Energy-Based Devices in Male Skin Rejuvenation

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KEYWORDS

Male
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KEY POINTS

- Men seek cosmetic procedures for vastly different reasons than women.
- Men often seek discrete cosmetic services with little downtime.
- Male skin structure generally differs from female skin structure.
- Dermatologists should consider subtle differences in the psyche of the male cosmetic patient.

INTRODUCTION

The age of the "Menaissance" has begun. With the incredible increase of male patients interested in the promise of "prejuvenation" and maintaining their "manity," nonsurgical cosmetic procedures using energy-based devices are increasingly popular.^{1,2} This uptick can be attributed to the overall trend of highly accessible, safe, and minimally invasive cosmetic procedures for both men and women. Professional men switch jobs more than ever, and maintaining a youthful, productive, and energetic appearance has a high return on investment. Gone are the stigmas for men who seek cosmetic improvement, especially laser treatments.

Male grooming products alone have seen a yearly growth of 9%, with an estimated 29 billion USD spent by consumers in 2010.¹The American Society of Aesthetic Plastic Surgeons (ASAPS) estimates that since 1997, there has been an increase by 325% in the number of cosmetic procedures performed on men, with 10.1% of total nonsurgical cosmetic procedures done on male patients and an estimated 12 billion USD worth of surgical and nonsurgical cosmetic procedures performed on men alone in 2014.^{3,4} The National

Ambulatory Medical Care Survey suggests, over the period of 1995 to 2003, that 21.3% of all nonsurgical cosmetic procedures were performed on male patients.³ Most notably, the American Society for Dermatologic Surgery 2016 Survey on Dermatologic Procedures noted that the number of male cosmetic patients has greatly increased in the fields of both injectable neuromodulators (9% in the last 5 years) and soft tissue fillers (7% since 2015).⁵ One small study originating in California stated that the most frequent aesthetic concerns for men included acne scars, poikiloderma, and telangiectasias.¹ In a survey of the top 5 nonsurgical procedures sought out by the male patient, laser hair removal and laser skin resurfacing rank second and fifth, respectively.⁶

It is important to note that men seek cosmetic procedures for vastly different reasons than women. Men want to regain their youthful appearance, because of their association of youth with power, being more competitive in the workplace, and success. The improvement in self-esteem, body image and subsequently, quality of life are just added benefits. To attain this rejuvenated look, men prefer to undergo small procedures with little downtime. In this regard, energy-based

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devices appeal especially to male patients because of their efficacy, safety, and little to no downtime postprocedure (depending on which device is used).^{4,7} Energy-based treatment options are often considered a "gateway" procedure for men and can lead to assessment for further, more invasive, procedures, such as injectables.²

According to an ASAPS survey that looked at nonsurgical cosmetic procedures performed during the period of 2005 to 2014, the procedures most performed on male patients were intense pulsed light (IPL) (13.9%) and then laser hair removal (12.9%).³ Between the years of 2010 and 2014, it has been reported that the use of IPL has increased by 44%.⁸ Male patients express interest in removing lentigines, seborrheic keratosis, poikiloderma, facial telangiectasias, deep rhytides, and neck laxity. Knowing which lasers and energy-based devices address these issues in the most time efficient ways is essential to treating male cosmetic patients.

SPECIAL CONSIDERATIONS IN THE MALE COSMETIC PATIENT SEEKING ENERGY-BASED SKIN REJUVENATION

Historically, men are often employed outdoors more frequently than women and therefore suffer from increased exposure to environmental insults, including UV radiation. This increased exposure to UV may explain why men have a higher incidence of skin cancer and increased inducedimmunosuppression leading to greater subsequent mortality.^{1,9} Often, men are less likely to practice sun-safe behavior, with 41% of men and boys never applying sunscreen. On average, men are more likely to be exposed to and partake in tobacco smoke, which has been shown to be an independent risk factor for cutaneous aging and elastosis.⁹

Male skin structure generally differs from female skin structure. Men's skin has an inherently thicker epidermal and dermal thickness due to increased hydroxyl-proline and collagen content. As men age and testosterone levels decrease, the epidermis and dermis also decrease in thickness. Male skin also exhibits decreased subcutaneous adipose tissue and increased skeletal muscle mass (including the face). A decrease in adipose tissue leads to flat and angular facial features. With the increase in facial memetic muscle mass, men often present with deeper expressive rhytides, except in the perioral area. These factors lead men to appear older when compared with women of the same age. An increase in androgen hormone leads to the development of coarse, pigmented terminal hairs of the face (chin and upper lip), trunk, and anterior thighs. Furthermore, men have a larger dermal vascular plexus to provide blood flow to the increased amount of adnexal structures. In addition, male skin has an increased ceramide concentration, increased sebum levels, and increased sweat production as well as decreased pH and decreased vasodilatory properties.^{1–3,9,10}

It is important to take note of these differences in the epidermal and dermal structure of men versus women. Increased skin thickness can cause increased scatter of a laser's photon beam, and therefore, higher fluences may need to be used in the male patient to achieve satisfactory results.^{2,3} However, because of the increased vascularity, male patients are more prone to postprocedure erythema and bleeding complications, such as ecchymosis, especially in patients with rosacea or seborrheic dermatitis, and in the lower face. When using lasers, for purposes other than hair removal, it is important use these lasers carefully and appropriately to avoid iatrogenic alopecia in areas with terminal hairs (face, trunk).⁹ In the authors' experience, because of the sheer number of terminal hairs in the beard and mustache distribution, permanent alopecia is rare. More commonly, telogen effluvium occurs in the treated areas and is self-resolving within 3 to 6 months. Finally, men have been shown to have slower wound healing and are more susceptible to skin infections after procedures.8

Dermatologists should consider subtle differences in the psyche of the male cosmetic patient. Unfortunately, until recently, literature suggested that a high percentage of men seeking cosmetic consultation had a psychiatric abnormality, including borderline personality and body dysmorphic disorder. However, the latest research refutes this claim as being simply not true. There may be a similar subset of male patients who have such personality disorders as there are female patients, and they must be consulted with care. Some reports suggest that men seek laser resurfacing treatment for acne scars more often than facial rejuvenation, compared with women who seek treatment for facial photo-aging more frequently. Although men would like to appear youthful and rejuvenated, they often do not want complete erasure of rhytides and other signs of aging. Instead, they often desire discretion and want their look "softened" with procedures that are less drastic, are minimally invasive, and require downtime. 3,8,11,12 decreased postprocedure Also, men are usually more hesitant, especially on their initial visit, to undergo multiple procedures at one time and often opt for a more conservative approach with one procedure at a time. In contrast to their reserved approach when receiving

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