

Evaluation of the response of Fractional Carbon Dioxide (CO2) Laser and Punch Elevation Technique in Treatment of Acne Scars: A split-face comparative clinical, histopathological, and immunohistochemical study

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LIST of ABBREVIATIONS

AP Activator Protein

ASR Ablative Skin Resurfacing

CO₂ Carbon Dioxide

ECCA Evaluation Clinique des Cicatrices d'acne

scale

EGF Epidermal Growth Factors

Er.-YAG Erbium Yttrium Aluminum Garnet

FGF Fibroblast Growth Factor

FP Fractional Photothermolysis

FT Fractional Thermolysis

H & E Hematoxin and Eosin

HSV Human immuno-Suppressing Virus

IL Interleukin

MENDs Microscopic Epidermal necrotic Debris

MMPs Matrix Metallo-Proteinases

MTZs Micro-Thermal Zones

NDR Non-ablative Dermal Remodeling

Nd-YAG Neodymium – doped Yttrium Aluminum

Garnet

NRS Numerical Rating Scale

O2 Oxygen

P.acne Propionibacterium acne

PAMPs Pathogen-Associated Molecular Patterns

PC Personal Computer

PPAR Peroxisome Proliferator-Activated

Receptors

PRP Platelet-Rich Plasma

Punch/Frac CO2 Punch Elevation technique, combined with

Fractional CO₂

laser treatment

"r" correlation coefficient

RF Radio Frequency

RNase Ribo Nuclease enzyme

SD Standard Deviation

SPF Sun Protection Factor

SSPS Statistical Package for Scocial Science

T-cells Tissue mediated immune cells

TCA Tri-Chloro-Acetic Acid

TIMPs Tissue Inhibitor of Matrix metallo-

Proteins

TNF Tumor Necrosis Factor

TH Tissue Helper

TLRs Toll-Like Receptors

VEGF Vascular Endothelium Growth Factor

YSGG Yttrium - Scandium - Gallium - Garnet

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Abstract

Background: Acne is the most common skin disease affecting adolescents and young adults, with associated scarring and its sequelae. Treatment options are either lifting procedures raising scar base closer to normal skin surface, or resurfacing ones injuring epidermis and superficial dermis with neocollagenesis and epidermal repair. Punch elevation(PE) method is better for improving deep atrophic acne scars, that can be combined with depth resurfacing. CO2 laser stimulates new collagen formation, tightens skin and raises scar to surface. Aim of the work: to assess efficacy and safety of combination of PE technique and fractional co2 laser (Fr co2 L) compared to fr co2 L alone. Subjects and Methods: 20 atrophic post acne scars patients were history taking, general and dermatological subjected to examinations, identifying scars types and grades. Treatment response at start, before each fr. co2 L session and 4 weeks after last laser session was clinically evaluated by Goodman and Baron scale, and recording patients' photographs, satisfaction, and complications. Histopathological examination of scar skin biopsies before and 4 weeks after the last fr. co2 L session was done using H&E, Mallory trichome, sliver stain and immunehistochemical VEGF. Results: combined treatment with fr co2 L and PE was more effective in improving post acne scars than fr. co2 L resurfacing alone. Histopathological examination before combined fr. co2 L and PE treatment and 1 month after the last fr. co2 L session showed high significant increase in epidermal thickness (H&E), increase in collagen fiber type III (Mallory trichrome stain), decrease in collagen fiber type I (sliver stain) and increase in fibroblasts'activity (VEGF). Conclusion: both PE technique and fr. co2 L resurfacing show promising efficacy and safety in treating atrophic post acne scars, complementing each other to improve skin texture and appearance, with excellent cosmetic outcomes.

Key words: Acne scar, Punch elevation, Fractional CO₂ Laser, Efficacy, Safety.