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Micro needling in treatment of stretch marks

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Abstract

Striae distensae: Are scars on the skin that have an atrophic linear depression, produced by stretching of the skin. Causes include puberty, pregnancy, mechanical stress, hormonal, genetic role and cachectic states and medications. Treatment occurred by enhancing collagen production or by reducing vascularity. Micro needling (MN) is a modern therapeutic option in dermatology. MN instruments include automated micro needling device, micro fabricated microneedle, derma-stamp and microneedle derma roller. Applications of MN in dermatology include transdermal delivery of drugs, scar reduction, skin rejuvenation, androgenic alopecia and alopecia areata, post acne scars pigmentation-Melasma and periorbital hyper melanosis, actinic keratoses, post-surgical scars, vitiligo and miscellaneous conditions. The benefit of MN is that individuals don't have open wounds, necessitating only a brief recovery period. But it has some adverse events such as potential erythema and irritation. Patients on anticoagulant therapy, herpes labialis, active acne or any other local infections have contraindications of using micro-needling.

Keywords: Micro needling, Pregnancy, mechanical stress, hormonal, micro fabricated microneedle

Introduction

Striae distensae (SD): Are scars on the skin that have an atrophic linear depression, produced by stretching of the skin.

Causes: They include puberty, pregnancy, mechanical stress, hormonal, genetic role and cachectic states and medications ^[1]. The early striae (*striae rubrae*), which may be symptomatic and often disappear over months to years to wrinkled, atrophic, hypopigmented scars (*striae albae*), have slight elevated violaceous or pink linear markings ^[2].

Dermoscopy: Four forms of SD were identified by high-resolution epiluminescence colorimetric analysis: Striae rubrae (red), albae (white), caerulae (blue), and nigrae (black). The different colours of SD appears to be significantly influenced by the indirect as well as direct effects of melanocyte mechanobiology ^[3].

Histopathology: Is same as the scar, due to the connection between the formation of SD and scarring and healing of wounds, and so histopathology varies according to the duration of SD ^[4].

Pathophysiology

A dense network of internal keratin filaments joined by epithelia-specific junctions gives the epidermis its toughness. The extracellular matrix (ECM) is necessary for the strength of tensile force and flexibility of the dermis ^[5, 6].

Fibroblasts: Fibroblasts can contract in addition to their main function in the creation of ECM, particularly in the granulation tissues of scars ^[7].

Elastic fibers: comprised of two main parts: An amorphous core of elastin, a specific polymeric protein and a framework of 10-12 nm microfibrils ^[8].

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- General measures: Avoidance of brisk weight gain or loss.
- **Topical agents:** Centella asiatica extract creams, hyaluronic acid creams and almond oil.

Treatment

The major aims of SD treatment are to improve pigmentation, promote collagen synthesis, or decrease erythema^[9].

1. Enhancing production of collagen

A Topical treatments: Tretinoin (trans-retinoic acid), Centella asiatica extract creams ^[10].

- **Centella asiatica extract creams:** Is thought to stimulate fibroblasts, increasing the production of collagen and elastic fibres ^[11].
- **Hyaluronic acid creams:** Stimulate fibroblast activity and collagen production ^[12].

B. Fractional lasers: Deliver microscopic beams leading to stimulated dermal collagen production ^[13].

C. Mechanical techniques

 Microdermabrasion: Is a skin resurfacing technique, that causes mechanical skin abrasion employing a stream of abrasive particles that is pressured ^[14].

D. Chemical peeling: Is a skin resurfacing technique to induce keratolysis or kerato-coagulation, resulting in subsequent exfoliation of these layers ^[15].

- Trichloroacetic acid: TCA is less controllable compared to various peeling substances and has a propensity to leave scars ^[16].
- **Glycolic acid:** 50-70% has been used, showing mild improvement of SD. PIH is a probable side effect ^[17].

E. Others

- Radiofrequency: Delivers RF current to the skin, causing an increase in collagen production. Sobhi, *et al.* ^[18] demonstrated that better results with fractional micro-needle radiofrequency (FMR).
- **Intense pulsed light (IPL):** Applies Xenon flash lamp to emit a spectrum-spanning (515 to 1200 nm) high-intensity visual beam that is not coherent ^[19].
- **Platelet-rich plasma** (**PRP**): Containing high concentration of growth factors and cytokines ^[20].
- Percutaneous collagen induction therapy (PCT): Involves producing micro clefts affecting the papillary dermis and increasing collagen production ^[21].

2. Reducing vascularity

Vascular Lasers

- Pulsed dye laser (PDL): A 585nm PDL is a nonablative laser which penetrates dermis causing photocoagulation of vessels ^[22].
- **Neodymium: Yttrium aluminum garnet laser:** Has a strong affinity for vascular chromophores, which is associated with an enhanced effect on dermal collagen ^[23].

Micro Needling (MN): Is an innovative treatment strategy for healing wounds in dermatology that causes the epidermis to sustain the least amount of harm possible ^[24].

