LAS VEGAS — The way Dr. Vic A. Narurkar sees it, multimodal therapy is integral to most noninvasive dermatologic treatments. We can’t lose of devices, toxins, fillers, or skin care in isolation; they have to be combined," he said at the annual meeting of the American Society of Cosmetic Dermatology and Aesthetic Surgery. "They complement each other, but we need to do controlled studies to see if there is true synergy, for example, between injectables and fractional resurfacing."

He discussed the role of multimodal therapy for treating several conditions:

- **Scarring:** Prevention and active treatment options include topical and systemic agents and devices for active treatment.
  - We then can acute acne scars with Fraxel laser and injectable fillers such as Juvederm," said Dr. Narurkar, a dermatologist who practices in San Francisco.

- **Rosacea:** Prevention and management options include topical agents such as azelaic acid, metronidazole, and sulfur, and oral antibiotics. Treatment of diffuse and isolated telangiectasias is "most effective with the use of vascular lasers—pulsed dye or pulsed KTP (potassium-titanium phosphate)—or with the second- and third-generation intense pulse light sources," he said.

- **Melasma:** Dr. Narurkar called this condition “the sin of dermatology,” noting that melasma is difficult to treat and manage. "We pretrace with hydroquinones or retinoids," he said. "The only laser I use for therapy-resistant melasma is nonablative fractional resurfacing with the Fraxel Re:Store Laser. I haven’t had success with any other laser and you can still get recurrence if it is not managed topically."

For posttreatment, he suggests hydroquinone or retinoids for use during and after treatment. "Hydroquinones can be used once a day to twice a day during the first week and then once a week for 12 weeks. For hydroquinones: 2-10% hydroquinone creams, lotions, or gels can be used once or twice a day. For retinoids: tretinoin is a common retinoid, and it is used at a concentration of 0.025% to 0.1% once or twice a day. Other retinoids, such as adapalene and tazarotene, can be used 1-2% once or twice a day."

For all other topical agents, he recommends "the four Rs": retain the areas you’ve treated with topical agents such as sunscreen, resurface with devices, relax with botulinum toxins, and refill with dermal fillers. Acute treatment of mild to moderate photoaging can be achieved via photofacials with pulsed light sources, vascular and lesion lasers, and mild nonablative fractional resurfacing. Treatment of moderate to severe photoaging can be achieved with photodynamic therapy and aggressive nonablative and ablative fractional resurfacing. For advanced treatments, he recommends IPL (intense-pulsed light) and PDT (pulsed dye laser) treatment with Levulan, he said. "You need fewer treatments, there are more immediate results, similar to cortisone injections. If you combine it with topical retinoids and topical antibiotics, you get an even better result."