EDITORIAL

With much pleasure I write this editorial. Our specialty has catapulted both in reputation and academic achievement as a result of the diligent work of the editorial board, without their devoted effort this bulletin is non-existent.

I was requested to write on cutaneous laser therapy because I am one of the active participants in its development in Hong Kong. At the time when I first applied to the Government for an argon laser to be installed in the Social Hygiene Services in 1989, the "selective photothermolysis" theory was only in the experimental stage. Subsequently this important concept realizes and flourishes, and at present a whole range of laser systems incorporating this concept dominates our practice in laser therapy. What will be next? "Photodynamic therapy" concept is almost ready to be used for dermatological applications; "intense light sources" consisting of a range of wavelength is on its way back to challenge the golden "selective photothermolysis" principle. This shows that there is plenty of room for continuous improvement to the existing systems which have their own shortcomings and are not as perfect as been proclaimed.

During the past few years, the scope of application of cutaneous lasers in the treatment of skin conditions have widened considerably. As in the case of aspirin, lasers are found to be useful in other conditions which are not primarily intended for. The pulsed dye laser for the treatment of port-wine-stain and haemangioma is now being used to alleviate patients with active keloid, early striae distensae, intractable rosacea and verrucae including plane and plantar warts. Ruby, alexandrite and possibly Nd:Yag lasers are now advocated for hair removal in addition to removing tattoos and pigmented lesions. The once-cutting carbon dioxide lasers are modified for skin resurfacing procedure, only to be gradually replaced by the new Erbium-Yag laser for this purpose.

Our experience in Hong Kong differs from what has been described in western countries. In our locality, Naevus of Ota is not uncommon and is more concerned by our patients, whereas port-wine-stain is the commonest birthmark receiving laser treatment in the west. Our ageing skin presents more with pigmentary disorders than rhytids and telangiectasia which are common complaints in our expatriate patients. Prolonged period of post-laser erythema or hyper-pigmentation is still haunting many of our patients despite pre- and post-treatment by various bleaching preparations.

It was predicted in the early nineties that dermatological lasers would soon become a common and almost indispensable tool in every dermatological clinic. This prophecy has yet to be fulfilled. The substantial start-up and high maintenance costs have driven away many potential buyers. The not-so-perfect results are not welcomed by our paying patients who usually have high expectations. Over-utilization not infrequently occurs as doctors are tempted to recuperate their costly investment. With the recent economic downturn in Hong Kong, it is likely only the big institutions can afford to continue investing in new lasers. Unless a much cheaper multi-purpose system with low maintenance cost is available, the booming phenomenon seen in the past few years will come to a halt, at least temporarily.

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