



Episode 1: How I diagnose and treat facial hyperpigmentation with Dr Emma Craythorne



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In this episode we discuss:

- Defining hyperpigmentation
- Common causes of facial hyperpigmentation
- The treatment of melasma: topical [1] (including over the counter preparations), laser [2] and tranexamic acid [3, 4]
- The treatment of post inflammatory hyperpigmentation

Learning materials/summaries:

What is the pigment? Where is the pigment?

EPIDERMAL (brown)	Lentigines Freckles Melasma
MIXED (grey/brown)	Melasma Post inflammatory hyperpigmentation
DERMAL (slate grey)	Post inflammatory hyperpigmentation Hori's naevus Naevus of Ota Ochronosis Tattoo Drugs – silver, minocycline

Summary: approach to treating melasma

Intermittent/Intense treatments:

1. Triple combination therapy for 3 months (Hydroquinone 4% + tretinoin 0.1% + hydrocortisone 1%)
2. Lasers: (after 12 weeks of topical treatment)
Low fluence Q-switched Nd:YAG laser
3. Tranexamic acid

Maintenance therapy:

1. Daily sunscreen: SPF >30, UVA protection, tinted sunscreens, physical blocker e.g. zinc oxide
2. Sun protective hat/clothing
3. Camouflage makeup
4. Topical retinoids
5. Azelaic acid

References and further reading:

1. McKesey, J., A. Tovar-Garza, and A.G. Pandya, *Melasma Treatment: An Evidence-Based Review*. Am J Clin Dermatol, 2020. **21**(2): p. 173-225.
2. Tian, B., *Laser toning for melasma: A single-centre experience with 38 970 cases*. J Cosmet Laser Ther, 2017. **19**(3): p. 140-142.
3. Wu, S., et al., *Treatment of melasma with oral administration of tranexamic acid*. Aesthetic Plast Surg, 2012. **36**(4): p. 964-70.
4. Lee, H.C., T.G.S. Thng, and C.L. Goh, *Oral tranexamic acid (TA) in the treatment of melasma: A retrospective analysis*. Journal of the American Academy of Dermatology, 2016. **75**(2): p. 385-392.