

Venous Lakes – Treatment using Laser

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Long-pulsed Nd:YAG laser treatment of venous lakes: report of a series of 34 cases.

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BACKGROUND: Some venous lakes do not respond well to traditional vascular lasers. The Nd:YAG laser output at 1,064 nm is less well absorbed by hemoglobin but penetrates more deeply into tissue. **OBJECTIVE:** This study was undertaken to assess the effectiveness of the long-pulsed Nd:YAG on venous lakes. **METHODS:** Thirty-five consecutive adult patients presenting with a venous lake were studied. Four patients had failed to respond to polidocanol 1% sclerotherapy, and 1 patient to pulsed dye laser. Long-pulsed Nd:YAG was administered via a water-cooled tip. Either a 3-mm spot at 250 J/cm² and 55 ms or a 5-mm spot at 140 to 180 J/cm² was used depending on the size of the lesion. Clinical end points were characterized by hardening of the lesion, central blackening, minimal whitening of the periphery, and in most cases, an audible popping sound. Responses were assessed visually in 50% of cases or by phone contact in the remaining 50% if the lesion had completely disappeared. One patient was lost to follow-up. **RESULTS:** After a single treatment, 94% cleared completely; incomplete clearance occurred in 6%. There were no reported complications. **CONCLUSIONS:** The long-pulsed Nd:YAG laser is highly effective treatment for venous lakes of the lip and cheeks.

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Evaluation of the treatment of venous lakes with the 595-nm pulsed-dye laser: a case series.

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Venous lakes (VLs) are common benign venous ectasias in the upper dermis. They are treated to improve cosmesis and occasionally to prevent bleeding. Numerous methods

have been used, such as cryotherapy, infrared coagulation and various types of lasers. They are variable in their success and all can be complicated by scarring. We report our experiences of using the 595 nm pulsed-dye laser (PDL), which has not been previously described. Eight patients were treated but sufficient resolution was achieved in only three patients. The limited success with this laser could be attributed to insufficient thermal energy being generated to close all the blood vessels permanently. A large prospective study would provide further data regarding the efficacy of the PDL. The use of compression and longer pulse durations may improve the efficacy of the 595 nm PDL to treat VLs.

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