

PRELIMINARY RESULTS OF A CLINICAL TRIAL USING A NOVEL INTRALESIONAL FRACTIONAL RADIOFREQUENCY DEVICE FOR DEEP DERMAL HEATING OF FACIAL SKIN

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Summary

Background and Objectives

- To evaluate the clinical efficacy and safety of a novel intralesional fractional radiofrequency device for deep dermal heating.

Study Design and Methods

- The device used for the study:
 - Equipped with a treatment tip of 25 non-insulated radiofrequency insertion needles in 1 square centimeter.
 - The range of needle penetration depth was from 0.5 mm to 3.5 mm in 0.1 mm increment.
- Histologic study using animal skin was performed before clinical trial.
- Study population: 30 Korean patients
- Standard protocol (varies depending on the treatment area)
 - a full-face treatment
 - a vertical insertion of the RF needles
 - 0.8-3.0 mm of penetration depth
 - 7-9 level of RF energy (arbitrary scale)
 - 100-200 milliseconds of pulse duration.
- Before treatment, topical anesthetic cream was applied for 30 minutes.

- Patients were evaluated 1 day, 7 days and 1 month, and 2 months after the procedure.

Results

- The treatment was well-tolerated in all subjects.
- Immediate posttreatment erythema and edema were evident in all subjects; however, these resolved spontaneously within an hour.
- Barely noticeable microcrusts in a fractional pattern, mainly on the lateral cheek area, developed 1-2 days after treatment and spontaneously resolved after 7-8 days.
- Clinical improvement at the 1 month follow-up:
 - Skin tone and pigmentation (93%)
 - Prominent facial pores (87%)
 - Fine wrinkles (77%)
 - Midface laxity (70%)
 - Mentolabial folds (63%)
 - Nasolabial folds (57%)
- After 3 months, mild improvement of acne scarring was noticed in some subjects.
- Interestingly, facial flushing and rosacea improved in 3 subjects.
- No serious side effects were noticed.

Conclusion

- Intralesional deep dermal heating by fractional radiofrequency was found to be effective and safe treatment for the facial rejuvenation in Koreans.

References

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Disclosure

No significant interest with commercial supporters.

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Background and Objectives

Limitations of the current fractional laser resurfacing devices

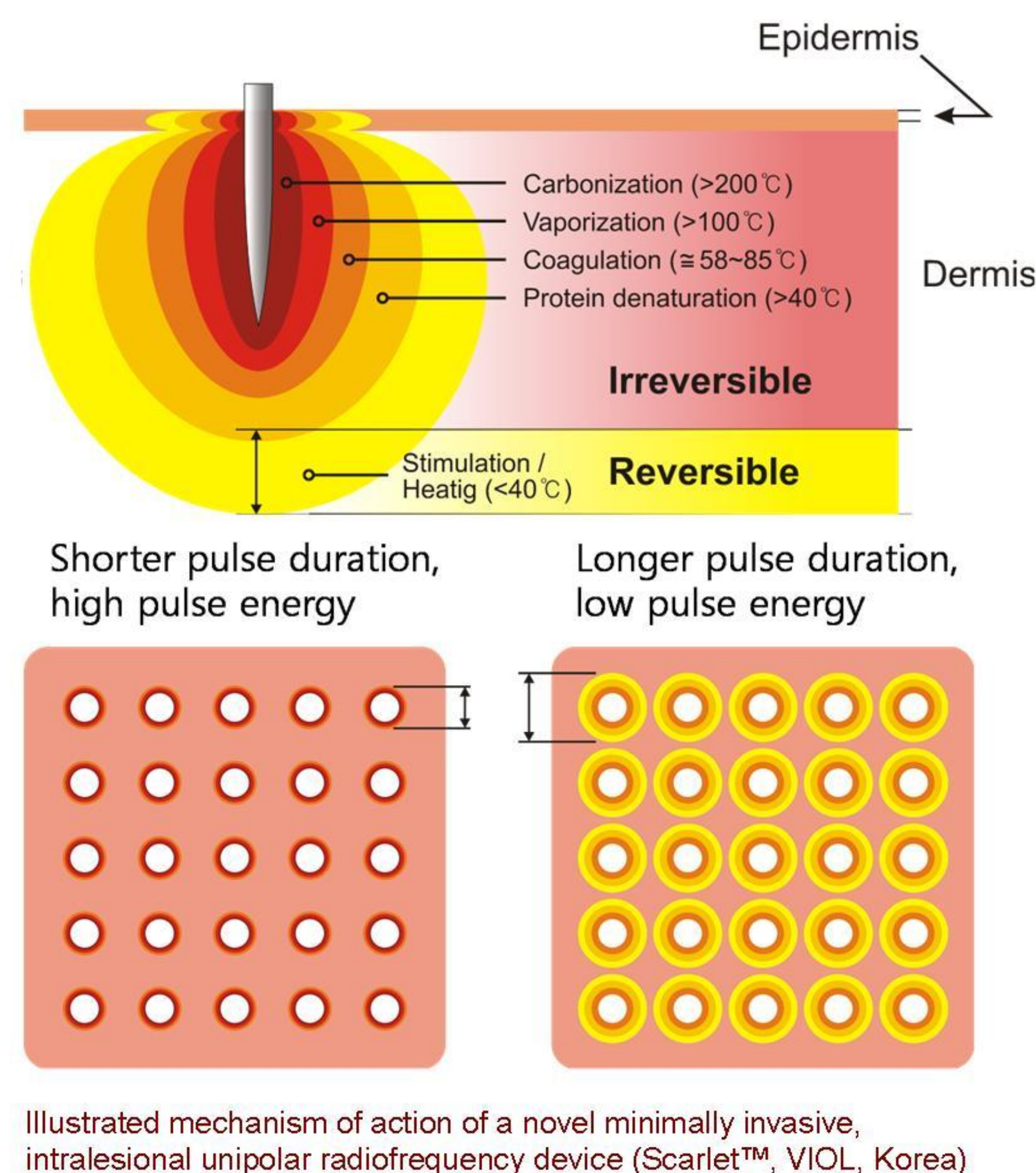
- Downtime (erythema, swelling, pain, PIH)
- Limited penetration depth

