

**Dr. Juan Aguiar, MD**

info@doctoraguiar.com
+240 556 666 160

5 Tips to treat hyperpigmentation on black skin

By Dr. Juan Aguiar, MD



In West Africa, the most common complaint that plastic surgeons or dermatologists find is related to acquired pigmentary changes. Among them, postinflammatory hyperpigmentation and melasma are the most frequently seen.

Introduction and Definition

Postinflammatory hyperpigmentation, also called postinflammatory melanoderma, is an excessive pigmentation of the skin produced by a previous irritation. Skin damage that results in inflammation can induce postinflammatory hyperpigmentation. Common triggers are acne lesions, allergic or irritant contact dermatitis, folliculitis caused by ingrown hairs, scratches, insect bites or trauma. Hyperpigmentation can also develop after cosmetic procedures like chemical peels, hair removal or laser resurfacing.



Melasma is a hyperpigmentary disorder that occurs typically as symmetrical lesions on the face. The cheeks, forehead, upper lip, nose and chin are commonly involved. It affects primarily darker skin type females at puberty or later in life. It is known both for causing significant psychosocial stress and for its difficulty to treat. There is a hormonal component, since episodes of melasma are associated with pregnancy and the use of hormonal birth control.

There have been described several mechanisms that produce hyperpigmentation. Among them is the stimulation of melanocytes by inflammatory mediators (IL-1-alpha or ET-1).

Other known stimulators of melanocytes are superoxide and nitric oxide generated in damaged skin. The melanin produced during inflammation can also enter the dermis, be phagocytosed by macrophages and retained in the upper dermis for a long

time, since the removal of dermal melanin is a very slow process.

The use of hydroquinone has been the first-line treatment for hyperpigmentation. Hydroquinone 1,5 to 2% is available over-the-counter and preparations with higher concentrations have to be prescribed by physicians. The mechanism of action is the suppression of melanin formation by the reversible inhibition of tyrosinase (the main enzyme involved in the conversion of tyrosine to melanin) and the selective damage to melanosomes and melanocytes. Therefore, the mechanism of action of topical hydroquinone is through prevention of new melanin production.

Tip 1. Prevention, prevention and prevention

The most important advice for our patients is always prevention. They must avoid all the known triggers that cause hyperpigmentation. The importance of daily sun protection can't be stressed enough. It not only

plays an important role in the prevention and treatment of pigmentary disorders, the use of sunscreen strongly decreases the rates of skin cancer and photoaging. Still, many patients with skin of color assume that due to the darker skin tone, they can skip sunscreen altogether.

Tip 2. Find the underlying problem

A common mistake among many patients suffering from hyperpigmentation disorders is self-medication without treating the underlying cause. It is imperative to conduct a thorough initial consultation and health history to determine the exact cause of the disorder and establish an early intervention. When the cause is explained to the patients, their compliance with the therapy will increase. We have to inform the patients that in cases of dermal pigmentation, the treatment will be challenging and that perseverance and patience will be imperative.

Tip 3. Combined therapies work better