

LETTERS TO THE EDITOR

TREATMENT OF MELASMA INNOVATING NEWER IDEAS

To the Editor

Melasma is a pattern of pigmentation seen mainly in women though in Asia it is frequently seen in men.¹ It is more prevalent in our country due to darker complexion (Type IV to VI)² and areas with increased U. V. radiation.² Treating this condition is a challenge and mainstay of it has always been hydroquinone containing creams.

Kligman and Willis noticed that efficacy of hydroquinone (5%) increased when used with tretinoin (0.1%) and dexamethasone (0.1%).³ Gano and Garcia used 2 % hydroquinone with 0.05% tretinoin and 0.1% betamethasone valerate.⁴ Pathak et al determined the ideal concentration of these to be hydroquinone (2%) and 0.1% to 0.05% retinoic acid.⁵

We do not have a cream in market containing hydroquinone, retinoic acid and steroid. Thus to make use of Kligmans knowledge in our own way we advised the patients to mix a small quantity of Melalite cream (hydroquinone 2%) with half amount of clobetasone butyrate (0.05) (a mild steroid) with same amount of 0.05%

transretinoic acid). These three are mixed in the palm and applied the first time being in front of the doctor. We have noticed that compared to hydroquinone alone the results are seen faster and also the complaints of itching / burning sensation have decreased .

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PROBABLE MECHANISM OF ACTION OF COLCHICINE IN MACULAR AND LICHEN AMYLOIDOSIS

To the Editor

It has been found that colchicine is reasonably effective in the treatment of macular and lichen amyloidosis if given for a sufficient length of time. But

how colchicine acts in primary localized cutaneous amyloidosis (PLCA) is still unknown. The mechanism of action of colchicine given for gout and various disorders