Cosmetic Procedures in Patients With Skin of Color: Yes We Can

As the director of the Skin of Color Center in New York, New York, I am often asked by my patients with skin of color, “Can we use this treatment safely on my skin?” Many patients come to my office with magazine clippings or information obtained on the Internet that suggests certain cosmetic procedures are not advisable for darker skin types, or they relate horror stories about aesthetic procedures gone awry. As a result of these widespread concerns, I am faced with many patients whose cosmetic skin concerns have been under-treated or not treated at all.

Now more than ever, dermatologists can offer a broad range of safe and effective treatment options to address various cosmetic concerns in patients with skin of color. This is fortunate given the increasing diversity of the US population and the growing demand for cosmetic treatments, particularly in nonwhite ethnic groups. According to the American Society of Plastic Surgeons, the number of cosmetic procedures performed on nonwhite patients in 2008 increased 11%. In the white population, it decreased 2%.1 The increased availability of minimally invasive cosmetic procedures that avoid significant epidermal or dermal injury, along with lasers that have limited absorption by epidermal melanin, has contributed greatly to this rise in cosmetic procedures in patients with skin of color.

These changes have been long in the making. Until recently, the scope of most publications and educational forums pertaining to cosmetic dermatology was limited to the use of cosmetic procedures and therapies in patients with Fitzpatrick skin types I to III. The aesthetic concerns of nonwhite populations or the nuances of addressing them were rarely considered. Moreover, due to safety concerns clinical trials investigating the safety and efficacy of cosmetic procedures often excluded subjects with Fitzpatrick skin types IV to VI, providing much needed data on the safety and efficacy of these treatments in darker skin types. Lastly, a number of university-affiliated departments of dermatology in the United States have developed centers for research specializing in skin of color.

Due to these advances, dermatologists are now able to offer a wider range of therapeutic options to address the specific cosmetic concerns of patients with skin of color. Considerable progress has been made; however, many challenges and unmet needs remain, particularly in the treatment of pigmentary disorders. Moreover, the need to take special precautions to minimize the risks for dyspigmentation and keloid scarring following cosmetic procedures remains paramount, even when products and devices marketed as being safe for all skin types are used. It is my hope that dermatologists continue to build upon the aforementioned advances with more research and published clinical experience in this area so that we can safely and effectively manage the cosmetic dermatologic needs of patients of all skin types and ethnic backgrounds.

The July and August issues of Cosmetic Dermatology® include a 2-part review article on common cosmetic concerns and treatment in patients with skin of color. I hope that this review will be useful for dermatologists’ practices and allow them to be better equipped to answer the next patient that asks, “Can we use this treatment safely on my skin?”

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