

E A A G E EFF CAC A D AFE F A E A C AC D
D E A D E C B A C EA E EA E F
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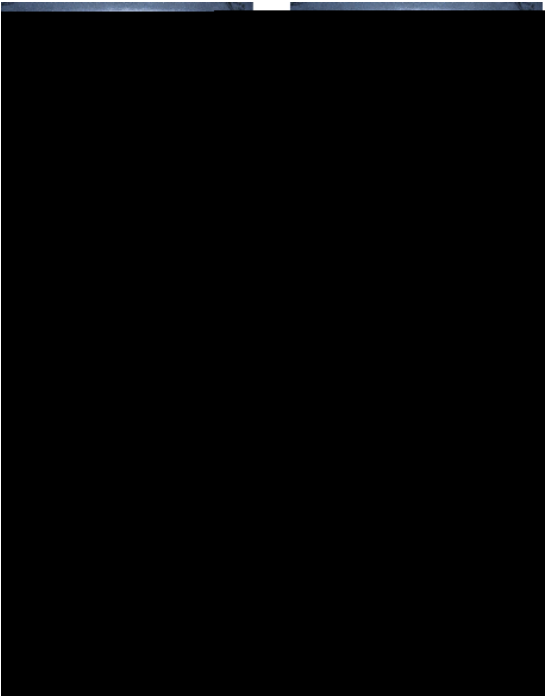
F A E	ABSTRACT
Keywords: Melasma; Tranexamic Acid; Hydroquinone; Triple Combination Therapy.	<i>Background: Melasma is an acquired skin condition characterized by sporadic hyperpigmented macules or patches that affects photo-exposed areas which occur chronically. Melasma seriously impairs a patient's quality of life. Current treatments for melasma include hydroquinone, corticosteroids, retinoids, natural substances, and triple combination creams (TCC), which demonstrate variable efficacy and side-effect profiles. Melasma can now be treated with tranexamic acid (TA), a well-known anti-fibrinolytic drug. Oral, topically applied, and procedural techniques were used to administer TA. Purpose: This review evaluates the efficacy and safety of tranexamic acid to hydroquinone and triple combination cream in the treatment of melasma and suggests steps that need to be taken to mainstream TA use in clinical settings. Review: Among the recent melasma treatments are hydroquinone (HQ), triple combination topicals, and regular use of broad-spectrum sunscreen. .I Because plasmin has been shown to have melanogenic properties, tranexamic acid (TA) is an essential therapy option for melasma due to its anti-plasmin (and consequently anti-fibrinolytic) properties. Recent research has shown that melasma-affected skin has enhanced vascularity and VEGF expression in the epidermis, suggesting yet another method by which TA may treat melasma clinically. Conclusion: The review revealed that a combination of tranexamic acid and hydroquinone has better efficacy in treating melasma rather than hydroquinone alone. Oral tranexamic acid combined with TCC can prevent recurrence and sustain the outcome.</i>

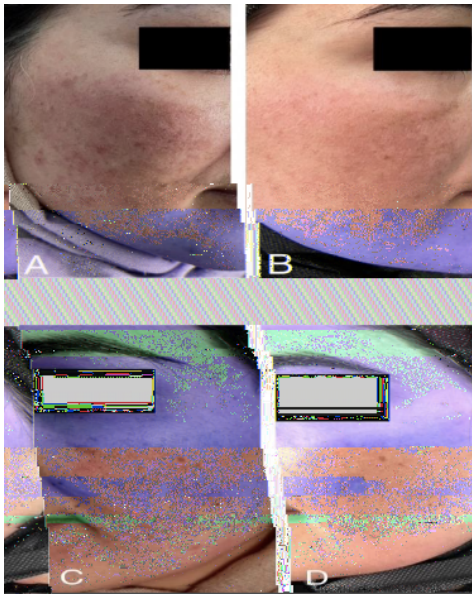
D

Among the recent melasma treatments are hydroquinone (HQ), triple combination topicals, and the regular use of broad-spectrum sunscreen .

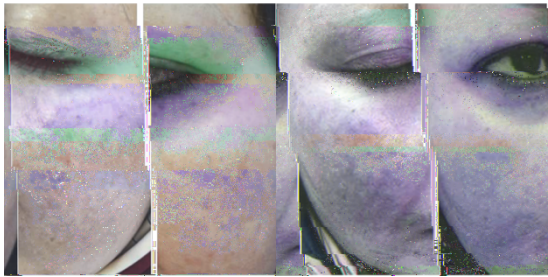
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A	G	D	E	C
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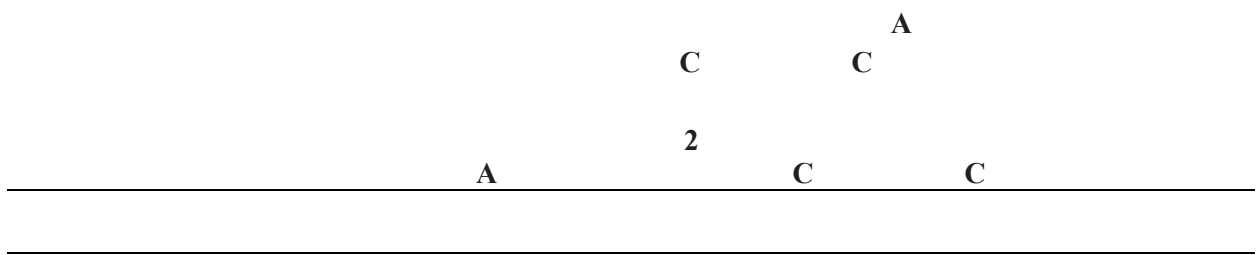
F 1.  **A+ , () (3**
).) 33- - ,) 37- -

