Comments on sequential Jessner's + 35% TCA peel for the treatment of facial field cancerization

Comentário sobre o peeling sequencial de Jessner + ATA 35% para o tratamento do campo cancerizável da face

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We have read the article by Melo *et al.*[1] with great interest, especially the observation that 78% of patients preferred the medium-depth peel, while only 22% preferred imiquimod. Notably, this study may have underestimated patients' preference for chemical peeling, since the FDA-approved, on-label application for imiquimod is a twice-weekly application for 16 weeks, resulting in a longer, more severe inflammatory reaction (which translates as the patient's experience of "downtime"), relative to the thrice-weekly application for 4 weeks under investigation in this study. A shortened regimen of imiquimod may impact its efficacy, and it is probable that with the on-label application for 16 weeks, a greater proportion of patients may have preferred the chemical peel.

A recent article by Jansen *et al.*.[2] that omitted medium--depth chemical peeling as an option for field therapy showed that field treatment with 5% fluorouracil (5-FU) twice a day was superior to imiquimod three times a week, one treatment with photodynamic therapy, and 3 daily applications of 0.015% ingenol mebutate. In this trial, 5-FU was applied for 4 weeks (package insert recommends 2-4 weeks), and imiquimod was applied in the same off-label regimen used by Melo *et al.*[1]: three times weekly for 4 weeks. In short, imiquimod may not be the most suitable comparator for field therapy of diffuse actinic keratosis.

Another split-face trial further showed that a single application of Jessner's solution plus 35% trichloroacetic acid had similar efficacy to that of a 3-week course of 5-FU at 12- and 32-months follow-up.[3,4] In this study, patients also preferred chemical peeling due to its tolerability and comparatively short downtime.[3,4]

Letter

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The International Peeling Society suggests standardized terminology: wounding agents mixed in the same formula are termed combination chemical peel, and wounding agents applied sequentially, for example, a superficial peel such as Jessner's solution followed by a second wounding agent like trichloroacetic acid (TCA) is termed sequential peel.[5]Another medium-depth peel option for field cancerization is the Brody peel, a sequential peel in which solid CO2 slush (a physical wounding agent) is followed by 35% TCA, with no systemic absorption of chemicals. This peel contrasts the sequential peels described by Monheit, in which Jessner's solution (a superficial peel) is followed by 35% TCA, and by Coleman, in which 70% glycolic acid (a superficial peel) is followed by 35% TCA. The Coleman peel does not seem to have any advantage over the Monheit or Brody peels, as glycolic acid requires neutralization or washing prior to application of 35% TCA.5 The Coleman peel can be a useful alternative for patients who are allergic to salicylic acid (a component of Jessner's solution), for extensive surface area application of Jessner's solution, which may be a risk for salicylism, or in a clinical setting without access to solid CO2.

Deep chemical peels based on phenol and croton oil might be even more effective in the treatment of field cancerization, given that the depth of penetration extends into the upper reticular dermis. As with any surgical procedure, supervised hands-on training is required for chemical peeling and can be obtained through post-graduate medical training or through specialty societies such as the International Peeling Society (peelingsociety.com).

"I have used my version of the Jessner's - 35% TCA for actinic keratosis and solar damage on many patients for both indications of failure of 5-FU and those patients not willing to put up with the 3 to 4 weeks of topical therapy. Results have been good with the advantage of cosmetic improvement they all appreciate. If they are willing to endure a week of healing, they will enjoy the results." - Gary D. Monheit, M.D.

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