Uncommon Causes of Facial Pigmentation

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Disclosure of relationships with industry

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F053 Unmasking Facial Pigmentation

- Consultant- Pfizer
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- Board of directors and stockholder- Clarify Medical
Common Causes of Facial Hyperpigmentation

- Post-inflammatory hyperpigmentation
- Lentigines
- Melasma
- Periorbital dark circles
- Drug-induced hyperpigmentation
- Acanthosis nigricans
- Lichen planus pigmentosus
- Maturational hyperpigmentation
- Pigmentary dermarcation lines
Diagnosis of Facial Hyperpigmentation

- Distribution
- Arrangement
- Primary lesions
- Secondary lesions
- Palpation
- Dermoscopy
- Woods lamp exam
- Biopsy
Uncomon Causes of Facial Pigmentation

- Actinic lichen planus
- Addison’s disease
- Argyria
- Chikungunya
- Dermatomyositis
- Hemochromatosis
- Lupus erythematosus
- Riehl’s melanosis
Treatment of LPP

- Less effective than treatment of lichen planus
- Recalcitrant to treatment and persistent
- 1st line – topical corticosteroids, calcineurin inhibitors and photoprotection
  - A recent open-label, nonrandomized, prospective study of topical tacrolimus 0.03% applied twice daily for 6 to 12 weeks reported a 53.8% lightening of pigmentation after treatment in 13 patients.
  - IN EDP, HQ/tretinoin is ineffective
- Anecdotal evidence of efficacy:
  - Large doses of vitamin A
  - Dapsone
Treatment of EDP in Korea

• Retrospective review of 68 patients, ages 3-76 (mean age 34)
• Erythematous borders in 18%, itching in 16%
• Only 1 patient cleared completely
• Treatment
  – Topical steroids in 43%
  – Triple combination cream (fluocinolone acetonide 0.01%, hydroquinone 4%, tretinoin 0.05%) in 21%

• Treatment (continued)
  – Topical hydroquinone in 18%
  – Topical calcineurin inhibitor in 15%
  – Topical tretinoin in 7%
  – Dapsone in 6%
  – Minocycline in 4%
  – Tranexamic acid in 4%
  – Clofazamine in 3%
  – Pentoxyfylline in 3%

Treatment of LPP in Kuwait

- Retrospective review of 33 patients
- 20 (61%) had hepatitis C infection
- 7/13 treated with tacrolimus 0.03% ointment twice daily for 16 weeks improved
  - Excellent in 4
  - Good in 3
- 2 with HCV cleared after 1 year of antiviral therapy

Al-Mutairi N, JEADV 2010, 24, 535–540
Treatment of LPP in India

- Retrospective review of 76 patients
- Mean age 38 years
- 8 treated with mid-potency topical corticosteroids or calcineurin inhibitors
- Only 3/8 had satisfactory response after 6-18 months of therapy

Mahajan R, Kumaran MS, Parsad D, Pigment International, 2014; 1:2
Treatment of LPP with Clofazimine in Mexico

- 4 patients treated with clofazimine 100 mg/day X 3 months
- 2 with complete clearing and 2 with marked improvement
- Orange discoloration in all patients
- Disappeared after treatment was stopped
- Likely works by inhibiting inflammation

Treatment of One Case of EDP with Dapsone in Turkey

- 16 year old male with EDP for 1 year
- Dapsone 100 mg per day caused almost complete clearing in 3 months
- Two additional cases from Greece showed similar clearing after 2-3 months (Kontochristopolus G, et al, 1998;37:796-8)

Low-dose Isotretinoin for LPP

- 32 patients with LPP, age 20-62
- 85% had active disease and pruritus
- Treated with isotretinoin 20 mg/day for 6 months
- Moderate (26-50%) improvement in 56%
- Good (>50%) improvement in 22%
- Mild (<25%) improvement in 6%
- Disease stabilized in 4-6 weeks
- Better results with shorter duration of disease

Knowledge Gaps

- Classification
- Prevalence
- Demographics
- Etiology
- Natural evolution
- Triggering factors

- Associated diseases
- Geographic variation
- Diagnostic criteria
  - Clinical
  - Histologic
- Treatment
Summary

- Ashy dermatosis, EDP, LPP and IEMP have some distinct features
- All have some overlap in clinical and histopathologic exam
- Etiology is unknown in most cases
- Treatment is prolonged and difficult
- Topical and oral anti-inflammatory agents as well as isotretinoin appear to be helpful
- More research is needed