

PLATELET-RICH PLASMA COMBINED WITH MICRONEEDLING FOR POST-ACNE SCARS

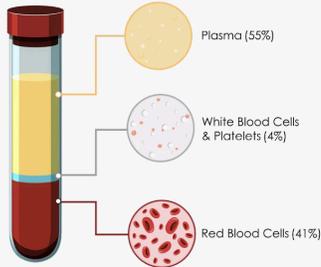
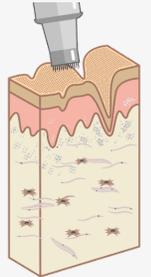
DOES THE EVIDENCE SUPPORT THE HYPE?

WHY THIS STUDY MATTERS?

Acne scars can persist for decades, affecting the quality of life during some of the most formative years. We'll explore a split-face comparative study to identify if PRP offers **meaningful benefits**- does it justify the added cost, time, and complexity?

MORE THAN A SKIN ISSUE

- Acne vulgaris is more than an inflammatory skin condition.
 - Patients experience low self-esteem, depression, & lower quality of life
- Microneedling addresses the **root problem**: disorganized, damaged collagen in the dermis.
 - Controlled micro-injuries that stimulate collagen



ABOUT PRP

- Platelet-rich plasma (PRP) is an **autologous concentration of platelets** that releases growth factors such as PDGF, VEGF, and TGF-beta.
- PRP Theory → enhance collagen synthesis & tissue regeneration.

PICO FRAMEWORK

- **Population**: 30 patients with post-acne scarring, Fitzpatrick skin types II through IV.
- **Intervention & Comparison**: Microneedling using dermaroller with 1.5mm needles.
 - Right side of face- Microneedling + PRP
 - Left side of face- Microneedling alone
- **Outcome**: the Goodman and Baron scar scale II-IV.
 - Improvement in acne scar severity, aesthetic improvement, & safety profile

KEY RESULTS

- Patient scar severity: 93% improvement on the Microneedling + PRP side
 - 73% on microneedling alone side
- Patient degree of improvement: 43% achieved "excellent" improvement on PRP side.
 - Two-grade reduction on the Goodman and Baron scale
- Patient satisfaction: 37% reported greater than 75% improvement on the PRP side.

LIMITATIONS

- No treatment blinding
 - Performance & detection bias for subjective outcomes
- No true randomization for scar distribution asymmetry
- No power calculation
 - "Logistics constraints" rather than statistical planning

