

The Combination of Red and Blue Light, Radiofrequency and Intense Pulsed Light for the Treatment of Facial Postacne Erythema [Letter]

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Dear editor

We read with great interest the article entitled “The Combination of Red and Blue Light, Radiofrequency and Intense Pulsed Light for the Treatment of Facial Postacne Erythema” by Liang et al.¹ The authors conducted a study to evaluate the efficacy of a combination therapy of LED red and blue light, radiofrequency (RF) and intense pulsed light (IPL) for the treatment of postacne erythema. We congratulate Dr. Liang on the results. However, from the perspective of data interpretation and extrapolation, we have several concerns.

First, as most studies dealing with this topic did run control groups simultaneously, we would like to know if there was any type of control group to compare safety and efficacy, such as RF or IPL applied alone. The author mentions some articles, most of which reported comparative outcomes for at least two groups.^{2,3} In addition, we note that the treatment outcomes in this study relied primarily on subjective reports from researchers and patients rather than objective indicators. Therefore, if there was no control group in this study, the claim that combination therapy is more effective than other treatments reported for facial postacne erythema is not rigorous.

Second, in this article, the total effective rate of treatment was analyzed and utilized as the primary measurement of outcome. Although the clinical endpoint is hard to define, we think other indicators, such as self-evaluated patient satisfaction, are also very important for evaluating the therapy.

Third, we believe that patient photos should be taken according to the same standard procedures. However, from the photographs shown by the author, we found that there were nonnegligible changes in angle and ambient light when the author photographed the patient, which may lead to potential deviations. In addition, we think it is better to state whether the patient received other skin treatments during the entire treatment and follow-up period to remove the confounding in this factor, thus making the result more convincing.

Finally, all patients in this study received a uniform management procedure from a single medical institution. While this helped control for operator bias, it also limited the generalization of the results to more institutions.

Despite these concerns, we thank the authors for their efforts and contributions in the treatment of facial postacne erythema, especially for this innovative combined therapy. Since the advantages of RF and IPL are becoming more and more clear, we hope to see long-term comparative studies with larger sample sizes of these therapies in the future.

Disclosure

The authors have no competing interest to declare in relation to the content of this communication.

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