Evaluation of the Safety and Efficacy of Ultherapy® for the Treatment of Signs and Symptoms of Erythematotelangiectatic Rosacea

Rosalyn George, MD1; Joel Schlessinger, MD2; Mark Lupin, MD3; David Amato, MD4; David McDaniel, MD5

1FAAD Wilmington Dermatology Center; Wilmington, NC; 2FAAD, FAAMS LovelySkin, Omaha, NE; 3FAAD Cosmedica; Victoria, BC; 4All About Faces, Hummelstown, PA; 5FAAD Laser and Cosmetic Center; Virginia Beach, VA

BACKGROUND AND OBJECTIVE

• It is hypothesized that creation of focal lesions in the dermis and sub-dermis may affect the symptoms of erythematotelangiectatic rosacea by inducing coagulation in superficial blood vessels and reducing blood flow in the skin.

METHODS

• The study enrolled 88 subjects (79 female and 9 male) with a mean age of 49.9 (range: 21-65 years). Fitzpatrick Skin Types were I (5.7%), II (40.9%) and III (53.4%).
• Pre-treatment medication was limited to 800mg Ibuprofen taken at least 60 minutes prior to treatment.
• Treatment groups are summarized in Table 1.
• Assessments (baseline & follow-up visits):
  - Standardized photographs
  - 5-point Clinical Erythema Assessment (CEA) Scale
  - Colorimeter assessment
  - Figures 1-3 illustrate the treatment maps used for each transducer depth and density.

RESULTS

• CONCLUSIONS
  - Results suggest Ultherapy may be efficacious for treatment of signs and symptoms of erythematotelangiectatic rosacea.
  - Study data suggest that high density Ultherapy treatment is superior to low density treatments or to superficial treatments.

Table 1. Treatment groups. All subjects were to receive 2 treatments.

<table>
<thead>
<tr>
<th>Group</th>
<th>Subjects, n</th>
<th>Treatments, n</th>
<th>Treatment Density</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>20</td>
<td>1</td>
<td>Low (15 lines/mm)</td>
</tr>
<tr>
<td>B</td>
<td>22</td>
<td>2</td>
<td>Low (15 lines/mm)</td>
</tr>
<tr>
<td>C</td>
<td>26</td>
<td>1</td>
<td>High (30 lines/mm)</td>
</tr>
<tr>
<td>D</td>
<td>22</td>
<td>2</td>
<td>High (30 lines/mm)</td>
</tr>
</tbody>
</table>

*Note: A 1st treatment protocol modification: only subjects in Group B & D received 3 treatments (3 x 4 days apart).

Figure 1. Treatment map for 4 MHz/3.5 mm transducer.

Figure 2. Treatment map for 7 MHz/3.0 mm transducer.

Figure 3. Treatment map for 10 MHz/3.5 mm transducer.