THE USE OF ENDYMED 3DEEP FRACTIONAL MULTIPOLAR RADIOFREQUENCY FOR STRETCH MARKS TREATMENT

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INTRODUCTION

Stretch marks take the form of some areas where the skin structure appears as “torn”. Most time they have a genetic component. They affect 90% of pregnant women, 70% of teenagers and 40% of sportsmen. Precisely because of the high incidence of stretch marks during pregnancy there has been attempted the prevention of their occurrence by various methods, but the results were inconclusive1, 2,3; practically it is the sudden distension of the skin in the last months of pregnancy what causes the tearing of collagen fibres and the appearance of stretch marks.

Radiofrequency is a physical method used for over 20 years in medicine, which can be unfractional or fractional. Depending on the production mechanism, it can be monopolar, bipolar and multipolar.

The first technologies with radiofrequency (monopolar radiofrequency and then the bipolar one), had the disadvantage of getting either too shallow or too deep into the skin, which often could be painful for the patient and in extreme cases it might even cause superficial burns.

The present study was conducted using a device Endymed 3DEEP. This technology controls efficiently the RF energy to achieve a three-dimensional energy matrix able to treat the target area in depth, which is possible thanks to a sophisticated algorithm, and to a special positioning of electrodes – that by mutual rejection can push the electric fields much deeper, reducing the risk of

affecting the upper layers and eliminating the need for active cooling. We mention that the device presents both unfractional and fractional radio-frequency, this study referring exclusively to fractional radio-frequency. The treatment has aimed at the disappearance or the most possible blurring of the unaesthetic appearance of torn skin in stretch marks area.

MATERIAL AND METHOD

The technique consists in creating certain micro columns with thermal destruction of the skin using radio waves and also in heating the remaining tissues with the effect of contracting the existing collagen fibres and stimulating the production of new ones.

The indications for this study were mature and immature stretch marks. The contraindications were represented by: skin cracks, injury or infection, the presence of metal implants on the treated area, the presence of heart pace-maker or implanted electric defibrillator, the oral concurrent therapy with retinoids, the presence of autoimmune diseases, haematological, neurological or other serious illnesses, recent exposure to sun / solarium during the last month and skin tumours in the area to be treated. Relative contraindications consisted of: pregnancy or lactation, permanent tattoo in the treated area.

The device has 6 levels of power as required. The hand part has a 15 mm × 10 mm applicator with 14 columns × 8 rows. Each pulse is divided into 14 sub-pulses (‘clicks’). The matrix is of 300 microns consisting of 112 points.

A month before the treatment the patients should not expose to the sun or solarium. With 10 days before the procedure the administration of anticoagulants, vitamin E, gingko biloba, ginseng, omega 3 should be interrupted.

The working technique was the following: the skin is cleaned and a numbing cream is then applied for 30–45 minutes. Then the numbing cream is cleaned and the operating parameters are set. The radiofrequency spots are applied both on stretch marks and on the healthy tissue between the stretch marks that helps to rebuild collagen. Spots do not overlap.

After the procedure a moisturizing cream with a 50% protection factor shall be applied. Cold compresses are recommended in case of discomfort. If there are small scabs, they have to drop themselves, otherwise one can disrupt the normal skin regeneration with the risk of producing scars.

To achieve the optimum effect 3–4 sessions have been recommended at every 4–5 weeks.

After the procedure the following are contraindicated for at least one month: sauna, Jacuzzi, sun exposure, chemical peeling, the use of creams with alpha hydroxy acids (AHA), topical retinoids (Retin A, Isotrexin, Mask gel) or benzoyl peroxide (Brevoxyl).

RESULTS AND DISCUSSIONS

The study was performed between 1.01.2016–31.12.2016 in Ar estetic Clinic in Galați, on a sample of 16 female patients ( Fitzpatrick 2–4). The average age was of 31,18 years.

The number of sessions and the intensity used are detailed in Table 1.

