

Ablative fractionated erbium: YAG laser for the treatment of ice pick alar scars due to neodymium: YAG laser burns

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ABSTRACT

The authors present a case of ice pick scars forming in the nasal alar grooves of a patient who was treated with a 1064-nm neodymium:yttrium-aluminum-garnet (Nd:YAG) laser for facial telangiectasias. Treatment options for these types of scars are reviewed and specifically we report the success of an ablative fractionated 2940-nm erbium:yttrium-aluminum-garnet (Er:YAG) laser.

CASE REPORT

A 46 year-old Caucasian female was treated with a Nd:YAG laser for facial telangiectasias by a non-physician provider 4 months prior to the initial consultation. The day after treatment, the patient noted significant swelling and subsequently developed blisters (similar to those seen in a different patient in Figure 1) and crusts which took over 4 weeks to heal. She then noted that "divot" scars developed in the areas of the blisters in both nasal alar grooves.

[FIGURE 1 OMITTED]

On exam, she had focal atrophic ice pick scars in her nasal alar grooves bilaterally (Figure 2). The patient requested treatment of these scars and options such as fractional laser treatments (both ablative and nonablative), high concentration trichloroacetic acid peels, curettage, and dermabrasion were discussed. The patient elected for nonablative fractional photothermolysis with a 1540-nm erbium laser (StarLux[R]; Palomar Medical Technologies Inc, Burlington, Mass). Prior to all laser treatments, topical anesthetic cream (LMX4[R]) was used. She was treated with a fluence of 60 J/[cm.sup.2] at 15 millisecond pulse duration with 3 to 4 passes monthly for a total of 4 treatments. Four months later at follow-up, little improvement was noted (Figure 3). We then used a fractional ablative laser (Er:YAG 2940-nm [Profractional[TM]; Sciton Inc, Palo Alto, Calif) set at a depth of 350 microns with a coverage of 4%, followed by 175 microns at 3.0%. The patient received a total of 3 ablative fractionated treatments that were separated by 3 months with significant improvement (Figure 4). She indicated the pain with the ablative treatment was mild, and noted that the treatment area took 3 to 4 days to completely heal after each session.