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Guest Editorial

Prof. Jayakar Thomas
Dermatologist, Chennai

The Color of Skin

The color of skin is partially determined by normal biological processes that dictate the type, amount, and distribution of melanin in the skin. The production of melanin is triggered by a-melanocyte-stimulating hormone (a-MSH) and adrenocorticotropic hormone activation of the melanocortin-1 receptor. Melanin pigment is derived from a chemical reaction involving tyrosine that is metabolized into either eumelanin (brown–black) or pheomelanin (yellow–red). Melanin production occurs in the melanocyte and is transferred to keratinocytes in the epidermis and hair matrix. Hyperpigmentation occurs because of a change in melanin production and/or its distribution.

In contrast with lighter skin tones, skin of color (traditionally characterized as Fitzpatrick skin photo types III– VI) has more eumelanin and more efficient transfer of melanin to keratinocytes. Darker skin types are more prone to pigmentary alterations, making dyschromia a very common dermatologic complaint. Although hyperpigmentation is typically not harmful, it can cause deleterious emotional and psychological impact on the health-related quality of life of affected individuals. Special considerations when evaluating individuals with skin of color with facial hyperpigmentation can improve both cutaneous disease and quality of life.

Sun-protective measures are the mainstay of both prevention and treatment. Treatment modalities include

(1) Topical lightening agents,

(2) Chemical peels and oral agents, and

(3) Laser therapy as the first-, second-, and third-line treatments, respectively. Any type of procedural treatment should be used with caution given the increased risk of scarring and dyspigmentation in the skin of color population.