

Platelet-rich plasma with microneedling and trichloroacetic acid peel for treatment of striae distensae



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Key words: microneedling; platelet rich plasma; striae.

THERAPEUTIC CHALLENGE

Striae distensae constitute a common problem encountered in daily practice, a condition easy to diagnose but difficult to treat.

SOLUTION

Platelet-rich plasma (PRP) is gaining popularity among dermatologists, and its application in various dermatoses is being actively explored. For the treatment of striae distensae (Figs 1 and 2, A), the patient

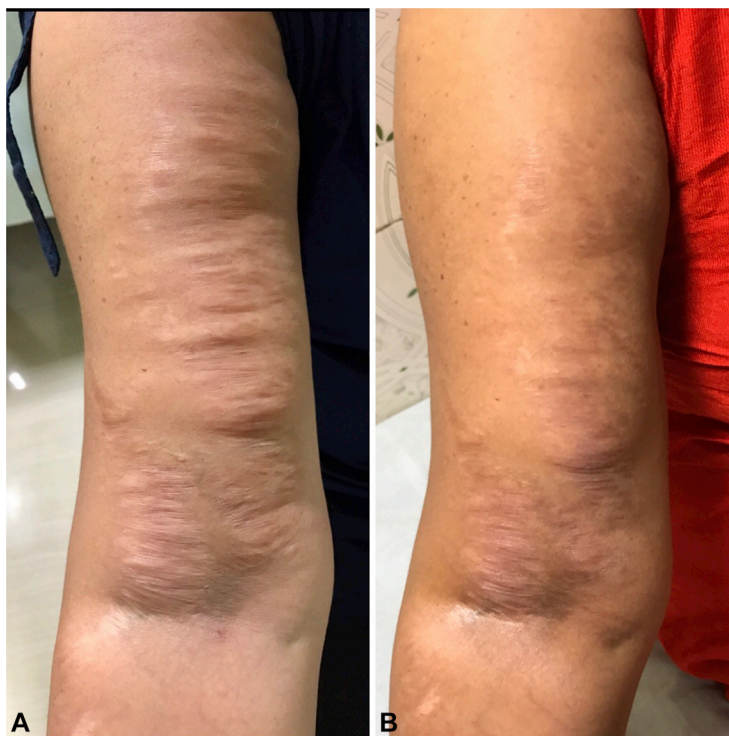


Fig 1. A, Striae distensae on the right upper limb (flexor aspect). **B,** Substantial clinical improvement 9 weeks after treatment.

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Fig 2. **A**, Localized striae distensae on the left upper limb (flexor aspect). **B**, Clinical improvement 9 weeks after treatment.

is given topical anesthesia, and then, PRP is injected over the entire area of striae by the nappage technique with an insulin 31-gauge syringe followed by microneedling with a 1-mm dermaroller, the endpoint being pin-point bleeding. Microneedling is done over the striae and extended 2-4 mm beyond the margins. Trichloroacetic acid peel (35%) is then applied with feathering at the margins for a 1-minute duration. A total of 3 sessions are done 3 weeks apart. After 9 weeks follow-up, there is a substantial clinical improvement (Figs 1 and 2, B).