<table>
<thead>
<tr>
<th>Patient</th>
<th>Area of stretch marks</th>
<th>Working intensity</th>
<th>No of sessions</th>
<th>Age</th>
<th>Fitzpatrick</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Abdomen</td>
<td>5</td>
<td>4</td>
<td>31</td>
<td>II</td>
</tr>
<tr>
<td>2</td>
<td>Abdomen</td>
<td>5</td>
<td>4</td>
<td>28</td>
<td>IV</td>
</tr>
<tr>
<td>3</td>
<td>Abdomen</td>
<td>6</td>
<td>5</td>
<td>35</td>
<td>II</td>
</tr>
<tr>
<td>4</td>
<td>Thighs+ calves</td>
<td>5</td>
<td>4</td>
<td>37</td>
<td>IV</td>
</tr>
<tr>
<td>5</td>
<td>Buttocks</td>
<td>6</td>
<td>5</td>
<td>21</td>
<td>III</td>
</tr>
<tr>
<td>6</td>
<td>Breasts</td>
<td>4</td>
<td>3</td>
<td>23</td>
<td>III</td>
</tr>
<tr>
<td>7</td>
<td>Abdomen</td>
<td>6</td>
<td>4</td>
<td>32</td>
<td>II</td>
</tr>
<tr>
<td>8</td>
<td>Abdomen</td>
<td>5</td>
<td>4</td>
<td>34</td>
<td>IV</td>
</tr>
<tr>
<td>9</td>
<td>Thighs</td>
<td>6</td>
<td>3</td>
<td>29</td>
<td>III</td>
</tr>
<tr>
<td>10</td>
<td>Abdomen +breasts</td>
<td>6 (4 on breasts)</td>
<td>3</td>
<td>24</td>
<td>III</td>
</tr>
<tr>
<td>11</td>
<td>Buttocks</td>
<td>6</td>
<td>4</td>
<td>30</td>
<td>III</td>
</tr>
<tr>
<td>12</td>
<td>Abdomen</td>
<td>5</td>
<td>4</td>
<td>36</td>
<td>II</td>
</tr>
<tr>
<td>13</td>
<td>Abdomen</td>
<td>6</td>
<td>4</td>
<td>35</td>
<td>III</td>
</tr>
<tr>
<td>14</td>
<td>Abdomen</td>
<td>5</td>
<td>4</td>
<td>29</td>
<td>III</td>
</tr>
<tr>
<td>15</td>
<td>Thighs+ arms</td>
<td>4</td>
<td>3</td>
<td>43</td>
<td>IV</td>
</tr>
<tr>
<td>16</td>
<td>Abdomen</td>
<td>5</td>
<td>4</td>
<td>34</td>
<td>III</td>
</tr>
</tbody>
</table>

Table 1

The distribution of cases
Case 1. Endymed 2 sessions 5th power level.
Case 2. Endymed 3 sessions 6th level.
The use of Endymed 3DEEP fractional multipolar radiofrequency for stretch marks treatment

Case 3. 2 sessions 5th level.
Immediately after the procedure, on the treated area there appeared small pink swellings around the apertures where the micro-needles were located. At a power level above 3 there was noticed the swelling of the whole "square" worked. The swellings and erythema disappeared in 24–48 hours. 1–3 days after the treatment there appeared small dark red dots or pinpoint sized crusts where radiofrequency currents have penetrated. Depending on the skin type, location, issue treated and energy used, these points have persisted 5–14. The swelling and redness after the procedure are normal reactions of the skin and appear on all types of fractional radiofrequency.

In the first 24–48 hours the patients reported a slight burning sensation. Possible side effects include: bruising, post inflammatory hyperpigmentation (especially if the treated area is not protected against the sun), hypopigmentation if skin was tanned, such complications being also cited in the literature in the field.

Results assessment was performed through the quantification of three parameters: colour, width and depth of stretch marks. The colour and depth were subjectively estimated based on comparative photos and direct observation, also taking into account the degree of satisfaction of the patients; colour turned from white-pearly to pinkish, similar to normal skin colour and the depth was reduced almost completely the stretch marks becoming flat, on the same level with the normal skin. The width of stretch marks was estimated by measuring the width of the stretch mark before the treatment and after the last Endymed fractional radiofrequency session. We chose the highest and lowest stretch marks of a certain surface and they were measured. The results showed the reduction in the width of stretch marks with 12 to 19% after the first session and with 23–47% after 4 sessions conducted every month. In case of immature stretch marks, they disappeared after 4 radiofrequency sessions at 69% of the patients treated.

