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Just see me: Pigmentation solutions for higher fitzpatrick skin types

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Hyperpigmentation generally presents as a hypermelanosis on the face of predominantly females. These dark patches and spots of hyperpigmentation can be a disfiguring cosmetic and emotional problem. Pigmentary disorders rank among the top five most common skin complaints in several ethnic groups, including blacks, Arabs, and South Asians. The male population is affected as well. The exact cause is unknown but thought to be strongly influenced by exposure to UV radiation, pregnancy, hormonal therapies, phototoxic drugs, anti-seizure medication and genetic predisposition. The skin of colour population is more prone to encounter this challenging disorder. Reviewing the science related to the complex process of melanogenesis in skin of colour will determine the different types of pigmentary lesions. It is important to reveal the trigger mechanisms including the cultural practices and beliefs. Many times these can impact the outcome of a treatment. Published studies have summarized the best practices based on current research findings. The clinical presentation of epidermal hypermelanosis, with the use of a woods lamp, shows the pigment is intensified. In the superficial dermis and mid dermis the pigment is subdued. If a mixed component, both epidermal and dermal types, in the woods lamp, the light is absorbed by increased melanin. In the hierarchy of therapies, the treating physician must consider the pigment imperfections within the realm of benefits and risks associated with each treatment.

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