

▼ **ATOPIC DERMATITIS**  
Integrative medicine helps manage AD signs, symptoms.

▼ **PSORIASIS**  
Two "firsts" could add treatment options across mild to severe disease.

▼ **ROSACEA**  
OTC products work with prescription medications to improve outcomes.

▼ **SKIN CANCER**  
New research in surgical techniques expand BCC and SCC solutions.

▼ **HAIR AND SCALP**  
Trichoscopy advances diagnosis, severity grading, and disease monitoring.



# DermatologyTimes®

CLINICAL INSIGHTS THAT EXPAND EXPERTISE AND ADVANCE PRACTICE

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ACNE

## nsPEF for Antibiotic Resistance?

NANOSECOND PULSED ELECTRIC FIELD THERAPY ALTERS THE *C. ACNES* BIOFILM FOR BETTER TREATMENT PENETRATION.

ILYA PETROU, MD | *Staff Correspondent*

**A** novel treatment modality based on nanosecond pulsed electric fields (nsPEF), also referred to as Nano-Pulse Stimulation (NPS) technology, could help combat antibiotic resistance in *Cutibacterium acnes* and allow better penetration of the pharmacological agents used to treat acne vulgaris, according to results of a recent study published in *Bioelectrochemistry*.<sup>1</sup>

ANTIBIOTIC RESISTANCE CONTINUES ON PAGE 16 ►

CLINICAL INSIGHTS

## Treating Skin Conditions in Asian Patients

LISETTE HILTON | *Staff Correspondent*

GIVEN THE POPULATION GROWTH AMONG ASIAN AMERICANS, dermatologists in the United States will likely be treating more patients from this diverse cultural community. Ensuring positive outcomes starts with understanding the differences in which skin conditions most commonly affect these patients and what that means for treatment regimens, according to an expert panel presentation at the American Academy of Dermatology Virtual Meeting Experience (AAD VMX) 2021, held in April.<sup>1</sup>

Asian Americans were the fastest-growing sector among all racial and ethnic groups in the United States between 2000 and 2019. The US Asian

ASIAN SKIN CONTINUES ON PAGE 50 ►

ANTIAGING

## What's New in Photoprotection?

MORGAN PETRONELLI | *Associate Editor*

WITH SUMMER IN FULL SWING, dermatologists are counseling patients more frequently on sun and photoprotection. This year, they have even more options to discuss, according to Henry W. Lim, MD.

Lim, a dermatologist in the department of dermatology at the Henry Ford Health System in Detroit, Michigan, spoke about new developments in photoprotection in a presentation at the American Academy of Dermatology Virtual Meeting Experience 2021 (AAD VMX) held in April.<sup>1</sup>

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# PRX-T<sub>33</sub>: a versatile tool to combat ageing in high-phototype skin

Rejuvenation and skin  
quality improvement  
without peeling.



**Mr M D Humzah**

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**E**thnic skin, or “skin of colour”, is being recognized as an area of aesthetics that has in the past been neglected. Often, the aesthetic clinical trials, training and teaching are based on Caucasian skin; so the requirements of patients with ethnic skin of colour is often overlooked. Specific training may be required to treat these patients and some of the clinical conditions that they face. In recent years more research, scientific papers and expertise on high-phototype patients (IV-V) has been developed, and we are building a much-required database of knowledge in this area.

Additionally, the correct products are also required; in this respect, PRX-T<sub>33</sub> is becoming the go-to treatment for many clinics focussing on treating skin of patients with higher phototypes. PRX-T<sub>33</sub> is relatively safe, effective, well tolerated and responds to one of the most frequent demands of aesthetic patients that of skin quality improvement.

**What are the specific characteristics?**

Patients with higher phototype skin present with issues common to all patients as well as those specific to the skin type. In general, the skin is prone to being reactive, particularly to inflammation and may be subject to dedicated conditions, such as dermatosis papulosa nigra.

The main concern from the practitioner and patient is of post-inflammatory hyperpigmentation (PIH). This is also quoted as one of the main reasons both for patients and for practitioners to refrain to undertake all but the most basic of aesthetic procedures; the lack of dedicated protocols further complicates this situation.

**What are the concerns?**

Due to this heightened risk of PIH from treatments such as peels or Energy Based Devices (EBDs), and the presence of PIH from acne scars or past lesions, many patients are reluctant to request aesthetic treatments. However, market analysis shows that there is a growing interest in improving the appearance, and that this is a fast-growing sector of the aesthetic market. Patients also require their practitioners to understand and be empathetic to their specific concerns.

