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## **Pigmentary Problems and Intense Pulsed Light Treatment**

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Nelasma is a frequent reason of dermatological consultation, especially due to the aesthetic prejudice associated to this pigmentary disorder.

Melasma is an acquired hypermelanosis of the face that slowly and symmetrically develops with brown to darkbrown macules. Hypermelanosis can be epidermal or dermal, however mixed forms occurs more frequently. Consequently, different reactions to the treatment may also be observed on the same patient, depending of the treated area. The best therapeutic results are obtained on epidermal hypermelanosis.

The melasma reference treatment is directed, in the first place, to depigmenting agents for topical use. A

rigorous photo-protection must be combined with all kinds of treatments.

Treating melasmas resistant to topical depigmenting therapy with pulsed light can be interesting. Despite the risk of post-inflammatory hyperpigmentation (PIH) is always impending, several medical staff, prevalently Asians, have used this method successfully.

Improvements are noticed after one session, especially in cases of epidermal hypermelanosis. At a later stage, a secondary repigmentation is fairly frequent although intensity lowers compared to the initial one.

Repeated pulsed light sessions combined with a topic depigmentation treatment and a rigid sunscreen allows delivering excellent results for patients.



**Figure 1.** Phototype III, 39 year old woman with melasma that manifests small spots all over the cheeks (**A**). Resistant to depigmenting topic treatment. The treatment was repeated twice with a one-month interval. The treatment was performed using an FT pulsed light with 520 nm filter, 14 J energy and 2-pulses emission with Ton: 5 ms and Toff: 5 ms (**B**). Maintenance treatment consists in one session during winter to correct summer repigmentation.





**Figure 2.** Phototype III, 27 year old woman with a 3-year evolution melasma manifested on the front (**A**). Resistant to depigmenting topic treatment. The treatment was performed using an FT pulsed light with 520 nm filter, 14.5 J energy and 2-pulses emission with Ton: 4 ms and Toff: 5 ms. Good results have been achieved already after 6 days of treatment (**B**). Partial repigmentation after 30 days (**C**). The patient was satisfied and two additional sessions have been programmed to reduce pigmentation.

Pulsed light treatment is an excellent indication for actinic or solar lentigo involving face and delicate regions that are normally exposed to sun rays, such as neck, décolleté and back of the hands.

Thanks to the multi-pulsed emission mode and efficacy of the skin cooling integrated in the DEKA FT handpiece, pigmentation can be considerably reduced on an average of 2 sessions. Excellent results are obtained on dark spots that mostly absorb the light emitted from the handpiece source.





**Figure 3.** Phototype III, 59 year old woman with helioderm with several actinic spots on the back of the hands (**A**). The treatment was repeated twice with a one-month interval. The treatment was performed using an FT pulsed light with 520 nm filter, 15 J energy and 2-pulses emission with Ton: 4 ms and Toff: 5 ms (**B**).



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