

les nouvelles
esthétique & spa
AMERICAN EDITION

LNE & Spa—the magazine for skin care and spa professionals October 2011 \$7.50



skin | frosting versus blanching

understanding the difference

TRUST IS CRUCIAL IN THE CLINI-

cian-patient relationship. While it is often not overly difficult to build trust initially, it is nearly impossible to rebuild trust once it has been broken. If you think about, the amount of trust our patients instill in us with each treatment is truly amazing. They are putting their face in our hands. Not their feet or back, or something else that can be easily hidden if necessary. Their face ... this is a big responsibility. As clinicians, we have numerous treatment options available to us. Some of these focus on relaxation and superficial maintenance, while others work on a deeper level to create internal change and address specific skin conditions. Becoming more familiar with the products with which we treat our clients will help maintain patient trust by minimizing complications and maximizing results.

In order to competently treat the skin, we must know not only that our products are working but how they are interacting with the skin. When working with more results-oriented procedures, we must be aware of potential complications and ways to overcome them if necessary. Two of the most misunderstood and misused complication-related terms in the industry are "blanch" and "frost." While it is common for these terms to be used interchangeably, the actual definitions are incredibly different. Being able to distinguish a frost from a blanch is imperative to the safe and successful application of chemical peels and therapeutic treatment masks.

What's what?

The reason blanching and frosting are easily confused is because of the white appearance on the skin that both of them induce. The important difference is what actually causes the white hue.

Frosting is a salt precipitate on the surface of the skin. This is a crystal residue that occurs as certain peel components evaporate, resulting in an ashy appearance. True frosting has nothing to do with what is occurring within the epidermis and dermis, and only pertains to what is being applied to the surface of the stratum corneum. As more of the peel solution is applied, the residue will appear more prominent. Because of its color, frosting is more obvious in patients with higher Fitzpatrick skin types.

Blanching refers to protein coagulation—or a burn. As a blanch occurs, the skin will go from varying shades of light, ashy gray to bright white, depending on the depth of the burn. Many clinicians are intimidated by blanching and what it indicates. However, blanching is a huge part of medical skin care.

The confusion also stems from the fact that many clinicians, physicians and even prominent medical textbooks use the term "frosting" to describe what is actually considered blanching. It is unclear when or how this misuse of terms came about; what is clear is that they each have distinct definitions, and there is a need for both terms in the industry.

One simple way to determine whether the white appearance you see is an indication of salt precipitate (frosting)

or protein coagulation (blanching) is to swipe the affected area with an astringent toner. A frost will instantly disappear when wiped away, while a blanch will remain until the skin has normalized (approximately one to four hours post-treatment).

Why did my patient frost?

A frost is most common with straight salicylic acid peels, Jessner's solutions and other treatments containing salicylic acid. Because frosting is merely a residue, you may choose to ignore the ashy appearance and continue on with the protocol. Although not necessary, the frost may also be wiped away using an astringent toner.

continues



top: frosting; bottom: frosting under a Wood's lamp



photos courtesy of PCA Skin®

Why did my patient blanch?

Medium-depth and deep chemical peels are performed with the goal of inducing a full-face blanch. Today, trichloroacetic acid (TCA) is the most common peeling agent associated with blanching. Physicians and their staff will apply stronger peel solutions in layers until the desired level of white is reached—the brighter the white, the deeper the peel has penetrated. While that is the intention of this level of treatment, such a reaction is accompanied by significant downtime post-peel. Patients can expect to experience a brown “crust” that resembles a scab in the days following a peel, in which a full-face blanch was achieved. As this crust peels off, the new underlying skin may be weeping, pink and extremely delicate. Many patients are not interested in this type of downtime. Therefore, a blanch is undesirable for many.

Although it is often not the goal to induce blanching, the occasional spot blanch is to be expected with all types of corrective treatments. A spot blanch is a small area of blanching that occurs because the peel or treatment mask has penetrated deeper in one area than others. TCA is still the most common culprit for inducing a spot blanch. However, any peeling agent could potentially cause this type of reaction, depending on the strength of the acid and area of application. In my experience, unintended spot blanching typically occurs for one of three reasons:

1. The patient was using topical products at home that compromised the affected area.

For example, if a patient was in the habit of applying a prescription retinoic acid product every evening on her crow's feet, a spot blanch could occur in these areas. Higher percentage alpha hydroxy acid (AHA) products (10 percent or higher), prescription benzoyl peroxide (BPO), tazarotene and adapalene products may also increase the potential for spot blanching. It is important to note that many physicians' offices choose to

pre-treat the skin with a prescription-strength retinoid to intentionally enhance peel penetration. This is an accepted method of pre-treatment, but

Follow up with the patient within 48 hours to ensure that the skin is healing properly.

always be aware that blanching is more common following the use of retinoids.

2. You or the patient have recently extracted or excoriated the area.

Acne patients, for example, often experience spot blanching in areas of breakouts. If we extract a pustule, the area from which the debris was expelled is now open. This open area will naturally allow for deeper peel penetration in this spot. Areas that a patient has recently attempted to extract at home or places they have “picked” will also be more vulnerable to spot blanching.

3. Certain areas of the face are thinner-skinned and naturally more prone to spot blanching.

The areas around the eyes, the upper lip and the nasolabial folds are among the most sensitive areas of the face. The skin is often thinner, drier and more compromised than other facial skin. Because of this, you may see an unexpected spot blanch in one of these areas.

When it happens

If a blanch does occur, it is crucial to remain calm. While it is the indication of a burn, remember that a blanch is a desired outcome for many physicians. A spot blanch can be quickly alleviated, and although the patient may experience more peeling and sensitivity in the area, there are typically minimal side effects with spot blanching. The following steps should be taken in the event of an unintentional spot blanch:

- Explain to the patient that the peel

penetrated deeper in the affected area, and they may experience increased redness, sensitivity and peeling in that spot.

- Review the importance of broad-spectrum sunscreen post-treatment, particularly in the area of blanching, as this skin will be even more prone to damage.
- Ensure the patient has both a semi-occlusive calming cream that can be applied to the area of blanching and a lighter calming cream to be used on the rest of the face. Ingredients like shea butter and hydrolyzed silk provide light occlusion without the greasy feel of petrolatum.
- Follow up with the patient within 48 hours to ensure that the skin is healing properly.

Educated treatments

Our patients trust us to know the ins and outs of the industry, and while they want dramatic results, many want these results with no downtime. Blanching and frosting certainly are not the only two misunderstood aspects of the industry. However, the confusion surrounding these reactions is not only difficult to comprehend, it is potentially dangerous to patients. By developing an understanding of what exactly is happening in the skin when either of these situations occur, we are better able to prevent and address potential complications. ■



Danae Markland is a licensed esthetician and certified massage therapist. She has specialized in various therapeutic devices, corrective

esthetics and laser treatment. Markland is the editorial manager for PCA SKIN® and an advanced educator. She shares her passion for skin health with fellow estheticians and medical professionals at presentations all over the world.