Melasma

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Pathophysiology
- Increase in number and activity of melanocytes
- Associated with estrogen and progesterone
- Classification based on depth, with epidermal pigmentation most common and diagnosed with Wood's light

Epidemiology
- F>>M
- Common in pregnancy (chloasma, the mask of pregnancy) and in women taking OCP or HRT
- Sun exposure and dark skin tone are risk factors

Presentation
- Even, tan macules on sun-exposed areas of the face
- Usually symmetrical

Management
- Blanching creams (hydroquinone), retinoic acid, topical steroids or combination creams
- Destructive modalities (chemical peels, laser treatment)
- Camouflage makeup
- Avoiding sun and using sunscreen is key to preventing melasma
- Often fades several months after stopping hormone treatment, or cessation of hormone therapy