



PIGMENTATION

## COMPARISON BETWEEN PULSE IN PULSE INTENSE PULSED LIGHT AND 5% RETINOIC ACID PEELING FOR THE TREATMENT OF MELASMA

*Apds Manzoni<sup>(1)</sup> - J Nogueira<sup>(1)</sup> - K Rizzatti<sup>(1)</sup> - C Lipnarski<sup>(1)</sup> - Mb Weber<sup>(1)</sup> - Fk Lorenzini<sup>(1)</sup>*

*Federal University Of Health Science Of Porto Alegre, Department Of Dermatology, Porto Alegre, Brazil<sup>(1)</sup>*

Background: Melasma is a highly prevalent dermatosis with numerous therapeutic alternatives, nevertheless it tends to be therapeutically challenging because of its refractory and recurrent nature.

Objective: To compare Pulse in Pulse Intense Pulsed Light (PIP) and 5% Retinoic Acid Peeling (RAP) for the treatment of melasma using the Melasma Area and Severity Index (MASI) and the Melasma Quality of Life Scale (MelasQoL). The adverse effects of the methods were compared.

Materials and Methods: Patients received one PIP session on one hemiface, once a fortnight (total 6 sessions) and one RAP session on the other hemiface, once a month (total 3 sessions), for 3 months. MASI and MelasQoL were applied pre-treatment and 1 month after the final treatment session.

Results: Reductions in the MASI of about 33% in the hemiface with RAP ( $p = 0.001$ ) and of 35% in the hemiface with PIP ( $p = 0.012$ ), demonstrating significant improvement of melasma with both methods. There was no statistically significant difference between the two groups. Both methods were well tolerated by the patients, but there were more reports of adverse effects with RAP than with PIP. The two therapeutic methods provided a significant improvement in the quality of life of the studied patients.

Conclusions: Both PIP and RAP are effective for the treatment of melasma and enhance patient quality of life. There is no statistical difference between the methods regarding either the whitening of the lesion or the quality of life of the patients.

