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Other hyperpigmented lesions non-melasma and frequent hypopigmented lesions


Hyperpigmentation disorders usually become from increase of the production of melanin or from increase of the density of the melanocyte dyschromicum erythema perstans, or ashy dermatosis, is a rare chronic acquired skin disease characterized by gray hyperpigmented patches with erythematous borders. Its etiology is unknown and there is no specific treatment for the condition. Drug induced hyperpigmentation is caused by several substances: chemotherapeutic agents, metals, amiodarone, clofazimine, hydroquinone, minocycline, psoralens and others. In most of cases, the pigmentation is solved discontinuing the drug. Post inflammatory hyperpigmentation appears after a cutaneous injury. UV radiation can make the lesion worse. In flagellate dermatitis, we can observe linear macules hyperpigmented on chest and back, mainly and it appears after using bleomycin; reversible discontinuing the drug. Vitiligo is an idiopathic disorder characterized by dyspigmented stains and available melanocytes are not found in the skin. Many treatments are reported as UVB narrow band, PUVA, corticosteroids, topical immunosuppressants, surgical therapies, micropigmentation and lasers. Macular Progressive Hypomelanosis is very common, mainly in young woman. It's characterized by hypopigmented macules on chest and

abdomen, rounded, assintomatica. Prurido is not observed, as well desquamation. This can be treated with benzoyl peroxide 5% and UVA radiation. Pityriasis versicolor is an infectious disorder caused by *Malassezia sp*, a round hypomelanotic macule appears with desquamation, usually bilateral, on chest and shoulders or sometimes on abdomen. Hypomelanotic mycosis fungoides is an early stage of the disease. More common in higher phototypes, 30-40 years old, the lesions occur in torso and extremities and can be itchy. Hypomelanotic macules can be found in leprosy and they use to be small, multiples and not clearly. The lesions are common on face, extremities and gluteal region. Hyposensitivity and anhidrosis is possible. Halo nevus is frequent in child and young people. It's characterized by a central pigmented nevus and a round amelanotic macule. Asymptomatic, more common on back.

Speaker Biography

Rodrigo Amaral is a Brazilian dermatologist and is expertise in Surgical and Cosmetic Dermatology. He is pursuing his Master's degree in Health Science. He is the Director of Clínica Dermis, Rio de Janeiro/RJ, Brazil and a Trainer in fillers and toxin botulinum procedures.

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