Cosmetic options for the Dermatological manifestation of PCOS

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Hirsutism
Acne
Acanthosis nigricans
Female pattern hair loss
PCOS
Dermatological manifestations in PCOS¹

- Acne – Resistant or recurrent (95%)
- Hirsuitism (60%)
- Seborrhea (47.5%)
- Acanthosis nigricans (20%)
- Female Pattern hair loss (12.5%)

Hirsutism and AN are reliable markers for biochemical hyperandrogenism ²

Hirsuitism in PCOS – Why to treat

- Ferriman Galaway score – Patient and Physician
- Skindex QOL assessment
- Beck Depression inventory Fast Screen

FG score Mean Patient 13.3/ Physician Mean 8.63
Hirsuitism in PCOS – How to treat

• Traditional depilation – Waxing, Plucking, Threading, Depilatory creams – Cause inadvertent damage to epidermis - Post inflammatory hyperpigmentation
• Psedofolliculitis and Follicular prominence appearance

• Laser Hair Reduction : Targets melanin in the hair root – results are predictable, long growth delay between treatments, improvement of overlying skin
Hirsuitism in PCOS – Challenges with LHR

• In women with PCOS, laser treatment is associated with a poorer than expected reduction in hair counts and Hair Free Interval following treatment. However, offering more than six treatments does have additional benefits in terms of prolonging HFI and overall patient satisfaction with treatment is very high. ³

• LHR Reduces severity and anxiety in this subgroup. ⁴

Hirsuitism in PCOS – Challenges

• More number of session to achieve clinical results (8.1 Treatment sessions vs 5 ).

Hormonal profile and efficacy of long pulse Nd-YAG laser in treatment of hirsutism.
Karn D, K C S, Timalsina M, Gyawali P
Improving the outcome of LHR in PCOS

- Hirsutism increases with weight gain
- Increased insulin sensitivity by metformin enhances IPL assisted hair removal in patients with polycystic ovary syndrome.
- Finasteride helps reduce FG score

Before laser hair reduction

After 4 sessions
Before laser hair reduction

After 8 sessions
Before

© Dr. Dixit Cosmetic Dermatology

After

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Acne in PCOS

• Can be resistant, recurrent
• Look for PCOS in adults with acne
• Look for PCOS in patients resistant to Isotretinoin
• Metformin in adolescents and young adults
• Spironolactone and OCPs in older patients
• Isotretinoin in cumulative doses
Adult acne on isotretinoin and OCP
Should you evaluate all patients with acne for androgen excess?⁹

- Amsterdam ESHRE/ASRM-sponsored third PCOS Consensus Workshop Group suggested that acne is not commonly associated with hyperandrogenemia.
- 207 women, aged between 18 and 45 years, suffering mainly from acne at a university.
- 72% of acneic women had clinical and/or biochemical hyperandrogenemia, with the most common cause being PCOS.

What cosmetic treatments can we offer?

- Chemical peels – Salicylic, Glycolic, Retinol, Black peels and TCA
- Exfoliation, reduction in acne, comedones
- Reduction in post inflammatory hyperpigmentation
- Reduction in scarring
- Faster recovery and decreases need for higher doses of medication
- Biolight – LED
  - Reduced the sebum secretion by targeting porphyrins in the P acnes
  - Reduces the inflammation by biomodulation
Cosmetic treatment for acne

- Laser photofacials
- Microneedle RF treatments
- TIXEL
  - Target the seborrhea and decrease the pigmentation
  - Help to reduce acne scars
Acanthosis nigricans

- Weight loss
- Alpha lipoic acid, myoinositol evidence?
- Metformin
- TCA peels\textsuperscript{10}
- Fractional CO\textsubscript{2} laser, long pulsed Alexandrite laser\textsuperscript{11}


Female pattern hair loss

- 5% Minoxidil vs 3%
- Oral Finasteride vs topical finasteride
- Spironolactone
- Biotin, Zinc, Caffeine
- Low level laser therapy
- PRP


Female pattern hair loss