

# ***SCLERODERMA:***

endermologie® IN THE TREATMENT  
OF FIBROSIS

Scleroderma is a connective tissue disease characterised primarily by thickening and hardening of the skin. The term “scleroderma” comes from the Greek word “skleros” meaning “hard” and “derma” meaning “skin” and is a good description of the main sign or symptom of the disease. **Three mechanisms contribute to the development of scleroderma:** vascular abnormalities, excess fibrosis and immune system abnormalities.



## TWO TYPES OF SCLERODERMA

### ■ **Localized scleroderma is limited to the skin and underlying tissue.**

The most common clinical form is called “morphea”. It comes in the form of one or more patches. These patches are initially red and then become white, indurated and surrounded by a characteristic purple-coloured halo reflecting inflammatory activity. They are usually painless, but itching may be present. The lesions are mainly on the trunk and hands; the face is rarely affected. This results in aesthetic or functional sequelae that can lead to limited joint movements. Localised scleroderma mainly affects women, with an incidence of three cases per 100,000 individuals/year.

■ **Systemic scleroderma:** this form of scleroderma is the most severe because it **usually affects several internal organs**, such as the digestive tract, heart, lungs and kidneys, among others.

## HOW IS IT TREATED?

**There is no treatment that can cure the disease.**

Therapeutic strategies should be based on symptom management and the need to prevent complications to alleviate and slow the progression of the disease. Corticosteroids to be applied to the skin are the main treatment for patches of morphea. The skin hardening and musculoskeletal involvement in systemic scleroderma can lead to functional disabilities, particularly in the hands. Limitations in the ability to open the mouth may affect food intake

and dental care. An **interprofessional approach should include several medical specialties** for diagnosis and treatment (dermatology, internal medicine, rheumatology, cardiology, pneumology, gastroenterology, nephrology, radiology, biology). Because of the musculoskeletal damage frequently seen in scleroderma patients, **physical therapy is often necessary to prevent permanent damage.**



## **BENEFITS OF endermologie® treatments**

A German pilot study highlighted the value of medical endermologie® treatments for improving a patient's skin, reducing pain and improving quality of life.

Medical endermologie® treatments seem to have many benefits that justify giving the technique a key role in the management of skin symptoms related to scleroderma. **Scleroderma lesions are closely related to scars.** But the LPG® technique has forged a flawless reputation in the treatment of these lesions. This is why Professor W.I. Worret and his team from the Department of Dermatology and Allergies at the University of Munich conducted a pilot study on 10 patients (six women and four men) between the ages of 17 and 68. For an average of 13 weeks, each of these subjects with localized scleroderma (morphea) was given one **medical endermologie®** session per week based on the programme designed to treat scars.

The German researchers published the results of their study in the Journal of the European Academy of Dermatology & Venereology. They observed an **improvement in the clinical appearance of the lesions as well as a decrease in their induration and the itching felt by the subjects.** Both clinical examination and objective assessments point to a **significant increase in the elasticity of the treated skin.**

The tolerance of all patients to the action of Cellu M6® is excellent, and most importantly, all patients report a better quality of life. They also appreciate the fact that the treatment focuses on their specific problem. There is no cure for scleroderma yet. However, mitigating symptoms through increasingly effective management is a realistic challenge. The LPG® technique will probably have a major role to play in this therapeutic advance.

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## **SOURCES:**

- Odonwodo A, Badri T, Hariz A. Scleroderma. 2020 Aug 8. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2020 Jan-. PMID: 30726020.
- Worret WI, Jessberger B. Effectiveness of LPG treatment in morphea. J Eur Acad Venereol. 2004 Sep; 18 (5): 527-530.