

# SPRING DERMATOLOGY & SKIN CARE EXPO CONFERENCE

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## *Renata Indelicato Zac*

*Minas Gerais' Military Hospital, Brazil*

### **How to clinically treat melasma?**

**M**elasma is a chronic acquired hypermelanosis of the skin, characterized by irregular brown macules symmetrically distributed on sun-exposed areas of the body, particularly on the face. It is a common cause of demand for dermatological care that affects mainly women and more pigmented phenotypes (Fitzpatrick skin types III-V). There are some known triggering factors such as sun exposure, pregnancy, sexual hormones, inflammatory processes of the skin, use of cosmetics, steroids, and photosensitizing drugs. The main scope of therapy of melasma is protection from sunlight and depigmentation. Pigment reduction is achieved by using chemicals that interfere with various steps of the melanogenesis pathways via: (i) the retardation of proliferation of melanocytes; (ii) the inhibition of melanosome formation and melanin synthesis; and (iii)

the enhancement of melanosome degradation. First-line therapy usually consists of topical compounds that affect the melanin synthesis pathway, broad-spectrum photoprotection, and camouflage. Chemical peels are often added in second-line therapy. Laser and light therapies represent potentially promising options for patients who are refractory to other modalities, but also carry a significant risk of worsening the disease.

#### **Speaker Biography**

Renata Indelicato Zac is a Brazilian dermatologist and has her expertise in clinical and cosmetic dermatology and is pursuing her Master's degree in Health Science. She is the Director of Clinica Attento, Belo Horizonte, MG, Brazil, and Mentor in dermatology training at Minas Gerais' Military Hospital.

e: [renatazac@hotmail.com](mailto:renatazac@hotmail.com)



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