Chemical Peels In Ethnic Skin: Putting Matters into Perspective

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No Disclosures
Chemical Peeling

Application of one or more chemical agents to the skin

controlled chemical burns

destruction through dry desquamation or moist maceration

Epidermis

Resurfacing

Dermis

Remodelling of collagen & elastin
General Principles

• History and detailed skin examination.

• History of abnormal scarring, isotretinoin use, any creams or oral medication, immunosupression, H. simplex infection, atopic dermatitis & PIH.

• Enquire about the occupation of the patient & any important event within 10 days

• Counselling and understanding patients expectation

• Consent and photographs
Skin Priming

Start 3 - 4 weeks prior to peeling

- Thin epidermal barrier
- Enhance uniform peel penetration
- Accelerate re-epithelisation
- Reduce post peel S/E esp PIH

Priming Agents:

- Topical retinoids
- 6% Glycolic acid cream
- 2-4% Hydroquinone
- Kojic acid, azelaic acid, lactic acid

Sunscreen

Stop all except sunscreens 5 days prior to the peel treatment
Pre Treatment Instructions

• 1 week prior: stop salicylic acid based face wash, bleaching, waxing, electrolysis, retinoid, Benzoyl peroxide or AHA creams, loofahs, masks, hair dyeing, permanent hair straightening treatments to minimize disrupting the epidermal barrier.

• On the day of peel: Avoid shaving, cologne to avoid burning sensation and prevent deeper penetration of peel.
Salient Steps of the Peel Procedure

• Select peel according to patient characteristics, desired depth & indication

• Proper degreasing

• Apply occlusive ointment to lips and protect ear canal

• Start with low concentration and titrate to tolerability

• Keep a neutralizer at hand in case a hot spot develops
Factors affecting depth of peel

- Agent used, its concentration
- Volume of peel used
- Method of application
- Number of coats
- Force of contact
- Duration of contact with skin
- Pre-peel degreasing
- Pretreatment – retinoids, bleaching creams
- Skin thickness
- Anatomic unit
- Altered skin surface (Integrity of the stratum corneum)
General Post Peel Care

• Advise to use soap free cleansers for up to three days

• Avoid abrasive substances such as scrubs, cleansing granules and irritant cleansers at least for a week post peel

• Broad-spectrum sunscreens should be liberally used and must be applied every 3 hourly for at least a week

• A moisturizer should be used when the skin is peeling and advise the patient not to remove the skin

• No facial procedures like steaming, scrubbing, waxing, bleaching or facials should be performed in the first week after the peel

• The patient should also be advised against getting into chlorinated water for at least 72 hours to prevent PIH.

• **BEWARE OF PICKERS**
Post peel care

• Patients should be informed that after a peel, erythema and desquamation may occur for 1-7 days.

• If there is severe crusting, a topical antibacterial ointment should be used to prevent infection.

• Space peels 2-4 weeks apart.

• Both the strength of peel and time to neutralization can be increased with each subsequent peel.
Post Inflammatory Hyperpigmentation

- PIH is an acquired hypermelanosis occurring after cutaneous inflammation or injury that can arise in all skin types, but more frequently affects Skin Type III-VI.

- Common causes: Acne excoriée, Lichen planus, Psoriasis, SLE, Chronic dermatitis, Fungal infections, Trauma, Peels, Lasers.

Complications

Transient:
• erythema, stinging, irritation.

Rare:
• Crusting, scaling, flaking, dryness.
• Pigmentary changes.
• Scarring.
• Allergic reaction to the chemical.
• Infection (herpes outbreaks).
• Salicylism (BHA peel).
Tricks to avoid side effects in dark skin

- Topical skin lightening agents such as kojic acid, hydroquinone, retinoic acid should be advocated for at least two weeks for priming, stop a week before the procedure.

- Avoid facial scrubs, depilatory creams, waxing, bleaching, microdermabrasion, and laser hair removal for at least 1 week before & a week after the procedure.

- Sun protection both before and after the procedure is mandatory.

- After the procedure, the patient should be advised to avoid loofahs, picking at the peeling skin, taking steam inhalation, and using herbal powders & creams that cause exfoliation.
Thank You

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