

13th Global Dermatologists Congress

July 23- 24, 2018 | Moscow, Russia



Bettina Rümmelein

Dr. Rümmelein AG – House of Skin & Laser Medicine, Switzerland

Optimizing melasma treatment

Introduction: In the author's clinic, clientele melasma treatment is of increasing importance not only due to more cases in general, but also due to severe cases. Because of aggressive marketing of cosmetic industry, 90% of the patients have tried more than two cosmeceuticals with bleaching capacity before consulting me. Almost 50% have undergone peeling treatments either by beauticians or doctors with no or only transient success. The goal of this retrospective study was to evaluate a treatment setting with long-lasting success of at least 50% melasma reduction in 100% in the patients of all skin types.

Materials & Methods: We followed up 134 female patients who had been treated in the years 2014 and 2015 for the purpose of melasma reduction. The follow-up was performed either personally or by telephonic interview. The question was how satisfied they were with the performed treatment series. Since January 2014, the treatment protocol consisted of five or 10 weekly treatments with a q-switched Nd:YAG laser 1064 nm, 8 mm spot, 1 J applied in a whipping technique with 5–6 passage until the patient feels slight warming of the skin. In addition, the patient applies each morning a sunscreen SPF 50 and every other night a topic bleaching cream with hydroquinone and tretinoin. In 18 cases, the ointment could only be used two times per week due to skin irritations.

Results: All patients reported a treatment success of at least 50% deduction of the hyperpigmentation, 89 patients reported more than 75% improvement. To the question of recurrence, 133 patients reported none or minimal relapse, one patient had a full relapse. There were no differences observed between patients of different skin type (skin type I: 0 patients, skin type II: 28 patients, skin type III: 81 patients, skin type IV: 8 patients, skin type V: 16 patients, skin type VI: 2 patients).



Figure 1: Melasma—typical sharp borders.

Recent Publications

1. Hexsel D, Lacerda D A, et al. (2014) Epidemiology of melasma in Brazilian patients: a multicenter study. *Int J Dermatol* 53(4):440–4.
2. T Passeron (2013) Melasma pathogenesis and influencing factors—an overview of the latest research. *JEADV* 27(1):5–6.
3. Mahmoud B H, Ruvolo E, et al. (2010) Impact of long-wavelength UVA and visible light on melanocompetent skin. *J. Invest. Dermatol* 130:2092–2097.
4. Ortonne J P, Arellano I, et al. (2009) A global survey of the role of ultraviolet radiation and hormonal influences in the development of melasma. *J Eur Acad Dermatol Venereol*. 23: 1254–1262.

13th Global Dermatologists Congress

July 23- 24, 2018 | Moscow, Russia

Biography

Bettina Rümmelein, after completing her Residency as a Dermatologist and Allergologist at the University Hospital Hamburg-Eppendorf, Germany, with internships at Stanford University, Palo Alto and the Mayo Clinic, Rochester, USA, worked for two years in a large group practice in Frankfurt. From 1998 to 2008, she ran her own private practice near Frankfurt. After moving to Switzerland, she worked at the University Hospital Zurich for eight years, where she directed the clinic for Aesthetic Dermatology and Laser Medicine for three years. Since April 2014, she dedicated herself exclusively to the work in her own clinic. She is licensed for laser treatments and accredited by the Laser Commission as a training center. Aesthetic and Laser Medicine have become her main topics of interest in recent years. Her clinic offers the full range of state-to-the-art laser devices that are used in dermatology. As President of the Swiss Society for Medical Laser Applications (SGML), she takes responsibility for the Swiss Laser Congress.

b.ruemmelein@dr-ruemmelein.ch