

Letter

Authors:

Daniela Alves Pereira Antelo^{1,2}

¹ Medical School, Universidade do Estado do Rio de Janeiro - Rio de Janeiro (RJ), Brazil.

² Cosmiatric Dermatology Sector, Hospital Universitário Pedro Ernesto - Rio de Janeiro (RJ), Brazil.

Correspondence:

Rua Visconde de Pirajá, 547 sala 901
Ipanema
22410-000, Rio de Janeiro, RJ
Brasil

Email: daniela@danielaantelo.com.br

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The dark side of skin whitening

O lado negro dos clareadores cutâneos

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ABSTRACT

This letter is a reflection that arose from the lecture given by Professor Fatimata Ly, from University Cheikh Diop in Dakar (Africa) in the latest Congress of the European Academy of Dermatology and Venereology in Paris. Professor F. Ly gave the lecture “*Depigmentation: when, where and how*”. An even skin tone is one of the criteria for beauty. This letter does not concern those patients that come to our practices and are carefully followed and monitored by discerning dermatologists. She wants to raise attention to those that do not come to our practices, that use prescriptions given to acquaintances, or that use a dermatologist prescription indefinitely, after a single consultation. I was recently part of “discussion” forums over the internet, anonymously, of lay people on melasma. The intensity and speed of sharing of what they recommend using are impressive. They are very creative suggesting the use of products that could cause harm. Among the most used lightening products are steroids, hydroquinone, mercury and acids. There must be an awareness campaign to warn the population regarding the dangers of using skin depigmenting agents without a specific indication by the dermatologist.

Keywords: Hyperpigmentation; Melanosis; Skin Care; Skin Pigmentation; hidroquinones

RESUMO

Esta carta traz uma reflexão surgida a partir da palestra da professora Fatimata Ly, da University Cheikh Diop de Dakar (África), no último Congresso da Academia Europeia de Dermatologia, em Paris. A professora F. Ly proferiu a palestra Depigmentation: when, where and how. O tom de pele uniforme é um dos critérios de beleza. Esta carta não diz respeito aos pacientes que chegam ao consultório médico e que são cuidadosamente acompanhados e monitorados por dermatologistas criteriosos. Ela quer chamar a atenção para os indivíduos que não chegam aos consultórios, que repetem prescrições de conhecidos ou que mantêm por tempo indefinido uma prescrição realizada por dermatologista numa consulta pontual. Recentemente, participei, de forma anônima, de fóruns de “discussão” na internet de pessoas leigas sobre melasma. A intensidade e a velocidade do compartilhamento em relação àquilo que eles aconselham são expressivas. A criatividade é enorme ao sugerirem usar produtos que podem causar algum dano. Entre os clareadores mais utilizados estão esteroides, hidroquinona, mercúrio e ácidos. Há que se realizar uma campanha de conscientização da população em relação aos perigos de se utilizarem despigmentantes cutâneos sem indicação precisa do médico dermatologista.

Palavras-Chave: Hidroquinonas; Higiene da Pele; Hiperpigmentação; Melanose; Pigmentação da Pele

I am writing to the Editorial Board of this Journal to share a reflection stimulated by the lecture given by Professor Fatimata Ly (Medical School of the University of Cheikh Diop, Dakar, Senegal), at the last Meeting of the European Academy of Dermatology that took place in Paris, in September of 2018. Professor Ly delivered the lecture “*Depigmentation: when, where and how*.”

As dermatologists, we often prescribe the use of depigmenting agents to homogenize the skin's hue for the treatment

of aging or of the most varied hyperchromias caused by melasma, post-inflammatory hyperpigmentation, among others. The importance of this category of agents in our therapeutic armamentarium is indisputable, for a uniform skin tone is one of the criteria of beauty. On the other hand, the global market for whitening creams is expected to reach the magnitude of many billions of dollars (US\$ 10 billion in 2015), with a clear economic interest to meet the demand for a fairer skin, which is idealized as synonymous with superior beauty. This market is expected to grow exceptionally up until 2027, in special in the Asian region. A methanalysis including 68 studies (67,655 participant patients) evidenced a prevalence of 27.7% of the use of cutaneous whitening agents.¹

This letter does not concern patients who are treated at the physicians' practices, and are carefully monitored and followed up by discerning dermatologists. Conversely, it does not aim at drawing attention to individuals who do not attend dermatological appointments, but rather to those who rely on prescriptions given to acquaintances or use for an indefinite period a limited, condition-specific prescription given by a dermatologist. The application of intravenous glutathione, which is an antioxidant found naturally in human cells and has the ability to depigment the skin, is a reality in some countries of the globe. Each glutathione injection costs around US\$ 150 – 400, with applications performed once or twice a week (10 to 30 sessions are recommended) at specialist practices, which are rapidly growing in number in Asia and Africa. In Asia, the Philipinne's FDA (Food and Drug Administration Agency) has banned the use of glutathione IV.

I have recently taken part – in an anonymous way – in “discussion” forums on the Internet with thousands of lay peo-

ple who have melasma, witnessing the intensity and speed of their sharing what they advise, which are directly proportional to the negative impact on the quality of life caused by dyschromias. Huge is the creativity in suggesting products that can cause some type of harm.

Among the most popular whiteners used by used by people who do not have access to physicians are steroids, hydroquinone, mercury and acids. One study showed that depigmenters illegally sold in the European cosmetic markets contained hydroquinone and corticosteroids.²

Mercury, for instance, is found in some cosmetic soaps and creams. It is disposed of in rinsing water, which in turn is toxic to fish. There is a description of ingestion of contaminated fish by pregnant women, leading to neurological deficit in the fetuses.^{3,4,5}

Although rare, some studies suggest the occurrence of squamous cell carcinoma in the skin that underwent depigmentation. Facial dermatitis may occur with the use of depigmenters: contact eczema and hypersensitivity reactions. These findings were observed in a multicenter study conducted in Dakar (Senegal), between March and September 2018, and that has been presented at the EADV 2018 Meeting by Prof. Ly (unpublished data). The onset of acne due to the use of corticosteroids is also described, in addition to the already largely known exogenous ochronosis, caused by hydroquinone.

It is necessary to carry out a campaign to raise public awareness regarding the dangers of using skin depigmenters without detailed indication from a dermatologist physician, who has all the scientific knowledge and legal support to prescribe the most suitable depigmenting agent and duration of use, according to each specific case. ●

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DECLARATION OF PARTICIPATION:

Daniela Alves Pereira Antelo |  ORCID 0000-0001-8203-1772
Study design, literature review and manuscript drafting.