Objectives

- Objective 1: Analyze different diagnostic clues to facial hyperpigmentation
- Objective 2: Recognize key characteristics of unique causes of facial hyperpigmentation
- Objective 3: Manage facial hyperpigmentation using safe and effective treatments

Facial Hyperpigmentation Overview

“Pearls” to be discussed in the lecture

- **Melasma**
  - Mostly affects adult women of Hispanic and Asian descent
  - Unknown etiology with genetic, hormonal and ultraviolet contributions

- **Post-inflammatory hyperpigmentation**
  - History of inflammation
  - Melanocytes’ response to cutaneous insult
  - Triggers increased production and/or redistribution of melanin
  - Epidermal: increased melanin production and/or transfer to keratinocytes
  - Dermal: damaged basement membrane allows melanin to enter, phagocytosed by melanophages
  - Can resolve spontaneously (months-years)

- **Exogenous ochronosis**
  - Paradoxical hyperpigmentation secondary to overuse of hydroquinone
  - Sooty, caviar like tiny papules with reddish hue over the zygoma
  - Curved ochre-colored structures, 'banana-shaped' fibers

- **Ephelides/lentigines**
  - Occur less in skin of color populations
  - Ephelides, freckles: 1-3mm, Fade over time, No propensity to malignant transformation
  - Lentigines: 3mm-2cm. Incidence increases with advancing age

- **Acquired Bilateral Nevus of Ota-like Macules**
  - East Asians, primarily Chinese and Japanese women
  - 20 to 70 years of age
  - Blue-gray to gray-brown macules
  - Dermal melanocytic hyperplasia
  - The eye and oral mucosa are not involved

- **Dermatosis papulosa nigra**
  - Common manifestation of small dark brown papules diagnosed primarily in African-American, Afro-Caribbean, and sub-Saharan African blacks

- **Acanthosis Nigricans**
  - Symmetric distribution of hyperpigmented, velvety plaques
History of diabetes and/or obesity

- Maturational Dyschromia
  - Darkening of facial skin tone or a general uneven tone
  - Diffuse ill-defined hyperpigmentation that generally occurs on the lateral forehead and cheekbones
  - A potential form of sun damage and aging in darker skin

- Lichen Planus Pigmentosus
  - Uncommon variant of lichen planus
  - Favors skin phototypes III-V
  - Young to middle-aged adults
  - India, Latin America, and the Middle East
  - Oval or irregularly shaped grey-brown to brown macules and patches in sun-exposed areas
  - Unknown etiology but UV light and photosensitizers may play a pathogenic role

Further Reading

- Kundu, RV, Vashi, NA. Approach to the patient with cutaneous hyperpigmentation. In UpToDate, Basow, DS (Ed), UpToDate, Waltham, MA, 2014.