently, of the 19 enrolled patients, while both groups have good hair removal, 68% report less pain and discomfort with the Soprano vs. the Duet. Furthermore, initial data show that the Soprano treated side appears to be more effective. Thus far, one patient experienced a mild burn with the Duet laser. This data, while interim, supports the hypothesis that using diode lasers at low fluences, high average power, and with multiple passes is an effective way to remove hair effectively, and with less pain and discomfort.

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>Linear scanned hair removal long term efficacy in relation to alexandrite hair removal

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Recently the concept of linear scanned lasers has been introduced for hair removal. Equipped with an 808nm diode laser (Leda, Quantel Derma, Germany) it allows very fast treatments due to the unique application of the laser beam. The EpiCon-Study compared a spot-by-spot scanned alexandrite laser (Arion, 755 nm, Quantel Derma, Germany) with the continuously scanned diode laser for axillary epilation (right vs. left axilla) in 31 patients (28 female, 3 male). After 6 laser treatments with 4-6 weeks intervals a significant hair reduction was found in both axillae. This study evaluates long term results as measured 18 month post laser treatment. However the new system is rated as highly painful. Therefore the alternative concept of application of low level linear scanned hair removal system has been tested within the EpiConLow-study. A total of 22 out of the 25 patients completed the study until visit 4. In concordance with the evaluation during the study, hair reduction was documented with a dermoscope (Trichoscan[®], Germany). 4 weeks after the last laser epilation both axillae showed still a comparable, significant hair reduction. Compared to the pre-treatment visit the mean axillary hair count was reduced down to 23.7% (continuously scanned low level 808nm diode laser, $P<0.001$). There was no significant difference in both axillae to the hair reduction. All patients were satisfied with the results, no

permanent side effects were observed.

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Home use devices: The challenge

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Given the popularity of light-based hair reduction treatments worldwide, and given the need for repeated treatments, it is a natural market demand that home-use devices be accessible. The perceived safety and predictability of hair removal further drive the market demand for patient-operated devices. Studies of patient-applied treatments using office-based devices have shown that patients can learn how to administer the procedure, but the circumstances of the studies cannot be translated to the home use environment and safety remains the major concern in home-use devices. Given that devices in the hands of untrained users must err on the side of caution in energy settings, and may therefore not provide the needed results in hair reduction, is it possible to design a home-use light-based device that is both safe and effective?

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