Primary Care of Adult Women

Common Dermatologic Conditions

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KEYWORDS

• Skin disease • Skin cancer • Pigmentation disorders • Alopecia • Acne • Rosacea

KEY POINTS

- Melasma is a disorder of skin pigmentation. Vitiligo is an autoimmune condition leading to skin depigmentation.
- Rosacea is a chronic, inflammatory condition of the eyes and face and can be managed with trigger-avoidance and pharmacologic therapies. Acne presents with inflammatory papules, nodules, cysts and comedones.
- Alopecia is a common condition with multiple etiologies that may be primarily cutaneous, or involve systemic disease. This can be elucidated using a careful history and physical examination.
- Nonmelanoma skin cancers (NMSCs) occur in sun-exposed areas on fair-skinned. Melanoma is a malignant melanocytic tumor that may occur in sun-exposed and sun-protected areas.
- Eczema or dermatitis is an inflammatory skin condition. Lichen sclerosus is an inflammatory disease that presents with pruritus, and can result in scarring.

MELASMA

Epidemiology

Melasma is a disorder of skin pigmentation that affects nearly 5 million people in the United States with 90% of cases occurring in women.[1] It predominately affects premenopausal women with medium to darker skin tones.[2] In 1 study of Latino women in Texas, 8.8% of women reported a current self-diagnosis of melasma and an additional 4% reported a previous self-diagnosis of melasma.[3] Although the underlying pathogenesis of melasma has not yet been elucidated, it has been associated with sun exposure, family

Conflicts of Interest: None.

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history, pregnancy, and oral contraceptive pill use.[4] In addition, there may be an association between melasma and thyroid abnormalities, particularly in women who develop the condition during pregnancy or with oral contraceptive pill use.[5]

Presentation

- Melasma is usually asymptomatic.
- Patients often seek medical attention owing to cosmetic concerns.
- Melasma typically presents as symmetric, hyperpigmented macules and patches on the face and usually has well-demarcated borders (**Fig. 1**).
- A centrofacial distribution involving the forehead, cheeks, nose upper lip, and chin is most common. However, melasma may also present in a malar pattern (cheeks and nose) or a mandibular pattern.
- The areas of pigmentation appear over several weeks to months, and almost always in the setting of sun exposure.

Diagnosis

- Diagnosis of melasma is usually based on clinical examination and history.
- Other diagnoses that may present similarly should be explored via a careful history and physical examination:
  - Postinflammatory hyperpigmentation: The patient will have history of preceding dermatitis or alternative dermatologic condition that was present in the affected areas.
  - Drug-induced pigmentation: The patient will have history of recent drug exposure with a known causative agent (eg, antipsychotics, anticonvulsants, amiodarone, minocycline).
  - Solar lentigines ("sun spots"): Common lesions usually involve both face and other sun-exposed areas and occur usually in 50 to 60-year-olds.
  - Ephelides ("freckles"): These lesions usually appear as smaller brown discrete macules. They often occur early in life or with sun exposure and fade over time.[5]
- Laboratory tests or procedures are often unnecessary. Occasionally, a skin biopsy may be helpful for diagnosis.

Treatment

- All patients with melasma should practice rigorous sun protective measures including daily application and reapplication of SPF 50+ sunscreen with physical block, hat wearing, and sun avoidance measures.

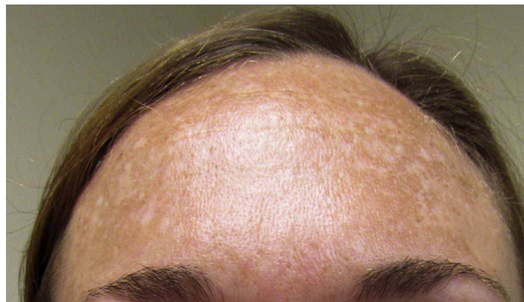

Fig. 1. Melasma: well-defined, coalescent, hyperpigmented macules and patches diffusely distributed on the forehead.

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