

# Melasma Treatment and Cure

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## What is Melasma?

Melasma is a common acquired increase of pigmentation that occurs exclusively in sun-exposed areas. Brownish in color, it is exacerbated by sun exposure, pregnancy, oral contraceptives, and certain anti-epilepsy drugs.

Melasma is reasonably common, especially in women of child-bearing age. However, up to 10% of cases have been reported in males. While all races are affected, there is a prominence among Latinos and Asians. Melasma is more apparent during and after periods of sun exposure and less obvious in winter months, when sun exposure is lacking.

Melasma presents itself in one of the three usually symmetrical facial patterns. The most common is a centrofacial pattern involving the cheeks, forehead, upper lip, nose, and chin. Less common are the malar pattern, involving the cheeks and nose, and the mandibular pattern, involving the ramus of the mandible (the side of the cheeks and jawline). Melasma also occurs on the forearms, but this is rare.

## What are the Causes of Melasma?

Melasma has been considered to arise from pregnancy, oral contraceptives, endocrine dysfunction, genetic factors, medications, nutritional deficiency, hepatic dysfunction, and other factors. The majority of cases appear related to pregnancy or oral contraceptives. The infrequency of melasma in postmenopausal women on estrogen replacement suggests that estrogen alone is not the cause. In more recent experience, combination treatment using estrogen plus progestational agents is being used in postmenopausal women, and melasma is being observed in some of these older women who did not have melasma during their pregnancies. Sun exposure would appear to be a stimulating factor in predisposed individuals. Although a few cases within families have been described, melasma should not be considered a heritable disorder.

## Treatments for Melasma

Successful treatment of melasma involves the triad of sunblocks, bleach and time. According to research done by Dr. Mark B. Taylor, a particular type of alpha hydroxy acid, known as mandelic acid has been shown to improve a type of melasma that is often resistant to topical treatments, dermal melasma. [MaMa Lotion](#) & [NuCelle Skin Care](#) are a few of the only skin care lines available with this type of acid. Because this alpha hydroxy acid is also safe on Latino and Asian skin, it can also be considered as a possible treatment for melasma.

Sunscreen, however, is the most important factor. Without daily use of opaque sunscreen, treatment will fail (a broad-spectrum formulation with an SPF over 30 plus cover up is adequate). [Bleaching](#) preparations include 2 or 4% [hydroquinone](#)-containing creams or gels and 3% [hydroquinone](#) solution.

Normally up to 2 months are required to begin to initiate response and up to 6 months to complete the process. Once epidermal melasma is cleared and is no longer apparent with Wood's lamp examination, the hydroquinone and tretinoin should be discontinued. However, the opaque sunscreen should be continued through at least one summer season to reduce the risk of recurrence. Dermal melasma does not respond to the above treatment, and at the

present time cannot be treated, with the exception of mandelic acid solutions. Often, melasma will slowly resolve following childbirth or upon discontinued use of oral contraceptives.

### **Effective Products For Melasma Treatment**

MaMa Lotion - [Before & After Pictures](#) - [More Info](#)

Physician's Complex 6% Bleaching Cream - [More Info](#)

Donell Skin Lighteners - [More Info](#)

NuCelle Mandelic Marine Complex - [More Info](#)

SkinCeuticals CE Ferulic - [More Info](#)

*Special Thanks to Fitzpatrick's Dermatology in General Medicine as a reference for this page.*