Fractional devices other than lasers

- Fractional ultrasound
 - Ulthera™ (Ulthera Inc.)
- Noninvasive: bipolar RF
 - eMatrx (SublativeRF)™ (Syneron, Israel)
- Minimally invasive (intralesional) RF
 - Intracel™ (Jeisys, Korea)
 - ScarLet™ (VIOL medical, Korea)
 - ePrime (Miratone)™ (Syneron, Israel)

Advantages of minimally invasive, intralesional RF resurfacing

- Deeper penetration depth (up to 3 mm)
 - Improved clinical efficacy
 - Newer indications (skin laxity, seborrhea, acne, etc.)
- Minimal epidermal damage
 - less downtime, minimal complication



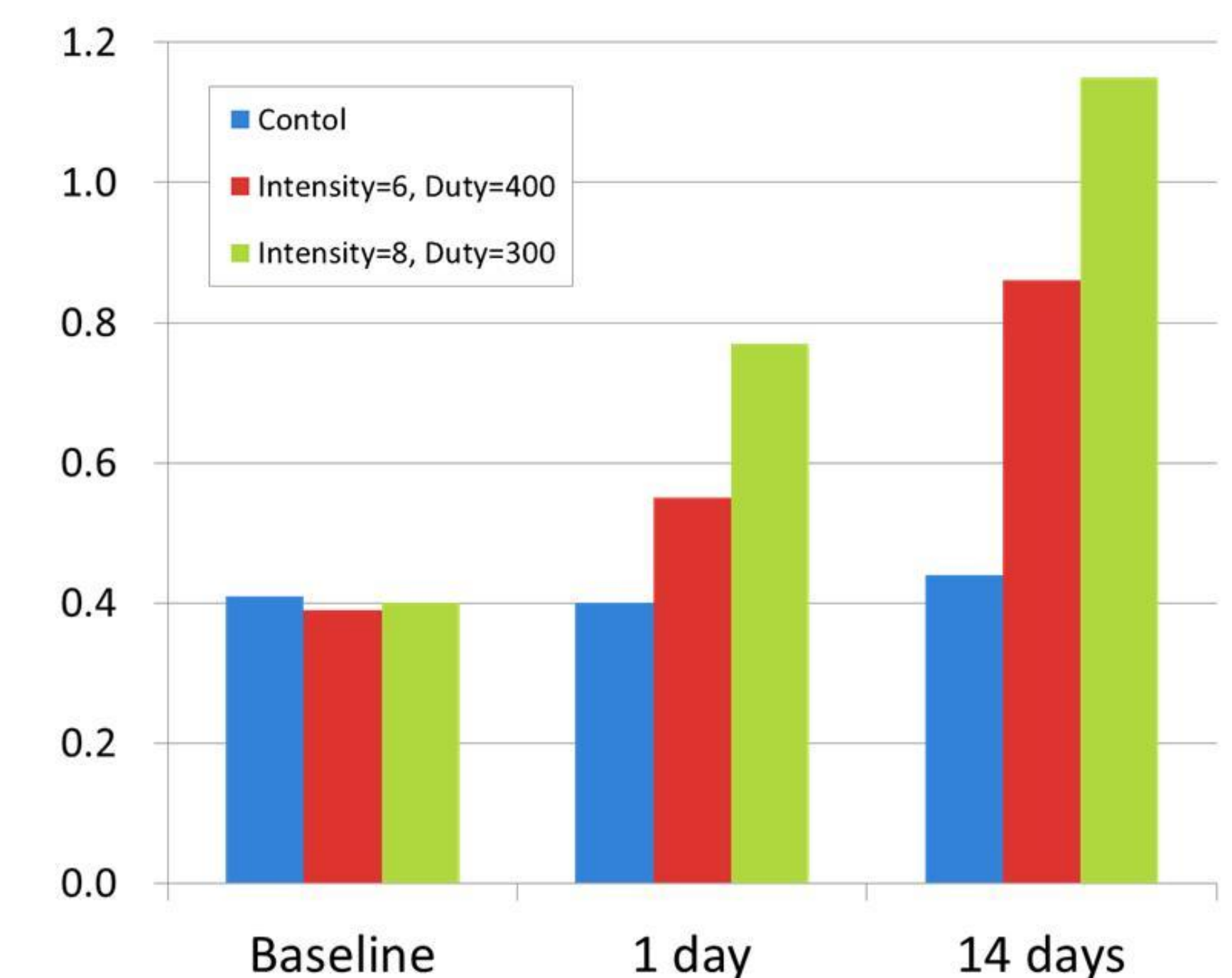
Rationale of the treatment

- RF thermal injury of deeper dermis induces wound healing process leading to dermal remodeling and the generation of new collagen and extracellular matrix.
- Too vigorous wound healing may lead to the unwanted effects, e.g. prolonged erythema or scarring, thus fractional delivery of RF energy is required

