

Fractional QS ruby laser treatment is an R. U. B. Y. procedure for patients with melasma and nevus Ota

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Many aesthetic practitioners have been using 1064 nano and now using 755 and 1064 picosecond toning to treat patients with melasma. Although laser toning is the mainstay of the treatment for melasma, interestingly, many of practitioners and patients are not satisfied with the treatment results. On the contrary, there are problems caused by laser toning in real-world practice, whether nanosecond laser or picosecond laser. Hence, the most recent protocol of laser toning for melasma is to deliver lower fluence in fewer passes. It will greatly reduce the risks of hypo and hyperpigmentation.

Ruby laser was invented almost 60 years ago. It is the oldest laser system in dermatology. Before the development of the laser toning concept in 1999, there were publications to remind us not to use Q-switch ruby laser in a traditional way to treat melasma. In this observational study, we did fractional ruby for melasma patients. Because of its high melanin absorption, only lower fluence of ruby laser will be administered. Based on this concept, multiple overlapped lasering at one treatment session will be no more required, and the risk of irritation to induce skin sensitivity and hypopigmentation will be less.