DAWES FRETZIN DERMATOLOGY

Melasma

Melasma is a chronic skin condition that often requires a multi-leveled approach for successful treatment. Melasma is most common in adult women, though can happen in men. It frequently impacts the cheeks, forehead, upper lip, and occasionally forearms.

Known triggers for melasma include:

- sun exposure and sun damage (this is the most important avoidable risk factor)
- pregnancy (in affected women, the pigment often fades a few months after delivery)
- hormone treatments (oral contraceptive pills, hormone replacement, intrauterine devices and implants are a factor in about a quarter of affected women)
- certain medications (including new targeted therapies for cancer), scented or deodorant soaps, toiletries and cosmetics (these may cause a phototoxic reaction that triggers melasma, which may then persist long term)
- hypothyroidism (low levels of circulating thyroid hormone)
- heat or blue light from computer screens may be triggers in some as well

Melasma commonly arises in healthy, non-pregnant adults. Lifelong sun exposure causes deposition of pigment within the dermis and this often persists long-term. Exposure to ultraviolet radiation (UVR) deepens the pigmentation because it activates the melanocytes to produce more melanin.

The most important agreed upon factor when treating melasma is absolute sun protection, year-round and lifelong. Other treatment options are often employed with variable outcomes. Results take time and the therapeutic measures are rarely completely successful. Unfortunately, even in those that get a good result from treatment, pigmentation may reappear on exposure to summer sun and/or because of hormonal factors.

Sunscreen rules:

SPF 30 or greater
Active ingredients including zinc oxide and/or titanium dioxide
Apply every morning, year round
Reapply every 2 hours when spending time outdoors
Seek shade, wear a broad brimmed hat (4" brim or wider)
Tinted products (sunscreen or makeup) with iron oxide additionally helpful and block blue light

DAWES FRETZIN DERMATOLOGY

Melasma Treatments

Topical medications:

Ingredients effective for pigment include:

Hydroquinone/HQ - Prescription or over the counter

Azelaic acid, kojic acid, vitamin C, alpha-arbutin, tranexamic acid, others

Your provider may prescribe:

Triple combination with HQ, retinoid, steroid – once daily at night

Sensitive skin combination compound with azelaic acid, kojic acid, tranexamic acid

Products we carry for skin lightening:

Obagi C-Clarifying Serum (4% HQ, 10% vitamin C)

Jan Marini Luminate MD Face Lotion (Retinol 0.075, arbutin, nonapeptide-1, hydroxyresorcinol, glycyrrhiza glabra extract, EGCG)

Oral/Systemic medications:

Polypodium leucotomas (Heliocare 240mg, 1-2x/day x 12 weeks+) – Provides oral sun protection

Tranexamic acid 325mg twice daily – May inhibit pigmentation

Chemical peels: 3-6 peels repeat every 2-6 weeks, stop retinoid for one week prior

Glycolic acid, Salicylic acid, TCA, Mandelic acid

The estheticians will decide in consultation your best therapy