

## Chemical Peels and Fillers-Incorporating Scientific Evidence in Clinical Practice



Chemical peeling is perhaps the most commonly performed cosmetological office procedure. Although newer rejuvenating procedures and devices arrive frequently, chemical peels have withstood the test of time for various dermatological indications. A sound knowledge of the skin type, indication, type of chemical peels used, good pre-peel and post-peel care in the hands of a good dermatologist are important in accomplishing good results. It is most important to incorporate scientific evidence in aesthetic practice and this special issue on 'Chemical Peels and Fillers' attempts to address this in Asian and dark-skinned patients. Acne and acne scars are an important indication for treatment with chemical peels. In the review article by Handog *et al.*, the authors attempt to present the results of chemical peels used in acne and acne scars in Asians and surprisingly, very few studies exist for this particular population in the literature. They concluded that chemical peels were good adjuvants for treatment of acne and acne scars, especially 30% salicylic acid and 35-70% glycolic acid for both inflammatory and non-inflammatory lesions of acne.<sup>[1]</sup> Elsewhere in the issue, Sarkar *et al.* review

chemical peels for melasma in dark-skinned patients.<sup>[2]</sup> Scientific evidence points out that in spite of its wide usage in dermatological and aesthetic practice, chemical peels at best remain second-line or adjunct treatment for melasma with or without combination with skin-lightening agents. Scientific literature surprisingly does not have many studies on treatment of freckles and the issue offers a scientific split face study comparing 70% phenol peels with 80% trichloro-acetic acid peels for freckles by Mradula *et al.*<sup>[3]</sup> The authors point out that both the agents appeared promising for treatment of freckles.

Dermal fillers are the third most common cosmetological procedure performed in the west to correct dermatological conditions like lip augmentation, fine lines to deeper nasolabial folds and volume correction of the cheeks.<sup>[4]</sup> While treating dark-skinned patients, it is important to keep the goal according to the patient's expectations and to understand what is culturally acceptable to them and what they really desire, while trying to avoid every complication. Periorbital pigmentation requires a multidisciplinary approach to treat it, and Sharad discusses treatment of tear trough defect with hyaluronic acid fillers, which help in correcting periorbital pigmentation.<sup>[5]</sup> This is less invasive with minimum downtime. The author stresses that over correction, too-superficial injections and choice of inappropriate fillers may lead to bad aesthetic results.

Access this article online	
<b>Quick Response Code:</b> 	<b>Website:</b> <a href="http://www.jcasonline.com">www.jcasonline.com</a>
	<b>DOI:</b> 10.4103/0974-2077.104909

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**How to cite this article:** Sarkar R, Sharad J, Vedamurthy M. Chemical peels and fillers-incorporating scientific evidence in clinical practice. *J Cutan Aesthet Surg* 2012;5:227-8.

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