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Editorial note on New Skin Hyperpigmentation

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Editorial

Hyperpigmentation is a prevalent, typically harmless disorder in which skin patches appear darker in color than the normal skin around them. This darkening takes place when deposits in the skin are produced by an excess of melanin, the brown pigment that creates natural skin color. Yeah. Causes. Sun damage, inflammation, or other skin injuries, including those related to acne vulgaris, may cause hyperpigmentation.Individuals with darker skin tones, especially with excess sun exposure, are more vulnerable to hyperpigmentation. The excess development of melanin triggers several types of hyperpigmentation. Sun damage, inflammation, or other skin injuries, including those related to acne vulgaris, may cause hyperpigmentation. People with darker skin tones are more susceptible to hyperpigmentation, especially with excessive pigmentation.

In areas such as the eyes, skin, and hair, melanin is a type of pigment responsible for creating colour in the body. The distribution of melanocytes becomes less diffuse as the body ages and its regulation is less regulated by the body. UV light stimulates melanocyte activity, and where concentration of the cells is greater, hyperpigmentation occurs. UV light activates the activity of melanocytes, and hyperpigmentation occurs where the concentration of the cells is greater.

For epidermal postinflammatory hyperpigmentation, topical therapy is usually effective; however, some procedures, such as chemical peeling and laser therapy, can assist to treat recalcitrant hyperpigmentation. It is also necessary to use caution with all of the above treatments to prevent irritation and worsening of postinflammatory.

Postinflammatory hyperpigmentation (PIH) is an acquired hypermelanosis that occurs after cutaneous inflammation or injury that can occur in all skin types, but affects skin-of-color patients more commonly, including African Americans, Hispanics/Latinos, Asians, Native Americans, Middle Eastern descendants, and Pacific Islanders.

PIH may have a major psychosocial effect on patients with skin-of-color (Fitzpatrick skin types IV through VI), as these pigment changes may occur in these populations with greater frequency and severity1 and are often more noticeable in darker skin. There are, however, a wide range of safe and efficient skin color treatments for PIH, including topical depigmenting agents, chemical peeling agents.

An enhanced understanding of the pigmentation process provides a basis for setting goals against which new compounds can be screened to identify those that may be effective control agents for pigmentation. The screening process can take place much faster than in the past, with developments in laboratory and clinical methodology. Moreover, there continues to be a strong market need for new and efficient control agents for pigmentation,especially because of concerns such as cytotoxicity, the long-used over-the-counter hydroquinone technology, which was already banned in Europe and Japan, is likely to be banned in the United States soon. This fuels the need for additional options that are useful for skin hyperpigmentation issues.

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