



CHLOASMA

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CHLOASMA

Synonyms: Liver spot; Moth patch; Mask.

Chloasma is a localized increase of the normal skin pigmentation. The condition is nearly always either a symptom of some organic or systemic disease, or else due to the action of certain external irritants. Among the latter the most common are sunlight (chloasma caloricum), plasters of mustard or cantharides (chloasma toxicum), or friction and pressure of clothing, trusses, etc., or the scratching induced by pruritic skin diseases, especially by skin parasites (chloasma traumaticum). Symptomatic chloasma occurs with many conditions, among which may be mentioned Addison's disease; exophthalmic goiter; chronic pulmonary tuberculosis; abdominal growths, tuberculous, cancerous or lymphomatous; hemochromatosis; arterio-sclerosis; heart disease, and chlorosis; and it may follow the prolonged ingestion of arsenic. But the most common form is that associated with pregnancy and utero-ovarian disorders (chloasma uterinum); this occurs usually between the ages of twenty-five and fifty years, and is rarely seen after the climateric. Symptomatic chloasma appears as a rule in rounded irregular patches, usually with rather ill-defined outlines, but occasionally quite sharply circumscribed. Diffuse discoloration is rather unusual. In chloasma uterinum the patches are located most frequently upon the face, especially upon the forehead and temples. When the discoloration occurs on the trunk it is apt to involve those regions which are normally more deeply pigmented, as the neck,

axillae, areolae of the nipples, and genito-crural folds. The color of the excessively pigmented area varies from yellow to brown or even black (melasma, melanoderma). There is no textural change in the skin. The disease develops slowly or rapidly and never causes any abnormal subjective sensations in the affected region. The patches are rarely numerous. Contiguous plaques may coalesce. The discoloration is more intense in brunettes. Chloasma associated with curable diseases is apt to improve as the general health is regained. **DIAGNOSIS:** *Pityriasis versicolor* rarely extends above the neck, and then only when it is profuse on the trunk. Moreover, the pigmented patches are furfuraceous or slight scaliness may be produced with the finger nail. The presence of the microsporon furfur is easily demonstrated under the microscope. *Vitiligo* is a loss of pigment. An island of pigmentation persisting in an achromatic area may be distinguished from a patch of chloasma by its scalloped concave border. **TREATMENT:** The only treatment likely to prove at all satisfactory is that directed at the cause of the chloasma. Local applications may be made which will temporarily remove the pigment, but it is very prone to return. Pure carbolic acid brushed lightly over a patch will cause the epidermis to shrivel and fall off in a few days, reducing the discoloration and sometimes removing it. Peroxid of hydrogen applied freely and frequently will keep the color somewhat subdued.