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Chemical peels - Old wine in a new bottle

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A chemical peel is a body treatment technique used to improve and smooth the texture of the skin, often facial skin, using a chemical solution that causes the dead skin to slough off and eventually peel off. The regenerated skin is usually smoother and less wrinkled than the old. Chemical peels are broadly defined by the depth of damage in the skin that they produce. They are categorized as superficial, medium, and deep. Superficial peels do not damage skin below the epidermis, the most superficial skin layer. Medium peels may reach to the superficial layer of the dermis, the deeper layer of the skin. Deep peels generally reach the deeper layers of the dermis. The depth of damage depends on the nature and concentration of the chemicals in the peeling solution and the length of time they are permitted to interact with the skin. Popular chemicals in peeling solutions include alpha-hydroxy acids, beta-hydroxy acids, trichloroacetic acid, and phenol. We are going to discuss various chemical peels old and new, their potential effects and adverse effects. We are also going to discuss various combination treatments using peels. Our focus in this lecture would be on how to prevent the complications and what precautions to be taken.

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The results of cranioplastics in patients with post-traumatic bony defects of cranial fornx, accompanied by episyndrom

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Introduction: According to literature data the cranial defects make from 24, 5-44, 2% of late complications due to cranio-cerebral trauma. The aim of the research to study the results of treatment of patients with post traumatic defects of the bones of the cranial fornx associated with epileptic seizures.

Material & Methods: 33 patients with post traumatic bony defects of cranial fornx have been under our observation. They were aged 12-58 years. All patients had undergone resection for craniotomy before (2-8 month) due to traumatic cerebral compression. MSCT examination made before the operation revealed asymmetry in 25 patients and convexital arachnoidal cysts. The defects of cranial bones were located: in 12 cases in the left temporal - parietal bones, in 7 cases in the right temporal - parietal, in 9 frontal - temporal and in 5 in temporal - occipital part of the skull. In 14 patients with small defects of cranial bones auto steal tissue was applied by means of fanlike fixing titanic device. The rest 23 patients underwent cranio- plasty by means of protacril. During the operation skin - meningeal - cerebral scars were excised in all patients and the edged of bony defect were freshened. In 3 cases we had to excise the membrane of arachnoidal cyst and to perform plastics of the defect of duramater encephali using a wide femoral fascia.

Results: In the postoperative period practically in all patients headaches decreased, sleep became better as well as attention and memory. In all patients who underwent autocranioplasty with employment of the fan like titanic device, postoperative wounds healed without complications.

Conclusions: Cranioplasty of defects of the cranial fornx bones considerably improves neurological symptomatic, prevents cosmetic defect of the cranial fornx.

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