Animal study

- Various combinations of RF “Intensity” (pulse energy) and “Duty” (pulse duration) were applied on the mouse back skin.
- Under the same fluence condition, pulse energy level of 6-8 and pulse duration of 200-400 μs was the most effective parameter for neocollagenesis.

Collagen concentration (μg/μl)



Study Objectives

- The aim of the study was to evaluate the clinical efficacy and safety of a novel intralesional fractional radiofrequency device for deep dermal heating on Korean subjects.

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Study Design and Methods

Overview

▪ Between July 2010 and October 2010, a single-center, non-blinded, prospective clinical trial involving 30 Korean patients was conducted using a novel minimally invasive RF device.

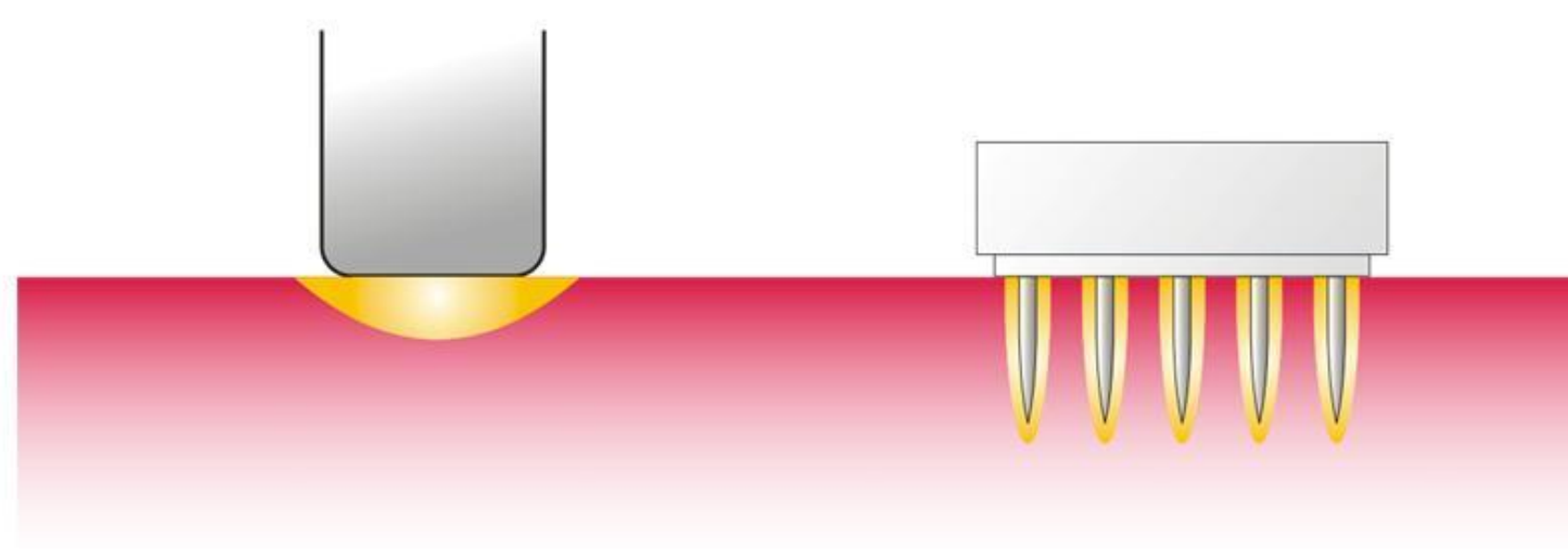
RF System Used (ScarLet™)