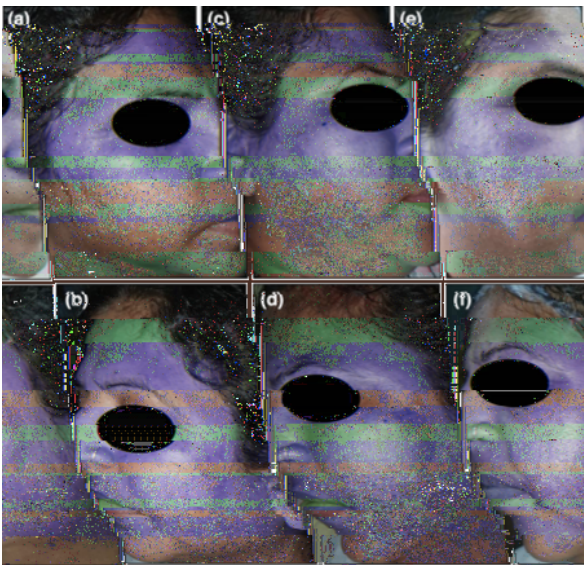


F 2. ,) 8 A+ .)
A +

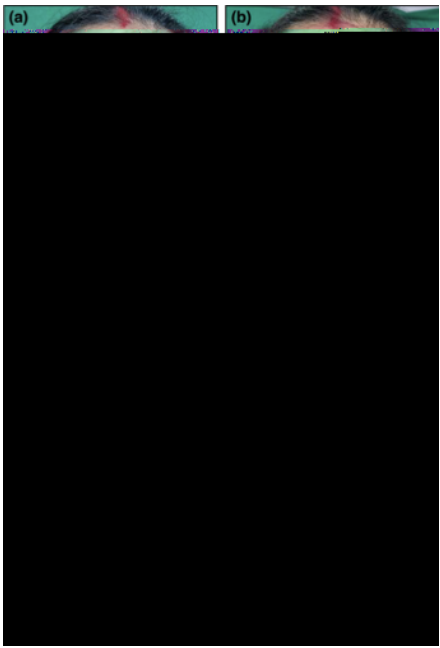


F 3. () 4% , () 16
() ; () A + 4%





F 4. 250 A + CC. (,)
 : A = 15.6; (,) 4 : 7.5 (51.9%), (,) 8 : 5.1 (67.3%)



F 5. + CC.) : A
 = 3.6; () 4 : 1.8 (50%); () 12 : 1.2 (67%); () 24 24: 1.2 (67%)

C C

B B G AF

*Tranexamic
Acid And Platelet Rich Plasma In The
Treatment Of Melasma: Efficacy And
Safety*

*Journal Of
Cosmetic Dermatology 20*

*Journal Of Ayub Medical
College, Abbottabad: JAMC 33*

*Journal Of
Cosmetic Dermatology 16*

*Bioscientia Medicina: Journal
Of Biomedicine And Translational
Research 5*

*Chinese Journal
Of Chemical Engineering 28*

*Journal
Of Cosmetic Dermatology 21*

Dermatology And Therapy

*American
Journal Of Clinical Dermatology 21*

Dermatology And Therapy

*Clinical And
Experimental Dermatology 45*

*Journal Of The European
Academy Of Dermatology And
Venereology 34*

Journal Of
Dermatological Treatment 29
Dermatology
And Therapy 7

Comparison Of Efficacy And
Safety Of Topical Hydroquinone 2% And
Oral Tranexamic Acid 500 Mg In Patients
Of Melasma

Journal Of The
American Academy Of Dermatology
64

Comparing Efficacy Of Intradermal
Tranexamic Acid (TA) Verses
Fluocinolone-Based Triple Combination
(Hydroquinone 4%, Tretinoin 0.05%,
Fluocinolone Acetonide 0.01%) Therapy
In The Treatment Of Melasma

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Dermatology Research Reviews &
Reports. SRC/JDMRS-138. DOI: Doi.
Org/10.47363/JDMRS/2021 (2) 132

Iraqi Journal Of Pharmacy 19

American Journal Of Clinical
Dermatology 18

Dermatology
Research And Practice 2018

Dermatology
Online Journal 25

Comparison Of 4% Topical
Hydroquinone Versus Combination Of
Oral Tranexamic Acid And 4% Topical
Hydroquinone In The Treatment Of
Epidermal Melasma

Biomed Research
International 2018

Plos One
17

C :

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