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Figure 6. Androgenetic alopecia on the vertex. Note the symmetrical hair loss similar to CCCA.

or doxycycline due to their anti-inflammatory properties.⁶ Much longer treatment periods may be required. Antifungal shampoos can be used to control scaling and inflammation.⁵ However, severely damaged follicles may not recover, and follicular scars are incapable of hair regrowth.⁶ AGA is commonly treated with 2% or 5% minoxidil or finasteride 1mg, which typically results in increased hair density.⁴ Hair

transplantation for AGA can produce dramatically positive results, but will be unsuccessful in patients with active inflammation from CCCA.⁵

The cause of CCCA remains unknown, but hair grooming practices, such as chemical processing with relaxers; heat styling; and hairstyles that increase traction, such as braids and extensions,⁶ have been implicated, particularly in women. Genetic inheritance factors have also been suggested, which may be a more likely explanation in men because they less commonly use the above grooming practices. However, there is no published literature that definitively establishes the cause(s).⁵ Therefore, it is important to obtain a thorough medical history including hair grooming practices and scalp biopsy when clinical suspicion necessitates further investigation.

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Hair Dryer Use to Optimize Pulsed Dye Laser Treatment in Rosacea Patients

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Message from the Section Editor

It is with great excitement that I introduce this new section, "Physical Modalities for Acne, Rosacea, and their Sequelae" of The Journal of Clinical and Aesthetic Dermatology (JCAD). This section will present pearls for treating acne and rosacea using lasers and other minimally invasive modalities. I hope that this section will provide useful knowledge to supplement your medical armamentarium for treating acne and rosacea.

If you would like to contribute to this section, please contact me at egraber@bu.edu.

—Emmy Graber, MD



Abstract

Rosacea is a common chronic inflammatory condition characterized by erythema, telangiectasias, papules, and pustules. While there are many effective treatment options for the papulopustular type, laser therapy remains the most effective modality to treat erythematotelangiectatic rosacea. Erythema and flushing associated with rosacea remains an uncomfortable and socially embarrassing problem for patients. Unfortunately, patients often do not have significant erythema or flushing when they present for laser treatment. With this in mind, we propose a novel technique aimed at enhancing the response of rosacea patients being treated for erythema with pulsed dye laser. Specifically, we present a split-face example of our clinical observation that pre-treatment with forced heated air prior to pulsed-dye laser leads to a greater response in rosacea patients with erythema and flushing.

Introduction

Rosacea is a common, chronic inflammatory disorder characterized by erythema, telangiectasias, flushing, and in some cases, inflammatory papules and pustules. There is a clear and well-known tendency toward vascular hyper-reactivity. Rosacea patients have been shown to have a greater and more rapid response to foods known to induce facial vasodilation. In addition to foods, temperature is a known trigger for flushing in rosacea as well.¹ The telangiectasias and erythema of rosacea are a frequent complaint of patients. Although numerous topical therapies are approved and recommended in the management of acne rosacea, few adequately address the complaint of erythema as directly or effectively as laser procedures.