



PIGMENTATION

ROLE OF INTRALESIONAL TRANEXAMIC ACID IN THE TREATMENT OF MELASMA IN INDIAN PATIENTS.

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Background: Melasma is one of the most common causes of facial hyperpigmentation which causes cosmetic disfigurement and leads to psychological impact. Although various treatments are available for melasma, it remains a difficult condition to treat.

Objectives: To evaluate the role of intralesional tranexamic acid as an adjuvant therapy with standard topical depigmenting agent (4% Hydroquinone) in melasma .

Materials and methods: This prospective open-labelled comparative study included 30 patients with epidermal and mixed melasma, both male and female who were divided equally into two groups. Both the groups received sunscreen and 4% HQ once daily for 6 weeks. In one group intradermal tranexamic acid injection was given following proper aseptic measures, in the concentration of 4mg/ml, 0.05ml on each site on all the affected areas at 1 cm interval by using sterile insulin syringe, at weekly interval for 6 weeks. Follow-up was done at 12th week from starting treatment.

Results: Treatment outcome was measured by modified MASI score and photographic documentation at baseline, end of treatment period and 6 weeks after completion of treatment.

The group receiving intradermal tranexamic acid along with 4% hydroquinone showed significant improvement from baseline in modified MASI score than the other group at the end of treatment period and at 12th week follow-up (MMASI reduction from baseline : 48% vs 21.3% & 37.8% vs 12.5% respectively). It was further noticed that patients with mixed melasma responded better to addition of intradermal tranexamic acid injection to 4% HQ than the patients with epidermal type of melasma.

Conclusion: Intradermal tranexamic acid can serve as an effective adjuvant treatment along with standard topical therapy of melasma. Long term follow-up will be helpful in evaluating the long term efficacy of this treatment.

