Melasma

What is melasma?
Melasma is a common disorder of hyperpigmentation that presents with symmetric irregularly shaped light to dark brown or gray patches on sun exposed skin. It is most commonly seen in middle-aged women. The face is most frequently affected, but melasma may also involve the forearms, neck and chest.

What causes melasma?
The exact cause is unknown, but triggers include ultraviolet light (sun) exposure, heat, pregnancy, oral contraception and hormone replacement therapy.

Is there a cure for melasma?
No. It is important to understand this is a chronic condition that dermatologists help manage. Treatment can be difficult and avoidance of triggers is necessary to prevent recurrence or worsening of the condition.

What are the treatment options?
The most important measure is meticulous daily sun avoidance. It is recommended to use physical sunscreens (zinc oxide or titanium dioxide) in addition to wearing wide brim hats, protective clothing and avoidance of direct sun exposure. Even brief exposure can worsen your condition. Other treatments that may be effective include topical creams, microdermabrasion, chemical peels and laser or Intense Pulse Light (IPL) therapy when used with other topical therapy. Recently, microneedling with or without radiofrequency platelet-rich-plasma (PRP) has been found to improve melasma.

There are several topical creams that can improve melasma, the most common being a compounded product containing hydroquinone plus or minus a retinoid (tretinoin) and a mild steroid. Other topical lightening agents contain glycolic acid, kojic acid, salicylic acid, azelaic acid, arbutin, niacinamide, vitamin C, tranexamic acid and lignan peroxidase.

Superficial chemical peels are commonly used to treat melasma including glycolic acid, salicylic acid, and mandelic acid peels. Medium depth peels, such as trichloroacetic acid (TCA), are also used, but more caution is needed.

Laser therapy is sometimes used to treat melasma, but must be done with caution because it may worsen melasma or cause rebound hyperpigmentation (worsening of the pigment after a period of clearance). Laser treatments used include fractionated non-ablative lasers, IPL and Q-switched lasers, but should only be done by board-certified physicians. ASDS members have training and expertise in treating all skin types and offer a variety of skin rejuvenation techniques.

Consult your board-certified dermatologist to discuss which treatment options may be best for you.

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