

LETTER TO THE EDITOR

Localized argyria from silver nasal piercing unresponsive to Q-switched laser successfully treated with a 1064 picoseconds laser

A 23-year-old woman with a 1-year history of a grayish silvery macule on the right nasal ala, following a silver jewelry nose piercing, presented to the laser clinic for consideration of, at her request, ablative laser treatment for removal of what she described as a discoloration that is having a profound effect on her psychological well-being. The macule was asymptomatic and had been unsuccessfully treated prior to her presentation with a 1064 nm Q-switched laser though the exact parameters were not available as this was performed in a different city. Treatment was performed with the 1064 nm wavelength of a picoseconds laser (Picoway; Candela) using the nonfractional zoom handpiece with a 4 mm spot, with 1.8 J/cm² in 2 passes. There was erythema as an endpoint. The macule gradually disappeared in <2 weeks with no scarring (Figure 1).

Localized argyria is a gray-silvery colored macule or a patch that results from cutaneous contact to objects containing silver metal.¹ It is usually asymptomatic and in dermatology is seen mostly following piercings. It has also been seen following silver nitrate applications and acupuncture.² Previous reports have shown efficacy of Q-switched 1064 nm Nd:YAG laser in localized argyria; however, this was unsuccessful in our patient.³ Treatment with a picoseconds laser was successful in one setting with no recurrence after 12 months.

The picoseconds lasers generate ultrashort pulses in a trillionth of a second leading to a predominance of a photoacoustic effect

rather than a photothermal one. While the efficacy of picoseconds lasers in tattoos is beyond doubt, superiority in the treatment of benign pigmented conditions compared to Q-switched nanosecond lasers was reported in split-face studies.^{4,5} Reports of conditions unresponsive to the Q-switched nanosecond lasers, which subsequently cleared with the picoseconds laser—as is the case in our patient—further proves the superior efficacy of the picoseconds lasers.⁶

CONFLICT OF INTEREST

None.

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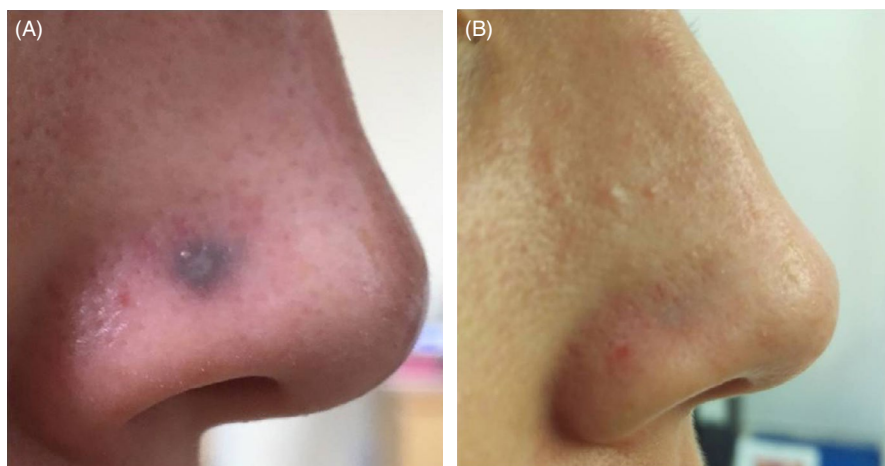


FIGURE 1 A, Localized argyria prior to laser treatment. B, Clearance of localized argyria with the picoseconds laser

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