

“What is this discolouration on my face?”

Benjamin Barankin, MD, FRCPC

A 34-year-old Hispanic female is bothered by the darkening areas on her face. The skin is asymptomatic and she recently gave birth to her third child.

What is your diagnosis?

Melasma is an asymptomatic, dark, facial skin discolouration due to sun exposure found in genetically-predisposed women, especially pregnant women or those on OCs or hormone replacement therapy. The upper lips, nose, cheeks and forehead are most commonly affected. Women with a light brown skin type, who reside in regions of intense sun exposure, are particularly susceptible.

Treatment involves protection from sun exposure which includes wearing a hat, using an umbrella as well as broad spectrum and high SPF sunscreen (*i.e.*, a sunblock that is reapplied every three to four hours).

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Treatment also consists of:

- The use of depigmenting agents, such as hydroquinone, tretinoin, or combination creams that contain hydroquinone,



Figure 1. Asymptomatic, darkening areas on the face.

tretinoin and steroids (Kligman's formulation or a modified Kligman's)

- Occasionally, azelaic acid is employed
- Chemical peels, such as with glycolic acid, are beneficial
- Lasers or intense pulse light can be helpful for epidermal melasma (dermal melasma is very difficult to treat)
- Cosmetic cover-up should also be discussed

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Dr. Barankin is a Dermatologist practicing in Toronto, Ontario.