

Melasma Blotches Common, Harmless, But Often Emotional

Dermatology APRN Denise Gallo with Skincare Physicians of Fairfield Says Sun is No Friend of Melasma; Offers Prevention Tips

NORWALK, CT, USA, June 7, 2022 /EINPresswire.com/ -- It's common, it's physically harmless, but the skin disorder known as [melasma](#) can pack an emotional wallop that raises a person's self-consciousness and lowers self-esteem, according to [Denise Gallo](#) APRN, a board-certified nurse practitioner in dermatology, with Skincare Physicians of Fairfield, a Division of Advanced Dermatology PC.

"Melasma promotes the appearance of unsightly, asymmetrical brown or blue-gray patches -- most notably on the face, but on the neck and forearms as well, primarily in women and individuals with dark or easily tanned skin. And, unfortunately, the problem remains difficult to treat," says Gallo.

Gallo also expresses concern about the approaching summer season. "Continued exposure to the sun and other ultraviolet sources is considered one of the primary sources of melasma. In susceptible individuals, even the LED light emanating from mobile phones, computer screen and television sets may trigger it," Gallo says.



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A genetic predisposition for the disorder, certain cosmetics and medications, and hormonal fluctuations associated with pregnancy, postmenopausal changes, and contraceptives are other underlying causes of melasma – a reason why about 90 percent of melasma patients are female, particularly ones in their child-bearing years. Melasma is sometimes called the “mask of pregnancy;” as many as 50 percent of pregnant women can develop the condition among certain populations. Melasma also is

often associated with thyroid disease, Gallo states.

Until now, experts have blamed melasma on dysfunctional melanocytes that are located in the outer (epidermis) layer of skin and overproduce melanin, a skin pigment, Gallo explains. But scientists writing in a 2018 issue of *Experimental Dermatology* (doi.org/10.1111/exd.13844) suggest melasma may not be just a disease affecting melanocytes, but a photoaging skin disorder. They indicate “about 83 percent to 93 percent of melasma patients have variable degrees of solar elastosis,” which is “an accumulation of abnormal elastic tissues in the dermis (middle layer of skin) due to chronic sun exposure.”

Despite ongoing research and the introduction of “new oral, topical, and combination therapies for melasma,” the disorder remains “chronic, therapeutically challenging, universally relapsing”...and often “psychologically devastating,” according to investigators, commenting in a 2019 issue of the *International Journal of Women’s Dermatology* (10.1016/j.ijwd.2018.09.004).

Gallo indicates that topical applications of the skin-lightening agent hydroquinone or a combination cream consisting of hydroquinone, tretinoin and corticosteroids have been gold standards in management of melasma, but the therapies are not always completely effective, especially when the pigmentation anomalies of melasma extend into the deeper – dermis – layer of skin. She agrees with those experts who say the efficacy of many newer, potentially beneficial pharmaceutical agents for relieving melasma, such as oral tranexamic acid, niacinamide (a form of vitamin B-3), and plant extracts like soy and a natural substance derived from strawberries, cherries, and pomegranates, require further study and substantiation.

At least one scientific group – reporting in a 2019 edition of the *Journal of Cosmetic Dermatology* (<https://doi.org/10.1111/jocd.12911>) – found both “objective and subjective improvement in melasma [just] after 12 weeks of sunscreen use” among 100 melasma patients and determined that sunscreens “significantly improved quality of life.” The findings attempt “to re-instate the importance of sunscreens to patients and dermatologists who are inclining more toward various skin lightening agents..., which [can] have many side effects,” study authors write.

Gallo concurs, advising melasma patients to proceed with caution when trying to rid themselves of blemishes, especially by turning to therapies like chemical peels, laser resurfacing, dermabrasion, and micro-needling as adjuvants to topical agents.

“Certain treatment protocols can cause undesirable skin effects in the hands of less experienced dermatological professionals,” she warns, echoing authors of a 2022 online article on the National Library of Medicine website (www.ncbi.nlm.nih.gov/books/NBK459271/). The scientists state, “Chemical peels and lasers may yield unpredictable results and are associated with adverse effects, including epidermal necrosis, post-inflammatory hyperpigmentation, and hypertrophic scars. These interventions are second-line therapies and [should be] used only if topical medication has failed.”

In some instances, such as pregnancy or contraceptive use, melasma may disappear on its own once hormones have returned to more stable levels. Other patients may struggle with melasma for much of their lives.,

Because hormonal changes and genetics play key roles in melasma, the disorder is not always preventable. In fact, a third or more of melasma patients report someone else in their families struggles – or has previously struggled -- with the disease. But Gallo offers a variety of tips to minimize risks:

First and foremost, cover up when outdoors. If unable to avert the sun, wear a sunscreen with a sun protection factor of at least 30. Sun exposure can cause melasma to re-occur. “This is especially true when taking medications that make the skin light-sensitive,” Gallo says.

Select skin care products that are unscented and do not block skin pores.
Stop using cosmetics that irritate the skin.

Consume foods, like yogurt, eggs, and milk, which are rich in vitamin D to enhance the health of the skin.

“Remember skin is your body’s largest and most important organ, protecting you from bacteria and outside contaminants.

Be gentle with it; keep it healthy. If you suspect you are developing melasma, seek out an experienced dermatological professional. Don’t panic. Melasma is not cancerous or harmful and can respond to proper treatment,” Gallo says.

Bio: Denise Gallo, APRN, is a board-certified Nurse Practitioner, who specializes in Dermatology

[SkinCare Physicians of Fairfield County](#), a division of Advanced Dermatology PC, is a full-service Dermatology practice with two Connecticut locations in Norwalk and Stratford.

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