

Here is the Answer to Last Month's Case

Meet Juanita...

- Age: 34
- For the past six months, she has noticed brown macules developing on her cheeks and forehead.
- It has become increasingly worse over the summer.

History

- She recently had her second baby and is otherwise healthy.
- She takes the occasional acetaminophen for headaches and uses echinacea to prevent colds.

History continued...

- She has no history of skin disease nor is there any family history of skin problems.

What's your diagnosis?

- a) Hyperpigmentation secondary to medications/herbals
- b) Melasma
- c) Discoid lupus erythematosus
- d) Lichen planus
- e) Poikiloderma of Civatte



Juanita suffers from melasma. Melasma most commonly affects women and is especially common in individuals between the ages of 20 years and 40 years old. It affects the forehead, the cheeks and the upper lips. It occurs frequently during pregnancy and is more common in darker skin. It has been called the mask of pregnancy and is more common during the summer months as a result of sun exposure. It often fades a few months after delivery, but may persist in some cases, especially with multiple pregnancies.

Melasma also occurs as a side-effect of taking contraceptive pills and contraceptive injections of depot-medroxyprogesterone acetate, but can also show up in apparently healthy, non-pregnant women. This is most likely due to some mild and harmless hormonal imbalance.

Melasma is due to a combination of hormonal effects and ultraviolet exposure, thus therapy should target both aspects. Management of melasma involves discontinuing precipitating medications, such as hormonal contraception. Patients should be advised that improvement is slow and gradual. A broad-spectrum sunscreen, with a greater SPF than 30, is recommended daily, regardless of the weather and should be applied liberally and reapplied every few hours. Tanning beds should be discouraged and patients should also avoid strong or irritating soaps and cleansers.

Bleaching creams containing hydroquinone (two per cent to four per cent) can be applied and although slow to respond, there is noticeable improvement after several months of use. A mild tretinoin cream and/or mild cortisone cream are sometimes compounded with hydroquinone for increased efficacy.

Fruit or alpha hydroxy or azelaic acids and chemical peels are beneficial, as is careful and brief application of liquid nitrogen cryotherapy. Careful laser resurfacing in experienced hands can be of further benefit. Finally, camouflage is always an option.

*cme*

- Benjamin Barankin, MD

**Congratulations**

to our winner for  
the month of  
May 2006!

**Dr. Keith Redding**

from Calgary,  
Alberta