- Manufactured by VIOL Medical, Inc., Korea
- A minimally invasive, intraleisional RF system

Specifications	
NEEDLE DEPTH	0.5 mm - 3.5 mm (increment: 0.1 mm)
RF CONDUCTION TIME	100 ms ~ 800 ms (increment: 100msec)
RF OUTPUT	1.5 ~ 200 V
RF ENERGY FIELD WIDTH	82 mm ² at 1 mm depth
RF FREQUENCY	2 MHz
ELECTRODE NO.	25 pins per stamp
STAMP SIZE	1 cm ²

Non-invasive RF

ScarLet



Non-invasive vs. minimally invasive RF devices (comparison of RF energy fields)

Treatment Protocol

Skin preparation & topical anesthesia

- Skin preparation with gentle cleanser to remove debris and makeup.
- A cream containing mixture of lidocaine 2.5% and prilocaine 2.5% was applied under occlusion for 30 minutes.

RF treatment

- Facial/neck skin was wipe-dried (no gel)
- Pulse energy levels ("Intensity") ranging from 6 to 8, pulse duration ("On Time") of 100-200 μ s, and the penetration depths of 0.8-3.0 mm were applied according to the treatment regions.
- Icepack cooling and LED irradiation was applied to all patients immediately after treatment.
- All patients received follow-up 1 day, 7 days, 4 and 8 weeks after treatment for photographic documentation objective and subjective clinical evaluation, and side effect check up.

Area	Penetration depth (mm)	Intensity level	Pulse duration (μ sec)
• Forehead • Upper eyelids • Lower eyelids	0.8-1.0	7	100
• Temples • Periorbital area • Nose (dorsum)	1.5	7	200
• Malar • Nose (alar parts)	2.0	7	200
• Buccal area • Chin • Submental area	3.0	8	200

- Outcome measures include:

- Skin tone and texture
- Prominent pores
- Face and neck laxity
- Seborrhea and acne
- Telangiectasia

- Side effects evaluated includes: prolonged pain/edema/erythema, petechiae, pigmentary alterations, paresthesia, acneiform eruption, severe dryness, dermatitis, etc.



Handpiece tip with 25 pins/stamp



System used in the study



Control panel

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Results and Conclusion

Results

Demographic data (n=30)

- Gender: 21 females and 9 males
- Age: 22~51 years (mean 36.3)
- Skin phototype III~IV
- Primary concerns: prominent pores, fine wrinkles, irregular skin tone, mild-moderate skin laxity, acne scarring
- Other concerns: active acne, rosacea and/or facial flushing

