



# THE STRETCH MARK ERASER

Aesthetic Medicine's "Magic" Skin Therapy

BY WAYNE H. WERTHEIM, M.D.

The abdomen, hips, thighs, breast, upper arms, and buttocks are the common sites

**“**If you could get rid of stretch marks you'd have a line out the door!” This is what we in the world of aesthetic medicine hear on almost a daily basis from our clients. Perhaps now we are a step closer to reaching this “magic” eraser. Similar to cellulite, every woman has or believes they have stretch marks. Statistically they are correct, as studies have shown that approximately 90% of pregnant women, 70% of adolescent females, and even 40% of adolescent males develop stretch marks.

Although there are several causes of stretch marks, the most common cause is from the rapid stretching of the skin (there are some medical causes of stretch marks, which will not be addressed in this article). This is usually associated with sudden weight gain, pregnancy, or muscle building and growth spurts during puberty. As the skin is caused to rapidly stretch there is a tearing of the lower part of the skin – the dermis. These chapters of life changes are often marked by physical and emotional stresses to the body. Associated with these stresses, the body increases the amount of the hormone cortisone. Cortisone causes a weakening of elastin and fibrin

in the dermis, which allows the dermis to tear more easily. This tear produces a scarring that is usually seen as an irregular-shaped, discolored mark on the skin. These marks are called striae distensae (more commonly striae or stretch marks). Over time these scars may diminish, but will not disappear.

Striae may appear on any area of the body but are most frequently found in the areas where fat is stored. The abdomen, hips, thighs, breast, upper arms, and buttocks are the common sites. The striae do not present a health issue and pose only cosmetic concerns. Now that we know what they are and where they come from, what can we do to get rid of them?

Undoubtedly you have been bombarded with ads, commercials, and various pitches for all types of lotions, creams, potions, gels, herbs, and wraps that claim to rid you of stretch marks. These prod-

**ALTHOUGH THERE ARE SEVERAL CAUSES OF STRETCH MARKS, THE MOST COMMON CAUSE IS FROM THE RAPID STRETCHING OF THE SKIN**

ucts, often containing cocoa butter, vitamin E, or glycolic acid, aren't harmful, but they probably won't help either. To date there has been only one scientifically performed study that looked at whether these types of products (basically topical moisturizers and lubricants) can prevent and/or remove stretch marks. It was found that daily topical treatments were related to less stretch marks being formed during pregnancy (but not the reduction or removal of existing ones). Of note is the fact that cocoa butter, which is probably the most promoted "anti-striae" product, is a good moisturizer, but no study has ever proven its ability to prevent the appearance of striae or remove existing ones. So to go along with the saying "an ounce of prevention is worth a pound of cure" is very apropos here.

So what, if anything, can be done to help improve the appearance of existing stretch marks? Stretch marks are most likely to respond to pharmacologic products and clinical interventions at their early stage, red stretch marks (striae rubra). Once they become white (striae alba), only few treatment modalities exist, which to date, have been disappointing.

**TRETINOIN CREAM** - (Retin-A, Renova) may improve the appearance of recent stretch marks – those less than six weeks old and still pink or red in color. Tretinoin should never be used during

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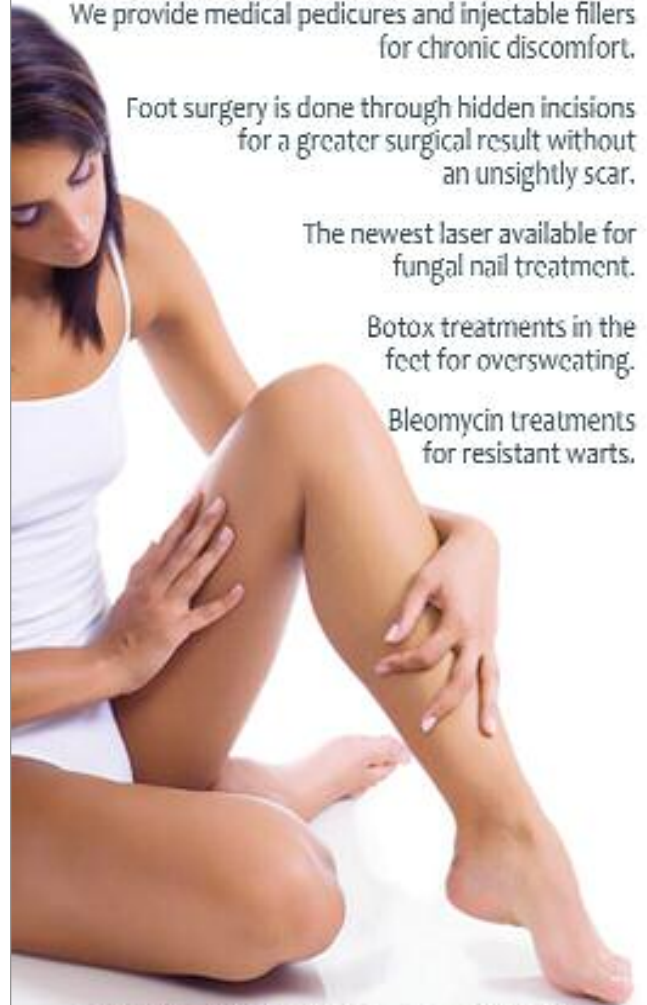
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pregnancy. Tretinoin, when it works, helps to rebuild collagen, making the stretch mark more similar in appearance to your normal skin.

