



PIGMENTATION

INTRALESIONAL TRANEXAMIC ACID IN MELASMA: A ROAD AHEAD

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INTRODUCTION: Treatment of melasma is exigent due to progressive nature of the disease and its propensity to recur. Multiple modalities of treatment including topical depigmenting agents, chemical peels and laser therapy are being practiced though none of them have been proven to be superior in terms of safety and efficacy.

OBJECTIVE: To compare the efficacy and safety of intralesional Tranexamic acid(TXA) with topical Kligman's regimen in the treatment of facial melasma.

MATERIALS AND METHODS: The study subjects were randomised into group A (n=29) and group B (n=30). Subjects in group A received intradermal injection of TXA 4 mg/mL of 0.05mL at 1 cm interval every 2 weeks for 12 weeks or till complete clearance while subjects in group B received topical Kligman's regimen (0.05% tretinoin, 4% hydroquinone, 0.01% flucinolone acetonide) daily for 12 weeks or till complete clearance whichever was earlier. Patients were evaluated at baseline, week 4, 8 and 12 using modified melasma area severity index (mMASI) scoring.

RESULTS: On Intragroup comparison fall in mean mMASI scores were statistically significant at 4th, 8th and 12th week for both groups A and B (p <0.05). On inter-group comparison, there was no significant difference in mMASI score of baseline, 4th and 8th week between group A and B (p > 0.05) except at 12th week better efficacy (p=0.005) was observed in group B. No major adverse effects were observed with intralesional TXA except for transient pain and burning sensation during the procedure; whereas 60% of patients developed adverse effects including erythema, hypopigmentation, telangiectasias and burning sensation.

CONCLUSIONS: Intralesional TXA appears to be safe and promising treatment modality for melasma. Keeping in view the adverse effects of kilgman's regimen especially on long term use, intralesional Tranexamic acid with its minimal side effect profile can be a good alternative for therapy of melasma.





