

# The MASK OF MELASMA

By: Karen Simpson

What might be tan, brown, black or blue in color, irregular in shape and occurs symmetrically on the face? Melasma, also known as the “pregnancy mask,” makes its unwanted appearance on the cheeks, the upper lip, the nose or the forehead. It is sometimes mistaken initially for a suntan, but its symmetry makes it very easy to identify against other skin conditions. While it is also known as cholasma, it is more often called the “pregnancy mask” because it usually occurs during or after a pregnancy, primarily affecting women of childbearing age.

In simplest terms, melasma is a patch of skin in which the cells producing melanin (pigment) have gone wild, producing much more melanin than is necessary. Thus, a tan or brown darkening occurs in the affected area. Left untreated, it may go away on its own within a few months to a year, especially with cases derived during pregnancy.

While the cause of melasma is not known for sure, we do know agents that contribute significantly in its sudden appearance, including hormonal changes (as in pregnancy, the ingestion of oral contraceptives and even menopause), sun exposure and genetics. Women with darker skin types, such as Hispanics, Asians, Middle-Easterners, Indians and North Africans are most likely to get melasma, while lighter skin types are less susceptible. Dark-skinned males can get melasma, but only 10 percent of the cases of melasma occur in men.

Before treating to minimize the appearance of melasma, it is important to understand the culprits that make it worse. The sun is the biggest offender. Any degree of sun exposure makes it worse! It is imperative that sunscreen with an SPF of at least 20 be worn at all times, all year round. While it does not usually occur on the other parts of the body, occasionally it can occur on the arm. Therefore, applications of sunscreen on the face, neck and arms are important, and it should be reapplied every two hours when exposed to the sunlight—even if the exposure is from riding in a car. Sometimes, without sun exposure, the patches will fade on their own in the winter months.



Continued hormone therapy can also exacerbate the condition. It is important to discuss any changes to medications, including oral contraceptive and hormone therapy, with your physician first. Do not make these changes on your own.

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The good news is that the effects and appearance of melasma can be minimized—in other words, it can fade. There is an arsenal of effective tools to combat the condition that includes skin bleaching agents, Vitamin A creams, peels, microdermabrasion, laser therapy, and photo-laser therapy. Bleaching can be a slow process, depending on the severity of the pigmentation, but it can be very effective and safe. Over-the-counter bleaching agents can be useful, but prescriptive levels of hydroquinone and Vitamin A therapy are often more effective and are usually prescribed in a skin-bleaching therapy regime. It is important to note that whatever therapy you choose, you should be under the care of a knowledgeable, experienced and licensed professional, whether physician or medical esthetician (under the direction of a physician). While there is not a cure for melasma, this condition can be brought under control with the right therapy, maintenance and patience. 🌊

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