

## The Syris Vantage.<sup>™</sup>

Paired with Syris' patented cross polarization technology and magnification, light emitting diode technology provides a quality light source; a winning combination.

### What does this mean?

- The Vantage offers a unique level of comfort to the patient and user alike by minimizing additional surface heat; especially during lengthy procedures.
- The Vantage reduces fatigue and discomfort while increasing efficiency and confidence by eliminating glare and accentuating subsurface structures.

### Current Applications | Benefits

- Hair replacement surgery | Improved graft separation and viability
- Sclerotherapy | Treatment efficacy
- General skin examination | First line diagnostic aid
- Skin assessment and treatment recommendation | Visualization of inapparent damage
- Administration of subcutaneous substances e.g. Botox, fillers etc. | Vessel avoidance, bruise reduction
- Increase the quality of your photo documentation | Allows the user to enhance surface and subsurface details.\*

\* Syris has developed a basic guideline for image capture through the Vantage.



Hair replacement procedure



Sclerotherapy procedure

# **Polariscopic Guided Sclerotherapy (PGS)**

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## **ABSTRACT**

### **SUCCESSFUL TREATMENT OF POST-SCLEROTHERAPY RESISTANT MATTING USING A DUAL POLARIZING LIGHT DEVICE (DPL) FOR MICROSCLEROTHERAPY**

Telangiectatic matting, or angiogenesis, may occur following sclerotherapy. These multiple new 0.1 – 0.3 mm telangiectasias usually occur on the medial aspect of the leg either just above or below the knee. Treatment by sclerotherapy is very difficult as the vessels are typically less than the diameter of a 30 gauge needle, although spontaneous clearance over a period of months is known to occur. A new device using dual polarized light (DPL) to enhance visualization of superficial telangiectasias has been developed. Double polarization permits the elimination of surface reflected light to enhance sub-surface visualization of telangiectasia. This device (Syris v600) was utilized in an attempt to allow better treatment of resistant post-sclerotherapy matting.

Ten patients with resistant matting on the inner thigh for over 8 months were enrolled. They all had failed treatment with non-DPL sclerotherapy, intense pulsed light and 1064nm long pulse laser. No “feeder” vessels were noted on visual inspection, Doppler examination or Duplex ultrasound. Digital images of all sites were recorded. Treatment by micro-sclerotherapy using dextrose-saline sclerosant through a 30 gauge needle was performed using the DPL apparatus. This permitted specifically targeting the base or branch point of the telangiectatic mat, which was clearly visualized using DPL (will be shown on video). Clinical outcomes were judged at one month post-treatment. The patient, treating physician and one impartial observer compared the pre- and post- treatment images.

In all 10 patients significant clearing (>50% clearance) was noted at one month. No side effects were noted. These data support the conclusion that DPL permits and enhances treatment of resistant matting post-sclerotherapy.

