Medium depth peels for melasma:

1) Exceptional indication - refractory melasma.
2) Test spot important to evaluate individual response.
3) Medium depth peels to melasma patches only. Superficial peel full face.
4) Modified Jessner’s Solution (MJS): Less PIH, better performance when associated with TCA
5) MJS: Lactic acid 17% Salicylic acid 17% Citric acid 8%, pH 1.7 – application with Jessner’s brush
6) Skin preparation with 4% HQ for at least 1 month.
7) 35% TCA only in low phototypes (I-II). 15-25% TCA for phototypes III-IV.
8) Medium-depth peels not recommended for phototypes V-VI.
9) Combination with TCA<35% is not a medium depth peel (by the book), but certainly stronger than usual superficial peels.
10) Adjuvant medications: Tranexamic acid (PO and Topical), a game changer.
11) Recurrences are expected.

References


LASERS for melasma:

1) Pigment lasers: Q-Switched most studied. 1064nm is the wavelength to go.
2) Safe for all skin types if low-fluency (<3J/cm2), large spot size (6-8mm).
3) 50ns (old), 5ns (standard) 0.5ns (new, aka PICO).
4) Combination therapy: microdermabrasion to remove corneal layer “wall”.
5) Maybe also association with Microneedling drug-delivery for best results.
6) Chemical treatment still the standard (topical, now oral too).
7) Industry vs evidence-based decision. Wait for more data before jumping to Pico.

Main References:


Optimizing Q-switched lasers for melasma and acquired dermal melanoses.
Aurangabadkar S J1.


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Laser toning for melasma: A single-centre experience with 38 970 cases.
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