MICRO LABS LIMITED

DERMA TODAY

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Dear Doctor,

Greetings from Micro Labs. We are happy to bring you "Derma Today" which contains latest and interesting news in the field of Dermatology.

This issue contains:

1. Glutathione Mesotherapy in Melasma.
2. Today's Pick: Morphea: Relapsing & remitting.

Should you require any article or, medical information, please feel free to contact us medicalservices@microlabs.in

Looking forward to your valuable feedback.

Best Regards,

Medical Team, Micro Labs Limited.

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Glutathione Mesotherapy in Melasma.

Background:

The role of glutathione in treatment of melasma is possibly due to its skin-lightening effect.

This is probably due to it's direct & indirect inhibition of the enzyme: tyrosinase and also switching from eumelanin to phaeomelanin production.

Glutathione is available in variable forms: oral, parenteral and topical.

Objective:

This study was undertaken to decipher the efficacy of mesotherapy with the use of glutathione and vitamin C in treating melasma.

Methods

In this study, forty patients of melasma were selected. The enrolled patients were aged between 20 & 50 years for the study.

Injection glutathione and vitamin C were administered at every visit by point to point technique with the help of a mesotherapy needle 26 which has a length of 4 mm.

These sessions were repeated after two weeks for initial two months and then every month for next two months.

There were a total of six sessions. Follow up was done for about six months after the sixth session. The MASI score was calculated in all the enrolled patients before the commencement of treatment and subsequently at each visit.

Results

After the completion of 12 weeks of treatment, a percentage reduction in MASI score was noted. This reduction was found to be 42.38% and it was 53.84% at 6 months.

Physician Global Assessment improved significantly after the completion of the sessions.

The commonest side effect noted after mesotherapy were pain, which was seen in 10% patients, erythema, which was seen in 5% patients. Oedema and multiple locules or abscesses : seen in 2.5% patients.

SR NO	AGE DISTRIBUTION	NUMBER	PERCENTAGE
1	20 - 30	14	35%
2	31 - 40	20	50%
3	41 - 50	6	15%
	TOTAL	40	100

Table I: Table showing age distribution of patients.

SR NO	SEX DISTRIBUTION	NUMBER	PERCENTAGE(%)
1	Females	36	90%
2	Males	4	10%
	Total	40	100

Table II: Table showing sex distribution of patients.

SR NO	PATTERN OF MELASMA	NUMBER	PERCENTAGE
1	CENTROFACIAL	6	15%
2	MALAR	16	40%
3	MIXED	18	45%
	TOTAL	40	100

Table III: Table showing pattern of melanosis.

SR NO	PARAMETERS	START	3 WEEKS	3 MONTHS	6 MONTHS
1	MASI	15.6± 3.8	10.5±1.7	7.2±4.3	7.2± 2.5
2	MEAN PGA	_	8.6± 4.2	4.3± 5.8	3.2± 2.7

Table IV: Table showing melasma parameters.

SR NO	SIDE EFFECTS	LASERS	GLYCOLIC ACID PEEL
1	PAIN	4	10%
2	ERYTHEMA	2	5%
3	OEDEMA	1	2.5%
4	MULTIPLE LOCULES OR ABSCESSES	1	2.5%

Table V: Table showing side effects of peels.

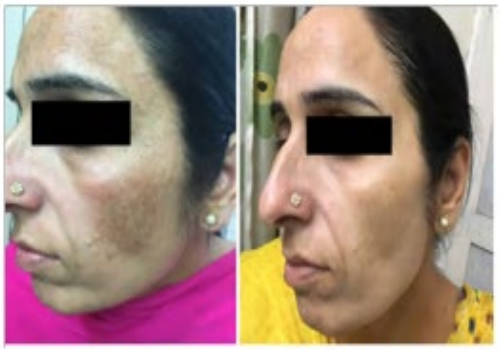

Figure 1a & 1b: Pre and post treatment photograph of 42 years old female after 6 sessions of mesotherapy.

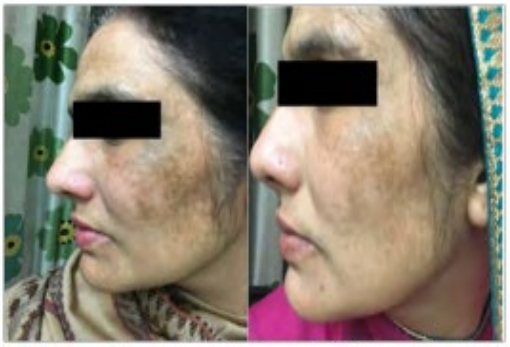

Figure 2a & 2b: Pre and post treatment photograph of 44 years old female after 6 sessions of mesotherapy.

Conclusions

Even though, glutathione is found to be efficacious in treatment of melasma, further studies with larger patient set needs to be conducted to validate it's efficacy in mesotherapy for melasma.

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Today's Pick

Morphea: Relapsing & remitting.

Morphea, or localized scleroderma: relapses & remits over years. Current treatment plans apparently improves & stabilizes disease.

Morphea has periods of inflammation with new or expanded lesions with subsequent sclerosis, permanent atrophy, contracture, or limb-length discrepancy. The evolution and damage is not very well understood. However, immunosuppressive therapies have shown to reduce disease.

In JAMA Dermatology, Dr. Jacobe and colleagues from UT Southwestern Medical Center, investigated the course of disease and compared clinical assessment of deep morphea with MRI findings.

The first study comprised of 130 adults and children (avg. age 34.4 years; 78% female) with avg. follow-up for 4.3 years. 55% patients had linear subtype and 31% had generalized subtype. 2/3rd of the patients treated with methotrexate and 47% of patients with UV-A1 phototherapy had complete response to treatment by end of one year. Complete responders were younger with lower baseline disease activity. Complete response at one year were higher in linear subtype (65%) with predominantly pediatric-onset morphea. At follow-up 29% had recurrence documented (1.1 years with generalized subtype and 2.3 years with linear subtype). Recurrence was found to be higher with generalized subtype.Recurrence rates was lower in patients treated with methotrexate.Amongst 50 patients, 18 had recurrence or, reactivation within 5 years of follow up.

The second study included 20 patients, MRI confirmed clinical suspicion of soft tissue involvement in 26 of 27 scans, and seven scans revealed involvement of muscle and deep fascia.

MRI findings exhibited disease activity even without clinical leads in five patients.

The results underscore potential utility of MRI as an adjunct to clinical examination in morphea.

Another retrospective study reported in JAMA Dermatology, the effectiveness and tolerability of mycophenolate, including mycophenolate mofetil (MMF) and mycophenolic acid (MPA) was evaluated in 77 patients with active morphea. The follow up was done for three months.

Twelve patients received mycophenolate monotherapy or combination. 65 patients had mycophenolate added as monotherapy or combination therapy after standard-of-care treatment failure. 7 patients had remission after 9 to 12 months of treatment. This increased to 27 at the end of the study. 10 out of 27 patients were continued on mycophenolate.

8 out of 11 patients who received first-line treatment and 36 of 62 patients who received mycophenolate as additive treatment had improved at 3-6 months. It increased to 88% in the first-line group and 57% in the additive-treatment group at 9-12 month. Beneficial response was noted in 91% of patients in first-line group and 90% patients in the additive-treatment group at 3-6 months and in 100% and 85%, at 9-12 months.

https://bit.ly/2JP31R1, https://bit.ly/3aViNpw, https://bit.ly/2Xwc8hR and https://bit.ly/2XmvqpQ JAMA Dermatology, online April 1, 2020.