

# **FACIAL RESURFACING**

## **ESSAY**

*Submitted for Partial Fulfillment of Master Degree in Dermatology  
and Venereology.*

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# FACIAL RESURFACING





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## INTRODUCTION

Facial Resurfacing is induced controlled wound of the skin in order to achieve a better one.

There are different modalities to achieve this, some of which are very old, like the chemical peeling which dates since the ancient Egyptians while others are so recent example laser resurfacing. Other modalities are Cryopeeling, which depends on the use of cooling agents as liquid Nitrogen. Also, dermabrasion, which depends on, a fast rotator machine to peel the skin at different levels.

There has a great concern in the last decade about the idea of facial resurfacing due to the recent modifications and updating of the modalities to achieve so, which changes the hopeless feelings of many patients to improve their looks and get rid of many cosmetic disorders, example scars and pigmentary disorders.

The aim of this work is to try to put in summary the different modalities, techniques, advantages and disadvantages of these modalities to achieve a healthy and better look.

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# CHAPTER ONE

## *GENERAL CONCEPTS*

### ***CHAPTER WILL INCLUDE:***

- Introduction
- Definition
- Histology Classification and Histopathology
- Wound healing
- Pre-operative treatment
- Post-operative treatment

## INTRODUCTION

Since the ancient Egyptians, until present day, through all cultures and through the span of centuries, mankind has been pre-occupied with youth and physical appearance. At some point in the life-time of every man or woman, concern with the quality of his or her skin becomes a priority regardless of concomitant inappropriate clothing, tussled hair-style or apparent tooth decay. Undesirable pigmentation and scarring may affect the economic opportunities and mental stability of the contemporary individual as much as they did the ancient Egyptians whose vitiligo marked a "leper" thus the heritage of facial resurfacing in the 1990's predicated upon the legacy left to us from those peacocks of the past, those artistic scientists and scientific artists who helped develop our present methodology<sup>1</sup>.

Histologically, the facial skin differs from non-facial skin by relative number of pilosebaceous units per cosmetic unit. The nose and forehead have more sebaceous glands than do the cheeks or temples. The eyelid skin, relatively flat dermo-epidermal junction with a thinner but denser dermis<sup>1</sup>. The importance of this is for the healing expectations as healing in resurfacing depends mainly on the adenexa in the form of epithelialization and revascularization.

*Figure (1) : Skin aging (Ref. 1)*

