

Pigmentary Disorders: The Bizarre Truth of Pigmentary Disorders

Hsuan-Hsiang Chen*

Department of Dermatology, Jing-Mei General Hospital, Taiwan

*Corresponding author: Hsuan-Hsiang Chen, Department of Dermatology, Jing-Mei General Hospital, Taiwan, Tel: +886-989-584-961; E-mail: beauty101@gmail.com

Received date: April 05, 2017; Accepted date: April 10, 2017; Published date: April 17, 2017

Copyright: © 2017 Chen HH. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Citation: Chen HH (2017) Pigmentary Disorders: The Bizarre Truth of Pigmentary Disorders. *Pigmentary Disorders* 4: e109. doi:10.4172/2376-0427.1000e109

Editors' Message

In this coming issue of March 2017, the *Journal of Pigmentary Disorders* brings us some interesting skin color related articles and a wide variety of pigment related researches.

Firstly, the spectrum of vitiligo is reviewed. The treatment of vitiligo with co-culture of melanocytes derived from hair follicle with adipose-derived stem cells was also studied. In this study, stem cell concentration appeared to be one of the major factors affecting the degree of repigmentation. The use of NB-UVB after intraepidermal injection of melanocyte also showed highly statistically significance in repigmentation [1-5].

As for treatment of pigmented lesion in Greece, it was found that the Alexandrite laser has excellent results for freckles, while the combination of chemical peelings and fractional laser is good for the treatment of melasma. On the other hand, a literature review was made to understand the current practice of treatment for pigmented lesions in Taiwan. The authors found the traditional Q-switched Nd-YAG laser, Q-switched alexandrite laser, or IPL work with similar results for epidermal pigmented lesions like freckles and lentigenes. Long term maintenance sessions with IPL are suggested for melasma patients. In another short commentary, the safety issue of microbiological contamination, the allergic reaction, and toxicity of the ink product, and the regulation of tattoo ink was also discussed [6-10].

Coronoid lamellation is pathognomonic of porokeratosis, but it can also be found in a wide range of inflammatory, hyperplastic and neoplastic skin conditions. Its appearance in two unique cases of giant verrucous psoriasis and inflammatory linear verrucous epidermal nevus (ILVEN) were reported. Other rare cases like erythrokeratoderma variabilis, trisomy 8 mosaicism syndrome, Bier spots and adiposis dolorosa were described [11].

Hair related disorder can play a significant role in people's physical appearance. Premature canities and many related genetic disorders were reviewed. Frontal fibrosing alopecia is another common hair disorder which may be confused with lichen planopilaris. A detailed review can be found in this issue. In rare cases, eyelash demodicosis should be considered in chronic non-diagnosed blepharitis and palpebra skin lesions. An outbreak of demodex eyelash infection in Greece with the treatment of tea tree oil was reported [12].

Finally, phototherapy with pulsed light and heat energy (LHE) was used to treat mild forms of acne. It was found that phototherapy has an

obvious advantage in the treatment of mild grade of acne vulgaris when compared with topical adapalene treatment [13-15].

These articles in the issue of March 2017 provide us more understandings and knowledge of the pigment related skin disorders. We hope that all the above articles will bring a positive impact to the dermatological scientific community.

References

1. Tiwary AK (2017) Erythrokeratoderma variabilis in a 6 year old child: An uncommon genodermatosis with typical presentation. *Pigmentary Disorders* 4: 1-2.
2. Tiwary AK, Mishra DK (2016) A unique porokeratotic variant of inflammatory linear verrucous epidermal nevus. *Pigmentary Disorders* 4: 1-3.
3. Sahin A, Polat M (2016) Bier spots with characteristic clinic presentation: case report. *Pigmentary Disorders* 4: 1.
4. Chen HH (2017) The treatment of pigmented lesions in Taiwan. *Pigmentary Disorders* 4: 1-3.
5. Voyatzis M (2017) Efficacy of lasers on pigmentary lesions. *Pigmentary Disorders* 4: 1-3.
6. Rasheed F (2017) Dercums disease/adiposis dolorosa. *Pigmentary Disorders* 4: 1-2.
7. Duan L, Kim S, Watsky K and Narayan D (2017) Tattoo inks: We need a uniform European general to safeguard patrons. *Pigmentary Disorders* 4: 1-2.
8. Roy AK (2017) Vitiligo: A white patch that affects the soul. *Pigmentary Disorders* 4: 1-8.
9. Tiwary AK (2017) Giant verrucous psoriatic plaque encircled by porokeratosis: An enigmatic histopathological association. *Pigmentary Disorders* 4: 1-3.
10. Saleh AA, Salam OHA, Metwally HG, Abdelsalam HA, Hassan AM et al. (2017) Comparison treatment of vitiligo by co-culture of melanocytes derived from hair follicle with adipose-derived stem cells with and without NB-UVB. *Pigmentary Disorders* 4: 1-8.
11. Holmes SM (2017) Frontal fibrosing alopecia. *Pigmentary Disorders* 4: 1-4.
12. Balasar M, Oltulu P (2017) Trisomy 8 mosaicism syndrome with pigmentation anomalies: A case report. *Pigmentary Disorders* 4: 1-3.
13. Bani A, Hoxha M, Kondakciu A (2017) Phototherapy versus adapalene 0.1% gel in treatment of acne vulgaris. *Pigmentary Disorders* 4: 1-6.
14. Nigam PK, Nigam P (2017) Premature greying of hair (premature canities): A concern for parent and child. *Pigmentary Disorders* 4: 1-6.
15. Karapsias S, Patelis A, Sgourou A (2017) Demodex outbreak causing palpebra skin lesions. *Pigmentary Disorders* 4: 1-2.