Avoiding Dyschromia Is Goal in Treating Dark Skin

BY DAMIAN McNAMARA
Miami Bureau

MIAMI BEACH — Prevention is the best therapy for patients of color regarding dermatologic procedures with a potential to cause postinflammatory hyperpigmentation changes, according to a presentation at the annual Masters of Pediatrics conference sponsored by the University of Miami.

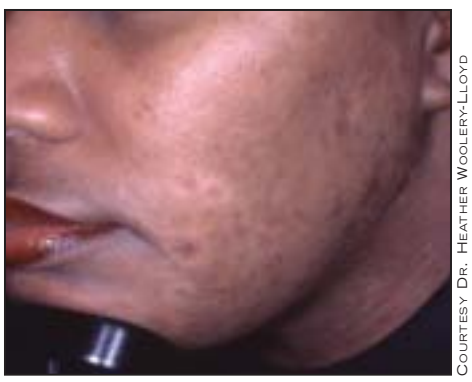
"There are unique diseases and treatments to consider in children with skin of color. Understanding these differences is essential when treating our patients," said Dr. Heather Woolery-Lloyd, director of ethnic skin care, department of dermatology and cutaneous surgery, University of Miami.

Acne and atopic dermatitis put some patients with skin of color at an increased risk for hyperpigmentation. These changes can be very cosmetically disconcerting. For example, patients are most concerned with pigmentation and not the acne itself when they have acne hyperpigmented macules, Dr. Woolery-Lloyd said.

Retinoids are recommended for patients younger than 16 years of age because they can improve both acne and pigmentation, Dr. Woolery-Lloyd said. Other therapeutic options include azelaic acid 15% gel or 20% cream. In addition, she recommended a moisturizer containing sunscreen and soy. The soy is beneficial because it inhibits melanogenesis, although it works slowly, she said.

For patients 16 years and older with acne and dyschromia, Dr. Woolery-Lloyd recommends hydroquinone applied only as needed to affected areas. Hydroquinone comes in different formulations, including 2% available over the counter, 4% available by prescription, and 6%-8% strengths prepared by a compounding pharmacy. Avoid continuous, long-term use, she advised.

Treatment of acne with hydroquinone can also cause dyschromia in patients of color. Advise patients not to rub hydroquinone in with their fingertips, Dr. Woolery-Lloyd said, to avoid a hypopigmented area around the acne lesion known as a "hydroquinone halo." She suggested instead using a cotton-tipped applicator to spot treat facial lesions. Apply the agent to dark spots first and then apply a retinoid to the entire face.



Courtesy Dr. Heather Woolery-Lloyd

The "hydroquinone halo" around the treated area is due to over application.

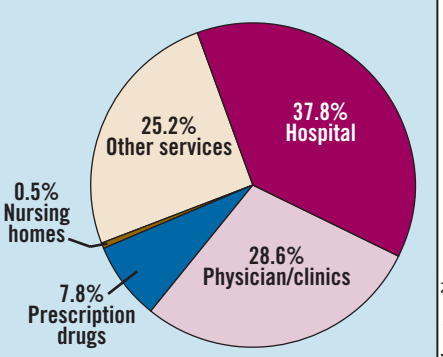
Postinflammatory hyperpigmentation can also be a challenge to treat in patients of color with atopic dermatitis, Dr. Woolery-Lloyd said. She suggested aggressive treatment to prevent permanent pigment changes. "Emphasize this to parents to improve compliance." Prevention is particularly important because bleaching agents can irritate patients with atopic dermatitis.

Another tip is to educate patients about the expected duration of pigment changes. Remember that postinflammatory hyperpigmentation can take an average of 4 months to clear, Dr. Woolery-Lloyd said.

She had no relevant conflicts of interest to disclose. ■

DATA WATCH

Personal Health Care Spending for Children



Note: Numbers do not add up to 100 because of rounding.
Source: 2004 data, Health Affairs 2007

Elsevier Global Medical News