

PRESS RELEASE

52nd Congress of the Spanish Association of Dermatology and Venereology

Melasma and vitiligo

Shared evidence, clinical experience “worth a thousand uses of Chat GPT”

AEDV president Yolanda Gilaberte and Isabel Belinchón, member of the AEDV board, were the coordinators of the symposium ‘Latest advances in vitiligo and melasma’, an update of the latest findings and a look into the relationship between vitiligo and immune-mediated inflammatory dermatoses (IMID), diagnose criteria in dark-skin patients, treatment, together with the multidisciplinary project ‘Invitsibles’ for the holistic management of vitiligo in Spain. The exchange of the latest evidence, cases, and experience was labelled by participants as a more productive way to spend time than any possible use of Chat GPT, with valuable knowledge acquired in a matter of minutes throughout the session.

Jorge Ocampo, president of the World Congress of Dermatology (WCD) in Guadalajara (Mexico) 2027, started the session addressing the update on the pathophysiology of melasma, a chronic acquired condition most prevalent in women and coloured skin. Risk factors include sex, skin type, ethnicity, family history, hormone changes and environmental elements. Prevalence ranges from 9% to 30% and accounts for one fifth of dermatology consults.

MASI severity index, Wood’s lamp and confocal microscopy were discussed as valuable clinical and diagnostic support tools by Ocampo, who celebrated their contribution to the simplification of physicians’ workload.

The speaker went into the social and psychological impact of melasma, which is “considerable”, based on its higher prevalence among women and its consequences on appearance. In this regard, there is a validated scale to assess this dimension of the disease (MelaQoL), which is extensively used in all kinds of research, as he explained.

Differential diagnoses were referred to based on a recent article¹, being post-inflammatory hyperpigmentation the most prominent.

“Probably the most challenging aspect of melasma is understanding its pathogenesis. It is the result of a complex interaction among epidermal melanocytes and quite many other dermal cells exposed to UV radiation and influenced by hormonal and genetic components”, Ocampo said. A number of mediators of dermal inflammation play a part, too, together with the regulation of fibroblast activation (key cell type formerly ignored by the scientific community, he noted) and the increased melanogenesis. Signalling pathways involved include

WNT/beta-catenin, PI3K/AKT, cAMP/PKA and SCF/C-KIT, basically affected by sun exposure.

Senescent fibroblasts, mast cell-induced hypervascularisation (one of the most relevant manifestations), endothelial cells and sebocytes interact as shown in the consensus document.

Ocampo spent a few minutes reflecting on the key role of vascularisation, specifically the high expression of VEGF, FGF and IL-8. The impact of UVA and UVB is an add-on to this already complex scenario via its direct stimulation of melanogenesis.

Thyroid hormones (TSH) and anti-TPO antibodies have been documented to be higher in melasma patients, particularly in women.

Challenges ahead, in light of these considerations, would be the complexity of the condition itself (hence, difficult therapeutic choices), ethnic diversity, phototypes and unclear pathogenic pathways, “which go way beyond melanocytes and keratinocytes”, as explained by Ocampo.

“Please be prepared to join over 5,000 fellow dermatologists from around the globe in more than 600 scientific sessions in Guadalajara, we have been working to make everything ready for you already”, he ended.

‘What’s new in vitiligo therapies’ was the title of the speech offered by **Seemal Desai, from the University of Texas Southwestern Medical Center** in the U.S., aimed at exposing “hope in the horizon” with new things soon to come.

There is a quite large therapeutic armamentarium for vitiligo, from topical agents (steroids, vit D analogues, calcineurin inhibitors), depigmentation, to systemic tx, phototherapy, surgical treatment and psychological therapy.

“Mostly of what we do in the treatment of vitiligo is a multi-therapeutic approach, and even with the new therapies, none of them should be used on their own, combination is key to achieve therapeutic success”, he emphasised.

One of the most relevant messages to take home is that, no matter which one you choose, stabilise must be the first goal, the specialist insisted.

Unstable disease is problematic in the treatment area, too. Looking at four characteristics, which can only take two minutes, is an effective way of assessing it.