**MICRODERMABRASION/SKIN PEELS** - gently removes the skin's topmost layer, which may result in new skin growth that is more elastic. This therapy is an option for older stretch marks.

**EXCIMER LASER** - The excimer laser does nothing for collagen or elastin growth. Instead, its aim is repigmentation by stimulating melanin production. If it works, the old and lighter streaks become similar in color to the surrounding skin, and therefore less visible.

**FRACTIONAL PHOTOTHERMOLYSIS** - Lasers that use specific wavelengths of light to stimulate new growth of collagen and elastin. Designated "fractional," as it causes partial (fractional) damage to small dot-like areas within a targeted zone of the skin. Because most of the treated area remains undamaged, the skin heals quickly. There are several types of fractional lasers used in the market today that may have some beneficial effect on improving the appearance of the striae.

**LUX 1540** - Here is the exciting news that has recently hit the aesthetic medical community and may change the future of stretch mark therapy. The Federal Drug Administration (FDA) has recently approved the first laser for the improvement of the

existing stretch marks. As an addition to Palomar Medical's Starlux laser system, the Lux 1540 fractional handpiece is the first laser with clinical studies and FDA approval for use with stretch marks. For stretch mark treatment, the Lux 1540 delivers an array of computer controlled, high-precision mi-



*Before*



*After*

crobeams to create deep, narrow columns of thermal injury to the epidermis and dermis. This triggers a restorative natural healing process that creates healthy, new tissue, including the deposition of new collagen. The 1540 laser minimizes the appearance of stretch marks with no downtime. It also improves the unsightly color and skin texture associated with stretch marks, leaving clients with smoother, better looking skin. The only side effect



found thus far is slight discomfort during the procedure.

In a completed clinical study, two independent physicians assessed 25 subjects for improvement in the appearance of their striae after undergoing treatment with the Lux 1540 laser. The first physician observed 50% or greater improvement in all subjects and 75% improvement in 24% of subjects. The second physician observed 50% or greater improvement in 96% of subjects and 75% improvement in 8% of subjects. Additionally, and perhaps more importantly, all of the treated subjects reported improvements of 50-100% in the appearance of their striae and all were satisfied with their results.

Previous treatments for stretch marks have been restricted by their limited efficacy, inconsistency across subjects, and in-

**PREVIOUS TREATMENTS FOR STRETCH MARKS HAVE BEEN RESTRICTED BY THEIR LIMITED EFFICACY, INCONSISTENCY ACROSS SUBJECTS, AND INABILITY TO DELIVER LASTING RESULTS**

ability to deliver lasting results. In testing with the Lux 1540, 27 subjects with a broad range of striae varying in both body location and age, resulted in significant improvements in textural irregularities as well as recoloration of white stretch marks and reduction of red striae. An important predictor of any treatment's success is patient satisfaction. All of the treated subjects felt their striae had improved 50-100% and were extremely satisfied with the improved appearance of their striae. Additionally, study subjects were followed for up to 15 months after their treatments and no recurrence of striae were observed. Anecdotally, researchers were unable to see the treated stretch marks in three subjects six months after treatment.

Is the Lux 1540 the "magic" eraser we have been looking for? Only time will tell. It does, however, speak well for the tremendous advances we are seeing in both science and technology. Each year we are presented with more options to address the desires for the aesthetic patient – it is a very exciting medical field to be part of today. **IMAGE**

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