



PIGMENTATION

COMPARISON OF COMBINED ORAL TRANEXAMIC ACID AND TOPICAL HYDROQUINONE 2% TREATMENT VS. TOPICAL HYDROQUINONE 2% ALONE IN MELASMA

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Background: Melasma is a global melanogenesis dysfunction derived from hypermelanosis of the skin due to various underlying risk factors. Adjunctive therapies such as tranexamic acid (TXA) can enhance the therapeutic effect of standard treatments like hydroquinone (HQ) 2% cream.

Objective: This study aimed to assess and compare the clinical efficacy and safety of oral TXA plus HQ vs. HQ alone in melasma treatment.

Materials and Methods: This clinical trial was performed on 30 women suffering from melasma and who were seen in dermatological consultation between September 2017 and March 2018. Patients aged lower than 18 years, women with contraindications to oral TXA and those with history of treating melasma within 6 months prior to the study were all excluded. The patients were then randomly assigned to two groups: group A received oral TXA 250mg twice a day plus HQ 2% cream nightly for 3 months and group B received hydroquinone 2%. After 12 weeks of treatment, the intensity of melasma were assessed based on the Melasma Area and Severity Index (MASI) scoring method. Relapse was also assessed.

Results: The MASI score in both treatment groups decreased considerably after completion of treatment and side effect occurrence was also similar. Regarding the level of patient satisfaction, the patients in group A had a significantly higher level. However, the relapse rate was not significantly different (30% for group A vs. 26% for group B).

Conclusion: Oral TXA can enhance the efficacy of hydroquinone 2% cream in melasma treatment, but the high incidence of relapse suggests that treatment effects may be temporary, warranting more investigation.