Depigmentation spreading more than 1% in a period of 6 to 8 weeks, trichrome, confetti patterns and fingertip involvement are clues of unstable disease. Even small areas, with some of these characteristics, are indicative of instability.

Stabilising can involve systemic steroids: oral mini-pulse therapy (OMP), dexamethasone (half dose in children less than 16 years of age and counsel patients on side effects).² Antioxidants like polypodium leucotomos and alpha lipoic

acid, especially in combination with phototherapy (NBUVB), vit E, vit C. The combination of these agents is aimed at that stability he first mentioned.

In the world of topical therapies, the discussing revolved around the 2024 consensus statement³ signed by experts around the world for the treatment of younger patients. “Not only think about area involvement, but introduce JAK inhibitors early even though we know FDA approval is for patients 12 years old and above”.

Off-label use is based on the revolution JAK-targeted therapies have entailed. “We are changing our recommendations to say that even if you do not see results in the first months, you should maintain treatment, because it has been observed substantial improvement in the long run”, he said. Many of the things we do require motivating the patient, educating in the importance of consistency, he added.

Desai shared his hope that new oral JAK inhibitors in the R&D pipeline as of today will get FDA approval in 2025 or 2026. Analysis on the efficacy and tolerability for oral upadacitinib were just completed in a phase III study, so were trials of povorcitinib and ritlecitinib (phase IIb).

“We have gone from having practically no options to expect three new oral therapies in just one year”, he said enthusiastically. Autologous skin cell transplantation is something Desai hopes “we keep talking about in our next meetings together”.

Mariel Isa Pimentel, from the Dominican Society of Dermatology, followed with specific considerations regarding the management of melasma and vitiligo in dark skin patients, not before pointing out that the morning spent at the meeting was worth notably more than any possible use of Chat GPT, “we are learning uncountable things by the minute”.

Dark skin has its own semiology, which influences the treatment as much as available therapeutic options in our country can do. The psychological impact is also bigger in dark skin patients, linked to a number of mental health issues, too.

Isa expressed her agreement with the need to stabilise, and in fact referred to the same consensus document in Desai’s dissertation.³ Her support for combined treatments was also in line with previous comments by the U.S. speaker. The treatment can be the same as those chosen for patients with other skin types, cautioning that responses can be substantially different and follow-ups will be key.

At the end of the speech, Yolanda Gilaberte caught everybody’s attention to warmly celebrate the appointment of Isa as an honorary member of AEDV.

The **president of the Mexican Academy of Dermatology, Gabriela Ortega Gutiérrez**, focused her speech on the use of chemical peels in melasma patients. She called melasma “every dermatologist’s headache”, and acknowledged it being a big concern for patients, whose quality of life can be substantially affected.

In times of scarce financial resources, chemical peels can be seen as an affordable alternative “with comparable outcomes to those of more expensive options such as laser”.

Ortega clarified that dermatologists are not mere applicators of chemical peels. Their role assessing the depth of exfoliation and successive steps to take is one that must not be undermined. “Reading the skin is the most important task to guarantee the best possible procedure”, she said.

Resorcinol calls for a carefully distributed peel, and in all cases the so-called ‘rule of 5’ applies, segmenting the procedures when big areas are affected, never exceeding 10% of body surface.

Patient selection is also of crucial importance. “Wasting time with your patient is never a waste of time”, she said. Patients must be properly educated to avoid a number of potential complications, often times caused by conducts which can be prevented (such as sun exposure).

In her clinical experience, chemical peels can also be used to treat acne scarring, again addressing the important issue of self-image and mental wellbeing.

Chemical peels without croton oil, which can cause heart alteration, can be easier procedures to be considered, as the presence of an anaesthesiologist would not be required.

Gilaberte approached Gabriela Ortega to offer her the honorary membership of the AEDV, marking the moment with warm applause.

Tamara Gracia Cazaña (Miguel Servet University Hospital, Zaragoza) and Ignasi Figueras Nart (University Hospital Bellvitge, Barcelona) were also speakers at the symposium, presenting an update in the treatment of melasma and the relation between vitiligo and IMID, respectively.

REFERENCES

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