

Are Cosmetic Procedures Safe for Me?

By M. Kari Connolly, M.D., and Siegrid Yu, M.D.

Over the years, we have been asked many questions about cosmetic procedures in scleroderma patients, so it makes sense to address some of these topics here. As a disclaimer, I am trained as a medical dermatologist and rheumatologist and, although, I refer patients for these procedures, I do not perform them. Therefore, I have enlisted the help of my colleague, Dr. Siegrid Yu, who is a dermatologic surgeon at University of California, San Francisco, who does perform these procedures.

Be Conservative with Cosmetic Procedures

As a general principle, we are CONSERVATIVE when it comes to recommending cosmetic procedures for scleroderma patients for several reasons.

First, these are ELECTIVE procedures and, therefore, any amount of risk, however small, may not be worth it. Second, your skin is already altered in complex ways that we still don't fully understand and we cannot predict how your skin will respond to cosmetic procedures. Many cosmetic procedures are a form of "controlled trauma" to the skin that relies on a normal, wound healing response to get a nice result. If your wound healing response is impaired or excessive, you may not achieve the proper outcome. For instance, if your skin tends to turn dark, it may turn darker.

We recommend waiting until your disease is no longer active for at least one to two years before having any cosmetic procedures. It also matters what type of scleroderma you have and whether you plan to have the procedure in a location with skin involvement (probably not a good idea) or in normal skin (maybe okay).

You should keep in mind that these procedures are EXPENSIVE and you may need multiple treatments to achieve and maintain the desired effect. Also, cosmetic procedures generally are not covered by insurance.

I'm Considering a Treatment...What Questions Should I Ask a Cosmetic Dermatologist?

We suggest you seek professional advice and treatment from medical doctors trained and licensed in cosmetic dermatology and their licensed, nursing assistants.

Here are some items to consider when you consult with your doctor:

- Do you have specific experience treating scleroderma patients? (You want to avoid unqualified professionals who only want to make a quick buck.)

- Let the doctor know that you have scleroderma.
- Ask how the disease may affect the outcome of the cosmetic procedure.

Lasers

The field of lasers (light amplification by stimulated emission of radiation) continues to expand, with dozens of different types of lasers used in various skin conditions.

One of the more effective applications has been to eradicate vascular (blood vessels) lesions in the skin. Some scleroderma patients have the matted or squared-off telangiectasias on the skin of their faces, neck, chest, arms, hands and fingers. These look like big red freckles that blanch with pressure. Although they are not medically dangerous, they can occur in cosmetically sensitive areas, like the face, and they can be difficult to conceal with makeup. Pulse dye laser (PDL) works well on these lesions. Several sessions are usually required, and the telangiectasias may come back.

Scleroderma patients should avoid deep-skin resurfacing treatments because of the increased potential for injury and scarring.

Fillers

Twenty years ago, cow collagen (Zyderm®, Zyplast®) was the first and only filler available for fine wrinkles and lips. There is an ongoing concern that because scleroderma is a “collagen vascular disease,” you should not have foreign collagen injected into your skin. Because of this, scleroderma patients should not get collagen injections.

However, in recent years, several varieties of hyaluronic acid (Restylane®, Perlane®, Juvederm® and others) as well as other synthetics that are not animal-based have become available. These are different components of the extracellular matrix and should be safe to use in scleroderma patients. These treatments work particularly well for small, thinning lips, which is a common problem for scleroderma patients. But, go easy and do not overcorrect. These temporary fillers need to be done every three to nine months.

Naval Piercings

Be extremely careful about getting a naval piercing. You want to be sure you go to a reputable place (not in a foreign country).

Cases of hepatitis B and C, chronic viral infections of the liver that never can be cleared, have been reported. Other possible complications include infections, bleeding, tearing and scarring. Because of these potential issues, piercings should only be done on sites on your body where you do not have scleroderma.

Tattoos

Getting a tattoo is the most common cause of contracting chronic hepatitis B or C in the United States today. Chronic hepatitis is a serious, potential problem for scleroderma patients because of the need for potential immunosuppression at some point in the disease.

Like piercings, other complications from getting a tattoo include infections and scarring. You also should be aware that it's hard to remove a tattoo. Despite claims that various lasers can remove tattoos, it takes multiple treatments and never looks very natural.

Tanning Beds and Sun Exposure

As dermatologists, we advise against the use tanning beds and sun exposure because of long-term, increased risk of skin cancers and premature photo-aging.

Unlike lupus patients, however, sun and tanning bed exposure will not directly flare your scleroderma. You may turn darker than normal.

Self-tanning products are safe-to-use and are improving so you can achieve a more natural look. Depending on your skin type (fair or light skin), you should use sunscreens to prevent sunburn when going outdoors.

Microdermabrasion

In contrast to a chemical peel that is used for skin resurfacing, microdermabrasion is a mechanical method of skin resurfacing where a hand-held device with crystals and suction is applied to the face.

We advise against getting the deeper resurfacing procedures, because we worry about wound healing. Microdermabrasion, however, affects the most superficial layer of the skin and is probably safe for scleroderma patients.

Hair Coloring

There should be no problem with using hair-coloring products in scleroderma patients. Although there are individuals who may experience an allergic reaction to hair dyes and develop an itchy scalp, there is no reason to think that having scleroderma would be a predisposition to that.

About the Doctors

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