

CHRONICLE PATIENT PRIMER

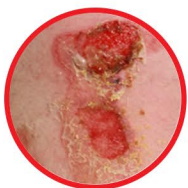
A tool for patient counselling and adherence. Online at www.derm.city/primer

OVERVIEW

Many people are unclear about the difference between melasma and hyperpigmentation. Melasma usually appears on the face and other sun-exposed areas, and can be triggered by pregnancy, birth control pills, and sun exposure.

Hyperpigmentation is a more general term that can be a symptom of a number of medical conditions.

Common triggers of hyperpigmentation include:



Acne or other inflammatory skin conditions

Sun damage

Skin injury

In most cases, hyperpigmentation is harmless. If irregular moles or other pigmented spots appear, it is recommended that they are checked by a dermatologist.

DIFFERENCE IN APPEARANCE

Although both cause darkened skin colour, melasma and other forms of hyperpigmentation appear differently on the skin. Melasma can be found in symmetrical patterns primarily on the face. Hyperpigmentation can appear in more irregular patterns throughout the body.

HYPERPIGMENTATION AND QUALITY OF LIFE

A recent study found that overall impact of hyperpigmentation on health-related quality of life was small to moderate. That said, 22% of patients reported a very large effect on quality of life.

Patients with melasma and post-inflammatory hyperpigmentation have significantly lower quality of life when compared with other hyperpigmentation disorders.



MELASMA AND HYPERPIGMENTATION



TREATMENTS



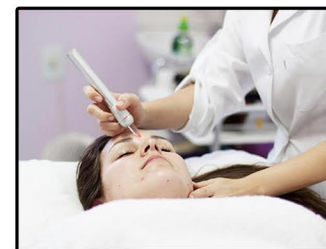
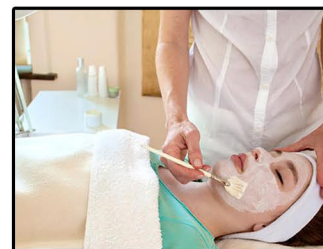
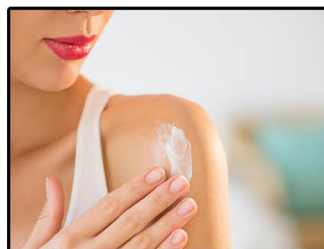
Sun protection

Because sun exposure is one of the most common triggers of melasma, the use of a broad-spectrum sunscreen of at least SPF 30 every day is recommended, even on cloudy days, with re-application after swimming or sweating. Seeking shade, wearing a wide-brimmed hat, and wearing sun-protective clothing such as long-sleeved tops and long pants or skirts, is also recommended.



Laser and IPL

Laser and intense pulsed light (IPL) are two technologies that can target forms of hyperpigmentation, though IPL should not be used for melasma. Laser technology delivers a strong focused beam, whereas IPL is a series of wider pulses. Results of these procedures vary, although in some cases patients see complete clearance of their discoloration. It is essential that these procedures are supervised by a board-certified dermatologist. Dermatologists take extra care in choosing energy settings for these devices when treating melasma or darker-skinned patients, to lower risk of rebound hyperpigmentation or worsening of the condition.



Chemical peels

Chemical peels consist of a solution applied directly to the skin which removes the damaged outer layers of the skin. In the hands of a board-certified dermatologist they can be used to diminish pigmentation from sun damage and can help control melasma. Alpha hydroxy acids like glycolic acid and lactic acid are commonly used. Peels can be applied to individual spots or to the entire face. A range of different peel options are available, and a dermatologist will select the best peel for a patient's condition, skin type, and tone.



Topical skin lightening products

Topical skin lightening products aim to change skin colour through the use of agents that decrease the concentration of melanin in the skin, or reduce its production. One of the most frequently used approaches to treating melasma, ingredients such as hydroquinone, retinoids, kojic acid, and topical vitamin C are often used in the products to reduce discoloration. Tranexamic acid is also becoming more of a mainstay treatment, both topically and orally.

Reviewed by Dr. Julia Carroll, Compass Dermatology, Toronto



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