

Chemical Peels: Panel Discussion

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KEYWORDS

• Chemical peels • Croton oil–phenol peel • Trichloroacetic acid • Jessner solution

Chemical Peels Panel Discussion

Edwin Cortez, Fred Fedok, and Devinder Mangat address questions for discussion and debate:

1. Do you agree or disagree, and why, with the following: “The best method to improve moderate to deep rhytids is the croton oil–phenol peel.”
2. Do you agree or disagree, and why, with the following: “There are no problems with cardiotoxicity with croton oil–phenol peels if done appropriately.”
3. Do you agree or disagree, and why, with the following: “Do not do spot testing with chemical peel agents.”
4. How do you handle peels in advanced Fitzpatrick skin types III, IV, V?
5. What is the main factor for rate of reepithelialization: (1) depth of peel, (2) depth of laser, (3) depth of dermabrasion?
6. Analysis: How has your approach to or technique in chemical peels evolved over the past several years?



Two videos presented with this discussion accompany this article at <http://www.facialplastic.theclinics.com/>. One is a demonstration of the technique of applying the croton oil peel by Dr Edwin Cortez. The other is a 4-minute video showing short clips of Dr Fred Fedok performing a 35% TCA/Jessner peel and a Baker-Gordon peel, and clips showing the performance of using the 35% TCA/Jessner peel on one section of a patient’s face and the Baker-Gordon Peel on another

Do you agree or disagree, and why, with the following: “the best method to improve moderate to deep rhytids is the croton oil–phenol peel.”

CORTEZ

I fully agree with the statement that “the best method to improve moderate to deep rhytids is the croton oil–phenol peel (Video 1).” Phenol–croton oil peeling is still the standard against which all other treatment regimens for photodamaged

skin are measured. In my practice, this modality is still the most safe, cost-efficient, and long-term treatment for treating medium and coarse facial rhytids. **Figs. 1** and **2** show 2 of our patients before and after treatment.

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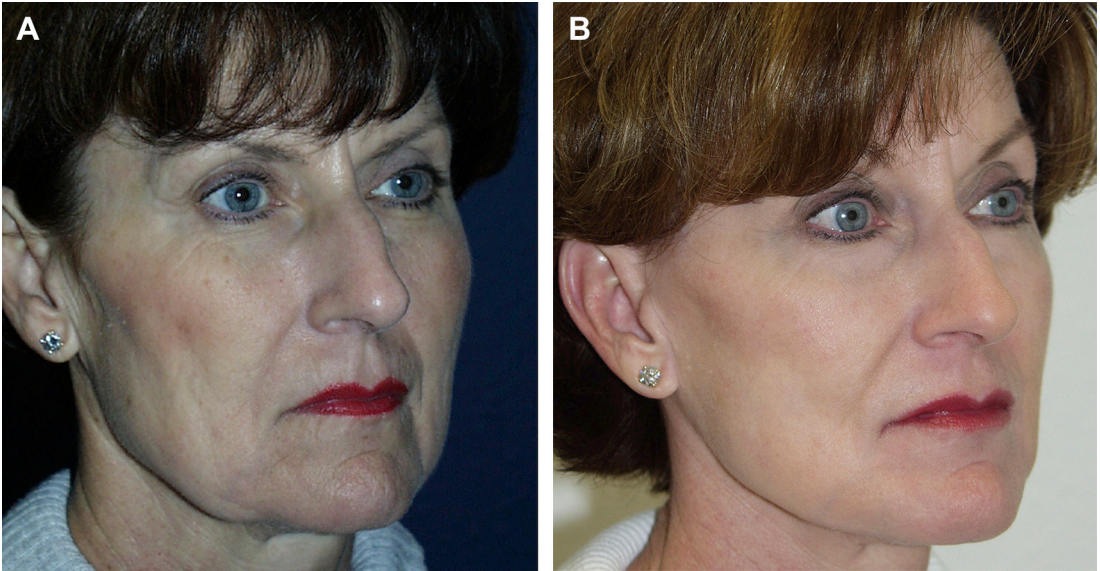


Fig. 1. Cortez. (A) Before croton oil-phenol peel. (B) Two years after croton oil-phenol peel.

The long-term criticisms of the standard Baker-Gordon peel are no longer valid. Since the elegant studies by Hetter and Stone, the entire spectrum of croton oil-phenol peeling has finally become scientifically validated. For many years, we were very pleased with our results from the Baker-Gordon formula but we have now created our

own modification, which will be discussed in response to a different discussion. We have observed patients for over 25 years after being treated with croton oil-phenol preparations, and the long-term results are excellent. We are now seeing patients who we treated in their 50s and are now in their 70s and still have beautiful, firm,



Fig. 2. Cortez. (A) Before croton oil-phenol peel. (B) One year after croton oil-phenol peel.

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