

Hyperpigmentation Handout

Sun protection

All patients with hyperpigmentation disorders associated with increased melanin production and deposition will benefit from sun avoidance and photo-protection, which involves avoiding the peak hours of sunlight (between 11:00 AM and 4:00 PM), seeking shade, wearing protective clothing (eg, broad-brimmed hats and long-sleeved shirts), and using a broad-spectrum sunscreen with sun protection factor (SPF) of at least 30 regardless of the season and where you are staying.

Topical therapies

Disorders associated with deposition of melanin in the epidermis (eg, melasma, post-inflammatory hyperpigmentation) can be often successfully treated with topical skin-lightening agents. These include hydroquinone, azelaic acid, mequinol, Kojic acid, tretinoin, and several combinations of topical agents.

Cosmetic camouflage

Physical-blocking opaque sunscreens have the dual benefit of camouflaging hyperpigmentation and preventing photo-induced darkening. Many of these physical blockers now come in tinted blends to assist with camouflaging. In addition, many find that the use of make-up helps to even out skin tone. Several available brands that provide heavy coverage include Dermablend, Cover FX, and Covermark/CM Beauty.

Laser therapy

Hyperpigmentation disorders associated with melanin deposition in the dermis (eg, nevus of Ota, nevus of Hori) do not respond to topical therapies but can be often successfully treated with laser therapy. In particular, the 1064 nm Q-switched neodymium:yttrium-aluminum-garnet (QSNY) is the most widely used laser in darker skin types because of longer wavelengths, which allow for deeper penetration.

Note

Postinflammatory hyperpigmentation is a common reactive hypermelanosis that develops as a sequela of a variety of insults to the skin, including inflammatory diseases, chemical or physical injuries, or trauma. It presents with hyperpigmented macules and patches in the same area involved by the preceding inflammation or trauma. The colour varies from light brown to slate-gray or black, depending upon the skin colour and location of melanin deposition (epidermal or dermal). Patients with darker skin types are particularly predisposed to post-inflammatory hyperpigmentation. Therefore, do your best to prevent insults to your skin including scratching or squeezing your skin lesions and wear your sunscreen all time. These marks are pigmentation that will gradually fade over time (up to 1.5 years).