Compared with other racial/ethnic groups, African American women report the slowest onset and least severe signs of facial aging. They tend to report moderate-to-severe signs of facial aging later, being delayed until 50 - 79 years of age. Between the ages 70 - 79, over 70% are still without moderate-to-severe perioral lines, loss of lip fullness, or mid-face volume loss. African Americans tend to be most concerned by their tear trough and submental areas, which are also among the most likely to be prioritized in a future treatment, however, they express the lowest consideration rate for injectable treatment options and EBDs. A primary reason for considering injectables is to seek a natural appearance for their age, but cost, safety, and possible side effects are often cited as the main barriers.

**Why PRX-T<sub>33</sub>?**

PRX-T<sub>33</sub> may be comparatively new on the US market, but it has a long history; originating from Italy and patented in 2006. It has been on the market since 2012, PRX-T<sub>33</sub> is available in many international aesthetic

markets as far and diverse as Japan, Europe, Russia and the Middle East. Its unique formulation comprises Trichloroacetic acid (TCA @ 33%), Hydrogen peroxide and Kojic acid. TCA is normally contraindicated in patients with higher phototype skins, but if you read on, you'll discover why in this formulation it works in a completely different way and is well tolerated in these skin types.

PRX-T<sub>33</sub> is best regarded as a “dermal rejuvenator” that works by activating the skin’s own regenerative system leading to a natural and quick improvement. It is applied topically in the office, with a manual technique taught during specialised training sessions. The procedure is quick, painless, and many patients find the gentle pressure used to encourage the product to penetrate the skin, very relaxing.

The application leads to an immediate glow and pore tightening, that allows you to send your clients on their way with a noticeable yet subtle result – as opposed to other therapies, that will make you look worse before you look better! By repeating the sessions at weekly intervals as needed, and with the right recommended home care products, the result will stabilise; the skin will regain tone and a natural complexion is achieved.

Many “newcomers” to aesthetic medicine choose PRX-T<sub>33</sub> because it is non-invasive yet highly effective, while more established clinics choose to add it to their arsenal to complement other therapies, such as microneedling, EBDs, threading and so on. PRX-T<sub>33</sub> can be integrated relatively easily with many other services, and you can use it throughout the year, because it does not peel or cause photosensitivity.

But why do so many practitioners use PRX-T<sub>33</sub> to treat patients with skin of colour? PRX-T<sub>33</sub> – far from being a simple peel – causes a controlled degree of inflammation in the skin due to its balanced formulation. This will rejuvenate the skin but avoids causing PIH. Additionally, PRX-T<sub>33</sub> contains Kojic acid; a well-known skin brightening agent, which will act as a “safety belt” to reduce the risk of hyperpigmentation even in predisposed patients. Moreover, another one of the key ingredients in PRX-T<sub>33</sub> is Hydrogen peroxide (H<sub>2</sub>O<sub>2</sub>), another skin lightener; at a concentration which does not “bleach” the skin. The H<sub>2</sub>O<sub>2</sub> in this formulation and concentration works in conjunction with the TCA, making it non-aggressive in terms of skin peeling by coagulation and enables the TCA to penetrate into the dermis and stimulate the regenerative process. This allows all patients with a range of skin photo-types to enjoy its skin stimulating properties without the risks normally associated with TCA. This may sound counter-intuitive, however, once you see how PRX-T<sub>33</sub> works on the skin, this concept is understood.

Combining PRX-T<sub>33</sub> with microneedling or EBDs, will provide the extra stimulation allowing you to avoid using the full depth of the needles, or the full power of the device, which usually carries a high risk of side effects. This is considerably of even greater importance when performing laser treatments on higher phototypes.

Even in today’s era of high-tech devices, lasers, light and energy sources, the key to success is still the ability of the practitioner to tune or adapt the basic protocols for maximum safety and results. Our patients do not settle for one-size-fits-all therapies, they require holistic beauty plans, personalised consultations with specific protocols, and this is particularly true with skin of colour. PRX-T<sub>33</sub> can be the best ally both in a practice focussing on high-phototype patients, and a more generally oriented practice that wants to become more inclusive and offer their services safely and effectively to people of all photo-types.

**DrHumzah** is a leading plastic surgeon in plastic surgery, cosmetic surgery, breast surgery, liposuction, botox and rhinoplasty.

**ABOUT**

PRX-T<sub>33</sub> “effortless transformation” is an innovative skin care product that will revolutionize American approach to aesthetic medicine. It is the only product that will have long lasting immediate results after a painless procedure with little or no downtime.

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