

Complexion Perfection

Can skin problems be solved? Five women try chemical peels, microdermabrasion, lasers, and more, and prove that a *metaporphosis* is possible. By Laurie Drake

Women who hate their hair get a haircut, women who want to lose weight join a gym, but those who are unhappy with their skin often just sigh and suffer.

According to a recent study in the *Journal of the American Academy of Dermatology*, 74 percent of people with acne problems waited more than a year before seeking medical attention. But patience isn't a virtue when it comes to skin care—fast action against acne, for instance, helps prevent flare-ups and scarring. "We really do have command over acne, with several treatments to choose from," says Brad Katchen, a dermatologist in New York.

Dermatologists and aestheticians also have increasing command over fine lines and wrinkles, freckles, dull texture, and large pores. Chemical peels were the most popular nonsurgical cosmetic procedure in the year 2000, according to the most comprehensive survey to date from the American Society of Plastic Surgeons: More than 1.1 million people had their faces swabbed with various types of acid—glycolic, salicylic, trichloroacetic—to remove the damaged outer layers of skin, allowing new, visibly healthier skin to emerge. Microdermabrasion came in second, with 868,315 people submitting to blasts of fine aluminum-oxide particles to exfoliate the top layer of skin and smooth lines.

The newest quick skin-perfecting procedure is called "laser toning" or "nonablative resurfacing," which can even skin tone, erase broken capillaries, and firm up loose skin. Unlike traditional lasers that burn off the skin's top layer, nonablative lasers heat the underside, causing thermal damage that enables the skin to produce new collagen. "And since nonablative lasers spare the outer skin," says New York dermatologist Patricia Wexler, "they can be used on any skin type—light or dark, white, Asian, black."

"A year ago we didn't have these techniques, which enable you to improve your skin significantly without missing time from work or important events," observes Darrell Rigel, a dermatologist in New York. "Recent studies have shown that with nonablative skin rejuvenation, you can get 80 percent or more of the results that you got with the old, deep CO₂ laser resurfacing"—which involves severe skin peeling and prolonged redness and necessitates up to three months of recovery time. "The key is that you need three to five of these milder treatments to get the desired effect," Rigel says.

To get a sense of what the latest skin enhancements really do, we turned to five women suffering from what you might call an inferiority complexion—then took their photographs before and after they consulted dermatologists or underwent procedures at a skin clinic. The problems, treatments, and results vary, but one thing's consistent: These women no longer feel stuck with their skin.

Skin Samples

A range of dermatological problems prompted several women to call upon professional help.



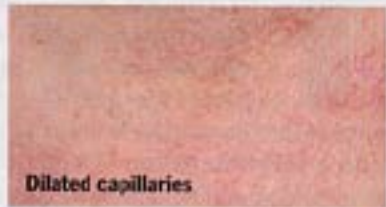
Sun-induced dark spots



Oily, acne-prone skin



Acne and acne scars



Dilated capillaries



Wrinkling

Hyperpigmentation

Treating sun-induced freckling—here with microdermabrasion, an Intense Pulsed Light laser, and chemical peels—can reduce the risk of skin cancer.



Before



After

Patient: Meg Kuser **Age:** 27

Problem: "I'm a total sun-worshipping person," she says, with the freckles and blotchy skin to prove it.

Ten years ago, a dermatologist told Meg Kuser that if she kept on sun-bathing, she was going to get skin cancer. "That scared me away," she says—not from the sun, but from dermatologists. "I've never been to one since." That is, until a recent skin allergy brought her to Darrell Rigel. The New York physician cleared up her allergy, but not without saying she had the worst case of early sun damage he'd ever seen. This time Kuser got the message, swore off tanning parlors, and signed on for treatment to reverse her sun damage.

Rigel started with microdermabra-

sion—exfoliation with fine crystals—to smooth her skin and shrink her pore size. As a technician removed the stratum corneum, or top layer of skin, with a microdermabrasion wand, "it felt like my face was being scrubbed with a wire toothbrush for about 20 minutes," Kuser says. Next came a chemical peel: Rigel swabbed Kuser's face with Jessner's solution (lactic and salicylic acids, and resorcinol, a chemical often used to treat acne) to further smooth her skin and lighten her freckles. Then Rigel applied a cooling aloe vera gel to counter the heat of an IPL (Intense Pulsed Light) laser, which emits flashes of light that injure and rejuvenate the underlying skin. It took 30 minutes and about 50 pulses of light to cover Kuser's entire face. "The IPL hurt more around my hairline," she says, "but the pain of a bikini wax is worse." ("If you work in an office, I suggest making this appointment at the end of the day, not

at lunchtime, because your hairline gets totally greasy," she adds.) After each hour-long appointment, Kuser applied Neutrogena Healthy Skin moisturizer.

