

UC Irvine

UC Irvine Previously Published Works

Title

Commentary: Laser Hair Removal: Progress Marches On

Permalink

<https://escholarship.org/uc/item/3w42k8z4>

Journal

DERMATOLOGIC SURGERY, 36(11)

ISSN

1076-0512

Author

Kelly, Kristen M

Publication Date

2010

DOI

10.1111/j.1524-4725.2010.01716.x

Copyright Information

This work is made available under the terms of a Creative Commons Attribution License, available at <https://creativecommons.org/licenses/by/4.0/>

Peer reviewed

Laser Hair Removal: Progress Marches On

KRISTEN M. KELLY, MD*

Dr. Kelly is a consultant for Lumenis and has received research grants from Candela and Graceway Pharmaceuticals. Candela, CoolTouch, and Solta Medical donated equipment to the university.

A patient recently asked me whether there were any new advances in hair removal. The manuscript of Yeung and colleagues¹ reminded me that there have been several good investigations advancing this field. They demonstrate the use of pneumatic skin flattening to decrease pain during treatment in Asian patients. Many laser treatment procedures, including laser hair removal, are still more challenging in patients of color. Investigations such as this that improve comfort, safety, or efficacy for these patients deserve recognition. Last year, Tanzi and Alster² reported on a novel low-energy pulsed light device for home use. Such devices provide patients with an alternative hair removal option. Earlier this year, Desai and colleagues³ reviewed paradoxical hypertrichosis after laser hair removal in an effort to gain a better understanding of this phenomenon, with the hope that it can one day be avoided.

Unfortunately, ideal hair removal has not been achieved. To me and most patients, this would be permanent and complete or near-complete hair removal. I use the word “permanent” to mean not ever returning, not the more commonly used definition of “time greater than the duration of the complete growth cycle of hair follicles, which varies from four

to twelve months” (<http://www.fda.gov/Radiation-EmittingProducts/ResourcesforYouRadiationEmittingProducts/Consumers>). Perhaps this is not a realistic goal, but it is possible that science and industry together could come closer to this aim, perhaps by identifying and specifically targeting follicular stem cells or combining the use of targeted irradiation and administration of a pharmaceutical that eliminates signals required for stem cells to prompt hair regrowth. I applaud innovative investigations that strive to achieve this goal and look forward to future investigations on this topic.

References

1. Yeung CK, Shek SY, Chan HHL. Hair removal with Nd:YAG laser and pneumatic skin flattening in Asians. *Dermatol Surg* 2010;36:1664–70.
2. Tanzi EL, Alster TS. Effect of a novel low-energy pulsed-light device for home-use hair removal. *Dermatol Surg* 2009;35:483–9.
3. Desai S, Mahmoud BH, Bhatia AC, Hamzavi IH. Paradoxical hypertrichosis after laser therapy: a review. *Dermatol Surg* 2010;36:291–8.

Address correspondence and reprint requests to: Kristen M. Kelly, MD, Associate Professor of Dermatology and Surgery, University of California, 1002 Health Sciences Rd., Irvine, CA, 92612, or e-mail: kmkelly@uci.edu

*Department of Dermatology and Surgery, University of California at Irvine, Irvine, California