



PIGMENTATION

FACIAL HYPERMELANOSSES AMONG MALES: A CLINICO-EPIDEMIOLOGICAL STUDY.

M Gupta⁽¹⁾

Indian Association Of Dermatology, Venereology And Leprology (iadvl), Treatwell Skin Centre, Jammu⁽¹⁾

Introduction: Facial hypermelanosis is a significant cause of cosmetic disfigurement, social embarrassment and psychological morbidity affecting quality of life.

Objective: To study clinicoepidemologic patterns of facial hypermelanoses among men.

Material and Methods: Medical records of all adult males presenting with facial hypermelanoses were analyzed for this retrospective cross sectional study for demographic details, duration, cosmetic usage, sun exposure, drug intake, infections, systemic or cutaneous diseases, and family history of hypermelanotic dermatosis. Laboratory investigations and skin biopsy were performed when deemed necessary.

Results: These were 300 Indian men aged 18 to 74 (Mean 37.35) years with majority, 121(40.3%) individuals aged 31-50 years. Various patterns of melasma in 230(76.7%) patients were the major cause of facial hypermelanosis. Periorbital hypermelanoses in 32(10.7%), freckles and lentigens in 26(8.7%), acanthosis nigricans in 12(4%) and lichen planus pigmentosus in 10(3.3%), pigmented cosmetic contact dermatitis in 7, and nevus of Ota in 6 persons were other causes of facial hypermelanosis in order of frequency. The 71(30.8%) patients with melasma had history of frequent sun exposure and 9(3.9%) patients had systemic comorbidities. Family history of periorbital melanosis in 7(21.8%), refractive errors in 7(21.8%), and personal or family history of atopy in 5(15.6%) patients, respectively, were observed in patients with periorbital hypermelanosis. Obesity in 9(75%) patients and diabetes mellitus in 4(33.3%) patients were common associations with acanthosis nigricans.

Conclusions: Melasma, periorbital hypermelanosis, acanthosis nigricans and lichen planus pigmentosus remain the predominant causes for facial hypermelanoses among men.

