



Peer-reviewed and Open Access

Vol.1 No.6 May 2026

Accepted May 11, 2026

Published online May 11, 2026

Journal of Skin Cancers, Conditions, Aesthetics and Reconstructive Surgery

On the Entry of Laser ‘Microbrands’ in America: A Viewpoint

Miesha Merati, DO^a and Harib H. Ezaldeen, MD^a

^a Miami Dermatology and Mohs Surgery, Department of Dermatologic Surgery Research, 4770 Biscayne Boulevard, Suite 900, Miami, Florida 33137

* Corresponding author email address: haribez@gmail.com

Abstract

The contemporary dermatologic laser market is largely dominated by a small number of legacy manufacturers whose platforms have remained commercially successful despite relatively incremental technological evolution. While these companies have contributed significantly to procedural dermatology, escalating device costs and concentrated research ecosystems may limit broader innovation and accessibility. Many breakthrough technologies, particularly within emerging treatment categories such as dermal microcoring, originate from closely interconnected networks of physician scientists, institutions, and corporate collaborators. Although productive, this concentration may create a form of developmental inertia that discourages disruptive innovation and alternative perspectives in device design and clinical application.

Laser “microbrands,” often composed of international manufacturers or OEM producers entering the United States market, represent an emerging alternative model. These companies frequently offer lower-cost, high-quality platforms while maintaining greater flexibility in physician collaboration, independent research support, and experimental application development. Reduced overhead related to marketing and large sales infrastructures may allow these companies to provide more accessible pricing and responsive technical support. Increased engagement with microbrands could foster greater competition, diversify investigative perspectives, and accelerate practical innovation in energy-based therapies. As dermatology continues to expand its reliance on laser and device-based interventions, consideration of emerging manufacturers may play an important role in democratizing access to advanced procedural care and broadening the future trajectory of laser medicine.

Keywords: Dermatologic lasers; energy-based devices; laser microbrands; medical device innovation; dermal microcoring; procedural dermatology; laser economics; physician-industry collaboration; independent clinical research; democratization of healthcare technology; aesthetic medicine; medical technology markets.

1. Introduction

The modern dermatologic laser market is increasingly defined by a small number of legacy manufacturers whose platforms have dominated practices for decades. While these companies have undoubtedly contributed to the advancement of procedural dermatology, it is reasonable to question whether the pace of true technological innovation has kept pace with the escalating cost of their devices. In many instances, newer generations of flagship systems consist primarily of incremental software refinements, interface redesigns, or modest hardware modifications rather than meaningful paradigm shifts in energy delivery

or therapeutic capability.¹ Yet these systems continue to command extraordinarily high price points, creating significant barriers to adoption for smaller practices and ultimately limiting patient access to advanced laser therapies.

An additional consideration is the concentration of research and development within relatively insular academic and industry circles.² Many of the most commercially successful devices—particularly in emerging treatment categories such as dermal microcoring—can trace their origins to collaborations among a small network of physician scientists, institutions, and corporate stakeholders.³ Although this concentration of expertise has

produced important innovations, it may also create a form of evolutionary inertia in which prevailing assumptions and commercial interests shape the direction of future development.⁴ In economic terms, this resembles a stable Nash equilibrium: an ecosystem where established players have little incentive to substantially disrupt existing treatment models, pricing structures, or device architectures. As a result, potentially valuable alternative approaches may struggle to gain visibility or validation despite real-world clinical promise.



Figure 1. Multifunctional platform configuration of the Apolomed Lasers Apollo system demonstrating integration of eight distinct energy-based modalities into a single device architecture. Included technologies consist of a 1550/1927 nm fiber laser; 1064/532 nm electro-optical Q-switched Nd:YAG laser with microbeam capability; 1064 nm long-pulse Nd:YAG laser; 2940 nm Er:YAG fractional laser; 1540 nm Er:Glass fractional laser; conventional 1064/532 nm Q-switched Nd:YAG laser; diode laser platform; and intense pulsed light (IPL) technology. The system incorporates multiple interchangeable spot sizes, beam expanders, fractional array patterns, and wavelength-specific handpieces to support treatment versatility across vascular, pigmentary, resurfacing, hair removal, and rejuvenation applications in diverse patient skin types.

Laser “microbrands” represent an important counterbalance within this landscape. These newer companies—many of them international manufacturers entering the United States market—often possess substantial engineering experience acquired through overseas clinical markets or through the production of OEM components used by major established brands. Unlike legacy corporations burdened by extensive sales infrastructures and marketing expenditures, these companies frequently operate with greater agility and lower overhead. This allows them to offer devices at substantially more attainable prices while still maintaining high manufacturing quality and, in many cases, more responsive technical support. Equally important, many microbrands demonstrate a willingness to collaborate directly with practicing physicians to support independent investigative research and explore novel applications of laser technology beyond conventional commercial indications.

One notable example of this emerging model is Apolomed Lasers, which has developed multifunctional platforms capable of integrating up to eight treatment modalities into a single laser system. This degree of

versatility is particularly meaningful for younger dermatologists and early-career practitioners who may not have the financial resources or procedural volume to justify acquiring multiple standalone devices. By consolidating technologies for vascular lesions, pigmentary disorders, resurfacing, hair removal, and other indications into one adaptable platform, these systems may substantially reduce barriers to entry while expanding procedural capabilities. Multifunctional platforms also encourage more individualized treatment strategies across diverse patient skin types and clinical scenarios, reflecting a more flexible and practical approach to device development.

If the long-term goal within dermatology is to democratize access to energy-based therapies, then the role of laser microbrands deserves far greater attention. Affordable and adaptable platforms can expand procedural access beyond large academic centers and high-volume cosmetic practices, enabling broader participation in innovation from community dermatologists and independent investigators. Increased competition may also encourage more transparent pricing, more clinically relevant device development, and a wider diversity of scientific perspectives. While rigorous validation and safety standards must remain paramount regardless of manufacturer size, fostering opportunities for emerging laser companies may ultimately accelerate innovation and improve access to transformative therapies for both physicians and patients.

References

1. Al Timimi Z, Al-Rubaye AF, Diwan DM. A comprehensive study of laser use in dermatology: assessing the safety, innovations, and effectiveness of laser technology for skin treatment. *Irish Journal of Medical Science* (1971-). 2025 Jun;194(3):923-32.
2. Wheeland RG, McBurney E, Geronemus RG. The role of dermatologists in the evolution of laser surgery. *Dermatologic surgery*. 2000 Sep 1;26(9):815-22.
3. Dover JS, Liu C, Watchmaker J, Wang JV, Geronemus RG, Arndt KA, Anderson RR. The history and advancement of light, lasers, and energy-based devices in dermatologic surgery. *Dermatologic Surgery*. 2025 Feb 1;51(2):113-22.
4. Gniadecki R. A decade of progress and innovation in dermatology. *Frontiers in medicine*. 2025 Jan 22;11:154647