The patients’ level of satisfaction was very good, almost all patients have seen major improvements related to the appearance of stretch marks.

In terms of complications, in one case there have been noticed dot shaped burnings on the abdomen and internal thighs area for which we recommended antibiotic creams and healing creams (Stratamark and NidoFlor).

In recent years with the increasing number of breast implants there has been reported an increased incidence of stretch marks on the breasts after implants. There have been also reported cases of side stretch marks after the installation of skin expanders. Obesity is also increasingly incriminated as a factor favouring the occurrence of stretch marks the determining mechanism being the same as for pregnancy, the distension of the skin above the extensibility limit of collagen fibres and elastine. Stretch marks have been also associated with Koebner syndrome in association with vitiligo, their treatment in such cases reaching low results or results impossible to be achieved, because of contraindications relating to laser and fractional radiofrequency. Factors favouring the appearance of stretch marks include endocrine imbalances, diet deficient in vitamins and minerals etc.

Radiofrequency has been used for years for treating stretch marks. Initially monopolar radiofrequency was used and later with the development of new radiofrequency techniques, bipolar radiofrequency was used. Recently there has been developed a new method for treating mature stretch marks called nano-fractional radiofrequency, which works by stimulating the facial remodelling and re-epithelisation of the epidermis. According to the mentioned study 3 sessions were conducted at 4 weeks, so a protocol similar to that of the Endymed fractional radio frequency.

Various methods have been tried over time for the treatment of stretch marks. Combined treatments have been performed with the radio frequency and PRP, for the platelet plasma rich in growing factors to potentiate the recovery of the collagen damaged by radio frequency, superior results being noticed in comparison with the single treatment with radio frequency. Another combination of treatments tested has been the one between fractional radiofrequency and microdermabrasion, in this case microdermabrasion serving to further stimulate the process of neocollogenesis on the surface. In this sense there have been produced even comparative studies of effectiveness between PRP and microdermabrasion and between microdermabrasion and local topical treatments.

But the most common treatments, either singly or in combination, remain fractional radiofrequency and fractional laser. Very good results have been obtained by combining fractional radiofrequency with CO2 laser, in particular on mature stretch marks. However, there have also been tried other laser wavelengths, such as 1410 nm or 1565 nm, in combination with fractional laser. The wavelength of Nd-Yag 1054 Nm has been used to
treat stretch marks, at powers of 75–100 J/cm² with spot of 5 mm and 15 ms duration, with even comparative studies between Nd-Yag and the light intensely pulsed to different wavelengths, but the results are inferior to CO2 laser or fractional laser²⁶–²⁷. Recently, there have been attempts to treat stretch marks with intensely pulsed light with different wavelengths respectively of 590 and 650 nm but the results are worse than in case of fractional laser²⁸–²⁹.

Various local topical have been used as adjuvants for both prevention and treatment, which may increase the effect of radio frequency³⁰. Fractional radio frequency may be combined with chemical peeling, Microneedeling (Dermapen), mesotherapy or carboxytherapy²⁶,³¹–³².

The treatment with Endymed may be associated with other cosmetic procedures as follows:

- After 7 days, injection of botulinum toxin (Botox)
- After 3 weeks, the injection of hyaluronic acid
- 2–3 weeks after the procedure of non-ablative laser or IPL
- After 4–6, chemical peeling
- After 10–12, ablative laser
- 6 months after interruption of the treatment, with oral retinoid.

CONCLUSIONS

The recovery time is short and the risk of burning is low. The results obtained with Endymed 3DEEP are very good with the significant blurring of mature stretch marks and the almost complete disappearance of immature stretch marks. Due to the uniform distribution of energy it does not require overlapping spots. It works on any surface even on the most curved. Due to its matrix on 112 points, it shows a good epidermal effect. The discomfort is minimal.

The colour of stretch marks turned from white-pearly to pinkish, similar to normal skin colour and the depth was reduced almost completely the stretch marks becoming flat, on the same level with the normal skin. The reduction in width of stretch marks was with 12 to 19% after the first session and with 23–47% after 4 sessions conducted every month. In case of immature stretch marks, they disappeared after 4 radiofrequency sessions at 69% of the patients treated.

REFERENCES