Mechanism of action of MN: The dermis regenerates as a result of the damage caused by a needle's penetration into the skin. With little harm to the epidermis, the needles pierce the stratum corneum and form tiny pores which are called micro-conduits ^[25, 26].

Instruments

1. Automated micro needling device: A mechanical MN tool that resembles a pen is called a derma pen. The tip includes (12 to 36) needles equipped with a spring that vibrates as a stamp in two modes using electricity: low speed (412 cycles per minute) and high speed (700 cycles per minute)^[27]. Figure 1.



Fig 1: The Derma pen^[27]

2. Micro fabricated microneedle

- Solid microneedles: Are placed to the skin and subsequently withdrawn, causing the stratum corneum to develop temporary aqueous micro-channels ^[28].
- **Dissolving microneedles:** After the array is inserted into the skin, its tips dissolve when they come into touch with the fluid in the skin's interstices ^[29].
- Hollow microneedles: Allow the administration of a fluid formulation via implanted hollow needles to deliver a specific drug into the skin ^[30].

3. Derma-stamp: Utilized for scars that are localized, as scars of varicella, it has more focused treatment of individual scars ^[27, 31]. Figure 2.



Fig 2: Derma-stamp $^{[24]}$

4. Microneedle derma roller: Encompasses a 12 cm lengthy handle and a 2 cm diameter drum-shaped cylinder at one end that is covered in 192 tiny needles in 24 circular arrays and 8 rows ^[32, 33]. Figure 3.



Fig 3: Picture of derma roller^[24]

Procedure of MN: To enhance dermal collagen synthesis, the skin ought to be preoperatively monitored using vitamin A and C preparations twice a day for a minimum of one month. The process lasts for 45 to 1 hour underneath topical anaesthetic made up of a eutectic combination of prilocaine/tetracaine and lignocaine ^[34].

Postoperative care: Avoid sun exposure, post procedure topical antibiotic and if there was post procedure inflammation put topical steroid ^[35].

The use of MN in dermatology

There are many reasons for the usage of micro-needling. It has been employed either on its own or in conjunction with other therapeutic techniques. It frequently works in combination with a topical formulation, which improves its efficacy and penetration ^[33].

- 1. **Drug transdermal delivery:** The MN approach is being extensively used to improve medication penetration through the skin barrier ^[36].
- 2. **Scar reduction:** MN has been demonstrated to initiate the creation of collagen and the development of healing agents, but without destroying the epidermis or causing hyper-pigmentation ^[37].
- 3. **Skin rejuvenation:** MN makes microscopic breaks in the blood vessels, led to the release of blood platelets which release a multiple growth factors which promotes both elastin and collagen synthesis ^[37].
- 4. **Alopecia areata and androgenic alopecia:** One of its most recent developments is the use of MN over the scalp for alopecia. Individuals who take minoxidil are given home-use derma rollers, and improved hair growth is seen as a result ^[38].
- 5. **Post-acne scars:** Post acne facial atrophic scarring is among the most common indicators of MN^[39].
- 6. **Pigmentation-Melasma and periorbital hyper melanosis:** MN is frequently used in combination with several skin lightening therapies and chemical peels to treat periorbital hyper-melanosis and melisma ^[40, 41].
- 7. Actinic keratoses: All assessed indicators, including photoaging and face erythema, improved more with MAL-PDT in combination with derma rolling

compared to MAL-PDT alone [42].

- 8. **Scars following surgery:** Camirand, who utilized tattoo gun needles to minimize the scars, was the first to study them. Since then, practically all forms of surgical scars have been treated with MN, and it has proven to be effective ^[24].
- 9. **Vitiligo:** Assists drug penetration and may become an effective therapeutic modality for refractory vitiligo. Also, Therapy of vitiligo using MN in combination with tacrolimus or 5-fluorouracil is efficient ^[43].
- 10. **Miscellaneous conditions:** Other applications of micro-needling include vitiligo, stretch marks, lax skin and axillary hyperhidrosis. Fractional RF MN which had good benefits in rosacea and post-acne erythema sufferers ^[24].

Applications of MN in treatment of stretch mark

In dermatology, micro needling is mostly utilized for two things: first, collagen production treatment for scars, stretch marks, and anti-aging effects; and second, deep transdermal administration of chemical compounds via stratum corneum. In order to promote collagen synthesis and improve product penetration, the micro-channel creation is used to treat stretch marks and acne scars ^[44].

Advantages and disadvantages

Since the patients don't have any open wounds, the healing process will be quick ^[35].

The technique is additionally believed to have certain negative side effects. The most prevalent ones include possible erythema and irritation that normally go away within a few hours, post-inflammatory hyperpigmentation, and local infections after using a no sterile tool. It has also been reported that materials utilized by needles might cause allergic contact dermatitis ^[45].

Contraindications of micro-needling

Patients on anticoagulant therapy, herpes labial is, active acne, or any localized illness, including warts, tendency for keloid formation, skin malignancy, and solar keratosis as the needles may disseminate abnormal cells by implantation ^[33].

Conflict of Interest

Not available

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Not available

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