

CHELATED TCA LOTION 20% & 30%

- **Chelated Trichloroacetic Acid**
- **Glycolic Acid 30%**

Chelated Trichloroacetic Acid (TCA) is a peeling agent that promotes important proteic coagulation when in contact with the skin. Classically TCA is used in the liquid form, in concentrations between 15% and 50% to promote chemical peelings on the face. This peeling in the liquid form should be done by medical professionals with a high level of training in the use of chemical peels, because of the need to choose the patients correctly and knowledge of the type of lesion that can be treated with Trichloroacetic Acid. TCA, in the liquid form, and concentration of 30%, can provoke necrosis (coagulation proteic) of the epidermis and papillary dermis and/or reticular and consequently it can cause a deep epidermolysis with a residual process that can last for between 3-8 weeks. The undesirable side effects are frequent (post-inflammatory hyperchromia, hypochromia, infections and hypertrophic scars).

A new form of using Trichloroacetic Acid (TCA) as a selective peeling agent, is in association with Glycolic Acid (it helps to promote a greater efficacy in the penetration of TCA). On the other hand, the chelation of the TCA molecule (linking the TCA to aminoacids) does not allow this molecule to penetrate deeply into the skin and, because of this, unnecessary necrosis of the dermal layer can be avoided.

THE BENEFITS ARE:

- 1- Necrosis occurs exclusively in the epidermis, and it also allows a selective and clear epidermolysis.
- 2- If there is no necrosis at dermal level, we can avoid the lingering inflammation (common when we use liquid TCA).
- 3- After the flaking that happens between the 4th and 5th day, the residual inflammatory process is up to a maximum of 4 to 6 days. (Fig 12)

The main clinical indications for this peel, Chelated TCA 20% / 30% are: Stains superficial hiperocrômicas caused by the sun, fine wrinkles, ephelide and post acne residual Hyperchromia post acne. It is not recommended for melasma treatment (because of its possibility to cause an inflammatory process that can retard the lesion's healing).

This peel is not recommended for patients with: any inflammatory process in the area to be treated, scars, re-occurring herpes infections, pregnancy (confirmed or suspected) sun related activities and mental problems.

PEELING PROCEDURE

- 1- Photographic Evidence
- 2- Request the patient to sign a form, where the patient confirms that the medical practitioner has informed him/her about the advantages, disadvantages, undesirable side effects, time of recovery, and recovery procedures for the proposed peeling.
- 3- Select the correct type of patient for the TCA peeling (the ideal photo-type is I, II and III) also select the lesion type to be treated and never to propose this type of peel for melasma (due to the high percentage of reoccurrence).
- 4- Wash the skin with **Pre-Peel Cleanser 20%** (Soap with Glycolic Acid 20%).
- 5- Apply a superficial peel to the area to be treated (ideal is **ALFA BETA COMPLEX GEL**). This peel causes the opening of the stratum cornea, to increase the penetration of the TCA. Remove the superficial peel using running water and use a soft towel to dry the skin.
- 6- Apply the chelated TCA 20% or 30% lotion, onto the skin to be treated, using a suitable fan brush. Remove the lotion after 1 to 2 minutes, by washing the skin with running water. At this time, it is

important to evaluate the degree of frost which has been obtained, (the stronger the coloration of the stronger the epidermolysis). The frost should be obtained across the whole face and it should be as uniform as possible. (For facial peelings).

- 7- The period immediately after the peeling: The skin should be moisturized copiously with a Vaseline® ointment, or hydrocortisone 1% or 2% (Berlison® ointment), several times a day for a minimum period of 8 to 10 days. Use only neutral soap for a period of 15 to 20 days. After the 10th day after peeling the skin can be moisturized with a cream containing 4% of Phytic Acid (anti-inflammatory, antioxidant and lightener) for 10 to 20 days. After this period it is possible to use other products containing Glycolic Acid
- 8- Sun Protection is very important during this type of peeling, therefore a sunblock protector, must be used. The ideal type is one that contains zinc oxide and titanium dioxide.
- 9- This peel may be repeated after 30-40 days, if the results were not up to expectations.

NOTES:

- 1- The procedure described above is for the peeling of Chelated TCA 20% and 30% applied to the face. The decision to use the 20% or the 30% concentration should be left to the medical practitioner and his decision should take into account the sensitivity of the skin to be treated.
- 2- When Chelated TCA lotion is applied for body treatment of trunk, back, hands, arms and legs, the choice should be the 30% concentration. The contact time with the skin should be between 5 to 8 minutes and the presence of the frost should not be intense, or uniform, there should only be a few frost points for the peeling to be efficient. Flaking happens between the 10th and 15th day of the peeling.
- 3- 3- Chelated TCA lotion, when applied to the neck and chest should be left in contact with the skin for 2 – 3 minutes, depending on the sensitivity of the skin. The frost should be weak, so as to not cause a deepening of the lesion.