

Editorial

A new chapter

Melasma is a commonly acquired hyperpigmentary disorder of the face and is frequently encountered in our daily practice. The condition is particularly disturbing in female patients who are predominantly affected and has a significant adverse impact in the quality of life due to its disfiguring appearance. A wide variety of treatment modalities exist which includes topical agents, chemical peels, oral medications, energy-based devices and combination methods. Most importantly, ultraviolet protection should be the core measure behind all the interventions.

Hydroquinone alone or triple combination topical (hydroquinone, tretinoin, corticosteroid) are the most evidence-based treatment and has been used as first-line treatment in the majority of practice. Chemical peels have been studied but do not show superiority to topical therapy. Energy-based device such as Q-switched Nd:YAG laser and picosecond laser has been used extensively with success, but suffers not uncommonly from complications of post-inflammatory hyperpigmentation especially in Asian/ Chinese ethnicity. With increasing number of studies in recent years, tranexamic acid has emerged as a promising agent in treating melasma. Combination treatment with topical agents and tranexamic acid has been studied and showed promising results.¹

In this issue of the Journal, Tan and Aw has given a comprehensive review on the oral agents for melasma. Focus has been put on tranexamic acid and studies involving mainly Asians were reviewed. Tranexamic acid has the advantage of mild and uncommon adverse effects and its economical pricing. Use of tranexamic acid in

combination with either first-line topical therapy or energy-based device such as Q-switched Nd:YAG laser has greatly enhanced the efficacy of treatment. Studies also suggested that the time of presence of melasma did not have detrimental effect on drug efficacy. Although high quality and large randomised long-term studies are still lacking and the optimal dosage of tranexamic acid used is yet to be determined, recent evidences suggest tranexamic acid to be a safe and effective treatment for melasma.

It has long been a routine practice in the local social hygiene clinics to perform microscopic examination of the endocervical smear to achieve on-site diagnosis for patients. The advantage of this approach is that early treatment could be given to patients at the same encounter before the result of Chlamydia trachomatis NAAT is available. The disadvantage of this approach is labour-intensive. In addition, training of skillful microscopists requires considerable time and coaching. The study by Lau presented in this issue highlights the low predictive value of the diagnosis of non-specific genital infection (NSGI) in predicting Chlamydial cervicitis. However, completely relying on NAAT tests only to give treatment may have the disadvantage of missing patients if they do not return for follow-up and delay partner referral for epidemiological treatment. The presumptive diagnosis of NSGI may have a negative labelling effect on patients which might turn out to be non-sexually transmitted cause in the end. It is therefore most important for the clinicians to provide proper counselling to patients after given the diagnosis of NSGI to avoid unnecessary anxiety and stress.

Last but not the least, I would like to express my greatest gratitude to Dr Stanley Ho, who has just stepped down from the position of chief editor of the Journal after years of selfless dedication and contributions. I hope the new editorial team will be able to continue the excellence of the Journal and benefit our specialty and colleagues.

Reference

1. Shihab N, Prihartono J, Tovar-Garza A, Agustin T, Legiawati L, Pandya AG. Randomized, controlled, double-blind study of combination therapy of oral tranexamic and topical hydroquinone in the treatment of melasma. *Australas J Dermatol* 2020;61:237-42.

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