



Laura Alfie, M.D.

GentleLase® Treatment of Pilose Nevi (Nevus with hair)

Laura Alfie, M.D.

Medical Director of
CLIDER Clinica
Dermatológica y Estética
Buenos Aires, Argentina

Introduction

Pilose nevi, or "hairy nevi", are localized growths of thicker, longer hair growing in isolated areas of denser pigmentation, and are characterized as small, medium or large (giant). Although large nevi are less common than smaller ones, hairy nevi are by no means rare and are always cosmetically distressing. They typically occur in the lumbosacral area, often as a result of an underlying skeletal alteration or a medullary dysraphism. The hypertrichosis is usually associated with other cutaneous markers, such as hemangiomas; vascular malformations; lipomas; or melanocytic nevi which increases the suspicion of defects in the neural tube (for example bifid spine or anchored medulla).

Treatment of hairy nevi is based upon their size and location. Treatment methods include surgical excision, chemical peels, and laser therapy.

We presented three female patients of varying age with benign pilose nevi of varying dimensions and anatomical locations. All patients were treated with Candela's GentleLase alexandrite (755 nm) laser.

Method

All three patients received a total of four to six laser treatments. The hair was shaven prior to the laser treatment. The interval between sessions was variable according to the re-growth and color of the hair and the availability of the patients, but averaged two to three months.

Treatment parameters included fluences between 20 and 30 J/cm² with spot sizes of 10, 12, or 15 mm of diameter and Dynamic Cooling Device™ (DCD™) programmed between 60 and 80 ms. After treatment the skin was smooth, and presented no adverse reactions. The treatments were well-tolerated by all three patients.

Results

On average, a greater than 80% reduction in hair re-growth was observed with the additional observation that the remaining hair was miniaturized. Patient satisfaction was very high.

Discussion

The DCD cryogen cooling, unique to Candela lasers, allowed us to safely increase fluence without discomfort to the patient. The ability to treat these pathologies non-invasively not only improves the patient's life quality, but also their self-esteem.

The hair-removal laser is also a non-invasive therapeutic alternative to treat hairy nevi, which are cutaneous lesions of the medial line, as well as vascular lesions, lipomas, dermoid cysts, melanocytic nevi, and others. These lesions are markers of medullary dysraphia. Early intervention allows the diagnosis and preventive treatment of irreversible neurological consequences.





Patient 1 – Pretreatment



Post-treatment



Patient 2 – Pretreatment



Post-treatment



Patient 3 – Pretreatment



Post-treatment

References

1. Cabrera H, Garcia S. Nevos. 1998; Editorial Actualizaciones Médicas S.R.L. Buenos Aires, Argentina
2. Benzekri L, Jarmouni R, Zouhair K, el Ouazzani T, Nejjam F, Moufid K, Bennani Smires C, Lakhdar H. Closed Spinal Dysraphism. Apropos of 3 cases. *Ann Dermatol Venerol.* 1996; 123(6-7): 378-381. Review. French.
3. Beaulieu, P. Pert-on épiler par laser les naevus pileux sans aucun risque?. *Ann Dermatol Venercol.* 2002; 129: 1333-8.
4. Antony Fc, Holden CA. Diffuse Hipertrichosis and Faun-tail Naevus as Cutaneous Markers of Spinal Dysraphism. *Clinical and Experimental Dermatology* 2002 Nov; 27(8): 645-8.
5. Mansur, T, Kumral A, Duman N, Ozkans H. An Unusual Cutaneous Lesion as the Presenting Sign of Spinal Disraphism in a Preterm Infant. *Pediatric Dermatology.* 2004; 21(6): 664-666L.
6. Amitai DB, Davidson S, Schwarz M, Prais D; Shamir R, Metzker A, Merlob P. Sacral Nevus Flammeus Simplex: The Role of Imaging. *Pediatric Dermatology Vol* 2000 Nov-Dec, 17(6) 469-71.
7. Dra. Puerdo S, Valverde R. Lesiones Cutaneas de al Linea Media. *Dermatologia Neonatal.* 2005; 141-50. Argentina.
8. Ibáñez M. Nevo. Piloso Asociado a Diastematomielia. IN 52º Curso Intensivo "Prof. Pierini" Anonymous Buenos Aires: *Sociedad Argentina de Dermatología.* 2003; 68. Buenos Aires.
9. De Anda G, Vignale RA, Pous M, Bessio R et al. Nevo Congenito Pigmentado Piloso Gigante Con Tumores Hamartomatosos Multiples: Una Neurocristopatía Compleja. *Rev Argent. Dermatol* 1983; 64: 208-13.