Although Rigel accelerated Kuser's treatment for this story, the usual course is a peel and microdermabrasion every two weeks, plus an IPL once a month, for three to five sessions. After four appointments, at \$1,000 each, Kuser's freckles have faded and the leathery look is gone. "I feel like I have new baby skin," she says. To maintain it, she is wearing sunscreen and a hat on her walk to work. "If she doesn't protect herself, the freckles will come back," Rigel warns. Kuser's parents are betting she'll soon return to her sun-worshipping ways, but she disagrees: "I'm saving a lot of money now that I've stopped my tanning-salon membership. And although I don't like being pale, I love how my skin feels—and all the compliments, too."

Oily, acne-prone skin

A multipronged treatment attacks oil and chronic breakouts.



Patient: Emily Vannucci **Age:** 24 **Problem:** Oily skin and acne flare-ups on her nose, cheeks, chin, and forehead

After Emily Vannucci graduated from college and began a demanding retail job in New York, her skin rebelled. Her dermatologist, Brad Katchen, prescribed Dynacin, an oral antibiotic that destroys acne-causing bacteria; Differin, a vitamin A cream, to decrease oil-gland secretion and boost skin-cell turnover; and BenzaClin, an antibiotic cream, to reinforce the oral medication. Meanwhile, salicylic-acid peels (also called Beta peels, for beta hydroxy acid) helped exfoliate her skin and dry her zits. Salicylic acid is oil soluble, so it

can deeply penetrate areas causing acne, Katchen says. To counteract the stinging sensation during the three-minute peel, Vannucci held a small fan over her face. "My skin was a little flaky the next day, but it wasn't literally peeling," she says. After four weekly peels (\$150 each), daily antibiotics, and daily application of the creams, Vannucci says the blackheads and pimples have subsided. Katchen plans to wean her off the antibiotics, keep up the creams, and do monthly peels until the acne has virtually disappeared. "I used to stand with my hand over my cheek, hiding my face," Vannucci says. "Now I can run my hand over my skin and not feel any bumps, which I haven't been able to do in years."

Acne and acne scars

Glycolic acid treats acne, while microdermabrasion may minimize old scars.



Patient: Ingrid* **Age:** 26 **Problem:** Oily skin, active blemishes, and acne scars

Ingrid's acne scars tell a story of failed treatment. Antibiotics cleared up her skin only for the three months her prescription lasted. And Proactiv, the mail-order skin-care product line for acne, "made me peel and break out," she says. She figured she had nothing to lose by going to New York's Skinklinic, which offers an array of skin services. Although she intended to go for treatment of her acne scars, her skin had other ideas, flaring up before her visit. Registered nurse and licensed aesthetician Marty Schmid suggested glycolic-acid

peels to clear up Ingrid's active acne before scheduling microdermabrasion to help erase her superficial scarring. After her first peel, Ingrid's face "wasn't as inflamed" as she'd expected. "I walked out onto Fifth Avenue without any makeup, and didn't feel self-conscious." After three \$100 peels, two weeks apart, and daily use of recommended Skinklinic products—toner (\$20), glycolic solution (\$25), sunscreen (\$20), and an oil-fighting serum (\$20)—her blemishes are gone, and soon she'll start microdermabrasion. "People say, 'You look different!' But a guy at work pinpointed what it was. He said, 'Your skin looks fabulous.'"

*Last name withheld

Rosacea

The V-Beam laser shrinks red capillaries in skin.



Before



After

Patient: Julia* **Age:** 34

Problem: Dilated blood vessels on her nose and cheeks that turn bright red in times of stress, a symptom of rosacea

The dermatologist Julia had been seeing for years dismissed the redness on her face as no big deal. "He had broken capillaries too, which didn't bother him, so he didn't think they should bother me!" she says. Julia promptly found another doctor, Linda K. Franks, who recognized Julia's red cheeks and nose as a mild form of rosacea, a condition that affects 14 million fair-skinned Americans, although, according to the National Rosacea Society, fewer than 10 percent are being treated. Rosacea is tricky to diagnose, since its two components—acne and blushing—come and go (flaring up in response to warm weather, stress,

chocolate, coffee, or red wine). If untreated, rosacea can cause disfiguring skin thickening.

Julia began applying a 20 percent topical vitamin C serum from SkinCeutical's Primacy line. As an antioxidant, vitamin C neutralizes the free radicals that form in the skin from sunlight, pollution, and cigarette smoke and helps decrease reactive redness. (In a rosacea patient with acne, Franks would have initially prescribed oral antibiotics and topical treatments to clear the skin.)

After a month of using the serum, Julia came in for the first of two monthly 20-minute treatments with a V-Beam laser, which warms dilated blood vessels, causing them to constrict. The V-Beam is a new adaptation of the pulsed-dye laser, used on port-wine stains and birthmarks, which injured skin enough to cause bruising for ten days afterward.

