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International Conference on Infectious Diseases, Diagnostic Microbiology & Dermatologists Summit on Skin Infections

October 03-05, 2016 Vancouver, Canada

Comparing the effects of microsecond pulse duration light system and millisecond pulse duration light system in treatment of facial erythematotelangiectatic rosacea

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Background: Rosacea is a common disease. Persistent centrofacial erythema and telangiectases are common features of erythematotelangiectatic rosacea.

Objective: We aimed to compare the effects of microsecond pulse duration light system and millisecond pulse duration light system in treatment of facial erythematotelangiectatic rosacea. To our knowledge, there was no previous study using intense pulse light (IPL) with microsecond pulse duration for treatment of erythematotelangiectatic rosacea.

Methods: This was a split-face, double-blind, randomized & controlled trial. Each patient received four treatment sessions at one month intervals with microsecond for one side and millisecond pulse duration light system for the other side of his/her face. Duration of erythema, pain scores and patients and dermatologists opinion about improvement of lesions were recorded and the face was photographed.

Results: Ten patients (eight women and two men) with skin phototypes III to V were enrolled; one woman was excluded because of prolonged depigmentation; the data of the nine participants who completed the study were analyzed. Duration of facial erythema using millisecond IPL was significantly longer than microsecond IPL and there was no statistically significant difference in mean improvement grade and pain scores between the two devices. Post-inflammatory hyperpigmentation was detected in one case with skin phototype IV after the second session with millisecond IPL, which resolved five weeks later. No serious adverse events were observed.

Conclusion: Erythematotelangiectatic rosacea is safely and effectively treated with microsecond and millisecond IPL systems. Erythema occurring after using microsecond device may persist shorter than that of millisecond one. Except duration of erythema, no other difference was observed between devices. Further studies are recommended to demonstrate the benefits of IPL with microsecond pulse duration in the treatment of facial telangiectases and other vascular lesions.

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Chestnut honey and sherbet enhance the healing of burn skin wounds in rat model

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Honey has been used throughout the history both as a food and a therapeutic product due to its nutritional value and biological activity (bioactivity) potential. The honeys with high bioactivity are provided to the use of complementary medicine practitioners in developed countries such as USA, UK, Japan, Australia, New Zealand and major EU countries. Wound care in the modern medicine is achieved by using adsorbents, impregnated dressings, foams, hydrogels and hydrocolloids. However, the major problem in wound treatment is the growth of antibiotic-resistant bacteria in the wound area. Meanwhile, honey stands out as the most commonly used agent for wound treatment within the field of traditional and complementary medicine. Both osmotic and high acidity properties of honey, as well as the organic compounds within the nectar sources of honey exert an accelerator effect in the sterilization and healing of the wound. The aim of this study is to examine the healing potential of high bioactivity chestnut honey on the topical burn wounds compared to the control groups in rat model. In this study, rats were induced with burn wounds and divided into 4 groups for treatment, which are saline dressing, honey dressing, Ag sulfadiazine and honey dressing+sherbet. Microscopic analysis of the wound healing was performed through monitoring the skin epithelialization, granulation, neovascularization, inflammation and fibroblast maturation using the immunohistochemical methods. The group treated with honey dressing+sherbet showed the most rapid and effective healing of the burn wound. Based on the findings of this study, the chestnut honey with high bioactivity can be used in clinical trials on burn wounds as a complementary approach to the conventional treatment methods in the future studies.

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