



PIGMENTATION

REVIEW OF CURRENT PRACTICE TO ASSESS THE ADDITION OF ORAL TRANEXAMIC ACID TO THE MELASMA TREATMENT LADDER

D Millette⁽¹⁾ - A Leong⁽²⁾ - M Verma⁽³⁾ - Z Sawafta⁽²⁾ - J Yoo⁽⁴⁾

St Helens & Knowsley Teaching Hospitals Nhs Trust, Core Medical Trainee, Nephrology Department, Douglas, Isle Of Man⁽¹⁾ - University Hospitals Birmingham, Core Medical Trainee, Dermatology Department, Birmingham, United Kingdom⁽²⁾ - Harrogate District And Leeds Hospitals, Dermatology Registrar, Dermatology Department, Leeds, United Kingdom⁽³⁾ - University Hospitals Birmingham, Consultant Dermatologist, Dermatology Department, Birmingham, United Kingdom⁽⁴⁾

Introduction: Melasma is a chronic relapsing hyperpigmentary skin disorder, associated with ultraviolet exposure and hormones. The management of melasma can be challenging due to its refractory nature and limited treatments available in the National Health Service in the U.K. The present standard of care for melasma is triple combination cream (hydroquinone/tretinoin/topical steroid). In the past decade, oral tranexamic acid (TA) has been increasingly used in the U.S.A and Asia-Pacific with satisfactory outcomes in refractory melasma. However, oral TA is not routinely used in the U.K and our recent national U.K dermatologist survey showed heterogeneous treatment pattern with only 10% of respondents having had experiences of using oral TA.

Objective: This study aims to understand current practice in the management of melasma to identify areas for improvement and to consider addition of oral TA to the treatment ladder.

Materials and Methods: We conducted a single-centre retrospective study of patients who have been diagnosed with melasma and have been prescribed triple combination cream between 2013 and 2018 at University Hospitals Birmingham, U.K. Data on patient's demographics, number of clinic visits, treatments and suitability for oral TA were reviewed from the patient's record.

Results: We reviewed data on 70 patients (median age=43 years old, M:F=1:20). The average number of dermatology outpatient visits was 10 and most of the patients had refractory melasma despite having an average of three different topical treatments. After careful screening, we have identified that over 75% of patients would be eligible for oral TA.

Conclusion: Patients often require multiple therapies and dermatology outpatient visits. Despite multiple visits and treatments, most patients continue to have refractory disease.





This subset of patients may benefit from treatment with oral TA which may be more cost-effective and achieve better clinical outcomes in refractory melasma

