POST INFLAMMATORY HYPERPIGMENTATION

Post inflammatory hyperpigmentation (P.I.F.) is usually seen in people with darker skins after the skin has been inflamed and the skin has become reddened, as in acne, or a heavy skin peeling. P.I.F. occurs after the skin has been damaged by either superficial abrasions, operation incisions, infections, exposure to intense heat, burn injuries, exposure to certain chemicals, and allergic skin conditions. This condition is evident in our slide showing a young girl with burn marks on her neck. Notice the pigmentation that has occurred in the actual scar.

Beware of dealing with type III or darker skins. Never over stimulate the skin and don’t encourage erythema. That is why Environ insists that peels should be as light as possible to avoid intense erythema of the skin. Only light but frequent treatments should be performed. There is a good case to avoid peels completely because peeling does thin the epidermis and as a result the skin is more vulnerable to UV irradiation. This in turn can aggravate the pigmentation even though initially it may seem that the pigment marks have been treated by the peeling. After months or even years, the pigment marks may recur and can be larger than before peeling.

The hyper pigmentation is due to excessive production and deposition of melanin. We don’t know why the melanocytes are stimulated to produce more pigment under these conditions. One fact is clear: the involved areas become hyperpigmented because of exposure to the sun.

P.I.F. can be minimised or even totally prevented by strict protection from sunlight. Operation scars should be protected with tapes or zinc oxide or zinc oxide paste until the scar has settled (about 3 months).

Post inflammatory pigmentation can also be treated with iontophoresis of Original Moisturising Gel itself, or with Serum C-Quel (plus Moisturising Gel or Conductive Gel), or also with Lac-Pamgel iontophoresis. Iontophoresis causes more effective tyrosinase inhibition by vitamin C, or Lactate.