"But the V-Beam is gentle, heating blood vessels without bursting them, so there is no downtime," Franks says. In the long run, she adds, the laser prompts the building of collagen, which should also help make the blood vessels less apparent.

Her eyes shielded with goggles, Julia felt a cooling spray from the laser wand before the 130 pulses of the beam. "It's like being snapped with a rubber band, not that painful," she says. The constricted blood vessels are eventually reabsorbed by the body.

Besides a small bruise that cleared up in two days, Julia had no side effects, and is maintaining her even complexion with the vitamin C serum. "I feel a lot better about my skin," she says, noting that the cost of about \$400 per session was well worth it. "No more Rudolph nose!"

**Not her real name*

SKIN SPAS

At a new breed of spas, services such as mud wraps, facials, and salt scrubs have given way to collagen injections, microdermabrasion, and laser treatments. A board-certified dermatologist is often on the premises, but "skin-care professionals" (nurses, nurse practitioners, and aestheticians) do most of the work. As a result, the spas can offer not only relaxing ambience, but also low prices compared with dermatologists' offices.

Many doctors are critical of the competition. According to the American Society for Dermatologic Surgery, 45 percent of members report an increase in patients with complications, such as burns or scarring, that they attribute to botched procedures by technicians lacking adequate training, supervision, or experience. Recently, a woman sued New York's Greenhouse Day Spa, claiming that her face and neck were burned by laser hair removal. Misdiagnosis is also a risk, says Mark Lebwohl, chairman of Mount Sinai's department of dermatology—for instance, an acid peel being prescribed for what looks like acne when, in fact, it's skin cancer.

The CEO of New York's Skin-Medic, Katty Dwyer, who plans to open centers in other cities, maintains that her clients are "in the safest of hands." A board-certified dermatologist is always at the clinic, she notes, and adds that even in doctors' offices, aestheticians or nurses commonly treat patients under supervision. Not all skin spas employ doctors on site, though.

State laws dictating procedures vary, but according to the ASDS, medium and deep peels, deep microdermabrasion, and CO₂ laser resurfacing should all be done by a medical professional. "We've made the laser look like nothing more than a point-and-shoot camera," says dermatologist Roy Geronemus, director of the Laser and Skin Surgery Center of New York, "but it requires the judgment of a trained dermatologist or cosmetic surgeon." Dermatologic surgeon Ron Shelton, director of the New York Aesthetic Center, says, "Anything that breaks the epidermal barrier is a medical treatment. It's that simple." —PERRI PELTZ

Lip lines

A longer-lasting alternative to collagen injections, the Cool Touch laser fills wrinkles by helping the skin rebuild its own collagen.



Before



After

Patient: Debra* **Age:** 36 **Problem:** Early wrinkling in the form of pucker lines and feathering around her lips

You know when you put on your lipstick and it starts traveling on its own? I'm like, Who told you you could do that?" Debra says. She asked her dermatologist of seven years, Patricia Wexler, to do something about the lines around her lips. Instead of injecting them with a temporary filler like collagen, Wexler suggested the Cool Touch laser because it causes the body to form its own virtually permanent collagen deposits to fill in the lines. (After treatment is complete, in three to five 15-minute visits, subsequent sessions, once a year, may be needed to maintain the results.)

"The best patients are people with early wrinkling, like Debra, because as you get older and the wrinkle gets deeper, there's more loss of elastic tissue as well as collagen, so it's harder to restore normal architecture to the skin," says Wexler, who also uses the laser to treat acne scars, stretch marks, and lines on the chest and neck. Before each laser session, Debra's skin was prepped with an alcohol pad and numbed with a topical anesthetic. Both Wexler and Debra wore goggles as Wexler zapped the skin above and below Debra's lips and at the corners of the mouth. The laser's hand-piece delivers a very cold spray, "so at the surface of the skin you're getting a freeze while the heat is delivered deep," Wexler says. Debra likens the sensation to that of an ice cube stuck on your skin. When a cooling gel is applied immediately afterward, skin may turn pink or red for up

to an hour, but "I had very little redness," Debra says.

After four sessions with the laser, at a cost of \$500 each, conducted at two-week intervals, Debra says her pucker lines have lessened and that her upper lip looks fuller, "not as collapsed, so that when I apply lip pencil it seems more defined and shapely." Friends "notice that I look better but they have no idea why," she says.

"With a Cool Touch, you see some results relatively shortly after the treatment," Wexler says, but they "should get better and better over the next few months." To maintain skin smoothness, Wexler gave Debra an antioxidant cream (ICN Pharmaceuticals' Kinorase) and a sunscreen from SkinCeuticals. Asked if she would be happy to do this all over again, Debra says, "Hell, yeah! I told Pat I'd like to set up a cot in her office."

*Last name withheld