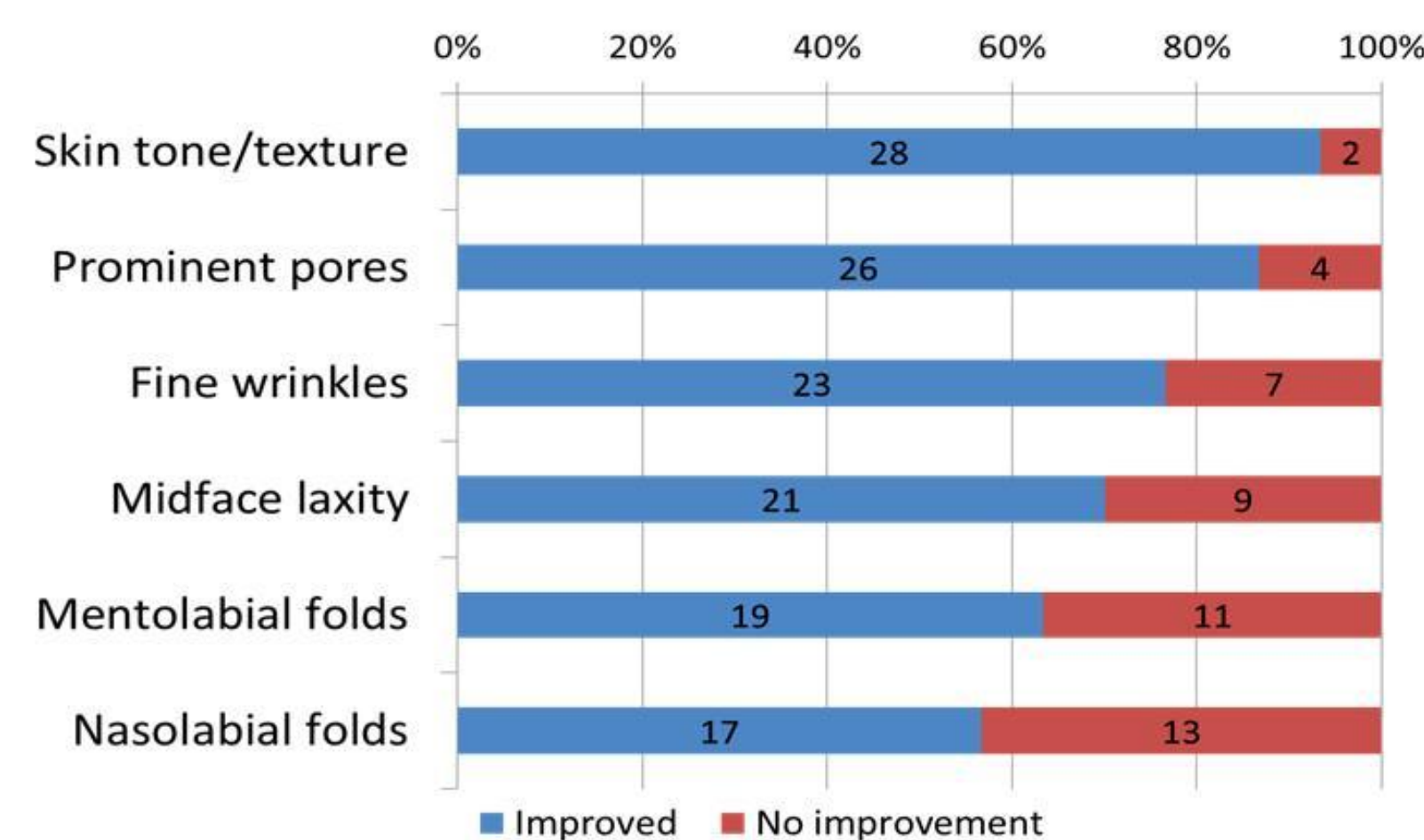
Treatment pain, erythema, edema, crusting

- Intraoperative pain
 - Well-tolerated by topical anesthetic cream
 - Most painful sites: near sensory nerve openings (supraorbital and infraorbital) and alar groove
 - Use of forced cold air was very helpful to distract the treatment pain
- Postoperative erythema and edema
 - Observed in all subjects immediately after treatment
 - Edema: resolved spontaneously after 2-3 hours
 - Erythema: tended to resolve within 24 hours (very rapid)
- Microcrusts
 - Observed in all subjects
 - Develop 2 days after treatments
 - Barely noticeable; may be prominent in the lateral cheek area
 - Spontaneously resolve within 10 days



Pre-, immediately after, 2 & 7days after treatment

Clinical improvement



Before (pores, tone, texture)

After 1 month (pores, tone, texture)



Before (tone, texture)

After 1 month (tone, texture)

Improved skin tone and texture. Lower face contour looks better. However, no significant acne scarring is noticed.



Before (rosacea)

After 1 month (rosacea)

Interestingly, rosacea improved in 3 subjects.

Conclusion

- Intralesional deep dermal heating by fractional radiofrequency was found to be effective and safe for the facial rejuvenation in Koreans.
- Under conservative settings, this devices can be safely and effectively used for skin tone, texture, fine wrinkles and facial pores.
- To achieve significant scar remodeling and face lifting effect, more aggressive parameters and/or repeated treatment sessions may be required.
- Improvement of rosacea is interesting; further studies are required.