



Uneven skin tone? Here are tips and treatments that may help

Have you noticed that you have an uneven skin tone, with darker spots or areas in your face? This phenomenon is luckily completely harmless. It simply means that there are more pigments in those areas. Still, for some of us it can be a bit frustrating when it feels like everybody else around us has perfectly even skin! Here are some tips about how to prevent an uneven skin tone and a review of aesthetic treatment alternatives.

What is uneven skin tone?

Uneven skin tone means that there is more of the skin pigment melanin, that gives the skin its brownish color, in some parts of the skin. It's sometimes called melasma.

Typically, the uneven pigmentation appears on the face, right where we can see it in the mirror, and often in the center of the face – in the forehead, cheeks, upper lip, and mandible. Sometimes other parts of the body can be affected.¹

Freckles and age spots/liver spots may look like melasma but are usually smaller and are other types of skin conditions.

Is it the same thing as hyperpigmentation?

No, not exactly. Hyperpigmentation is an umbrella word that is commonly used for all types of uneven pigmentation, such as melasma, freckles, darker pigmentation, pigmentation due to scarring, or other skin disorders.

Should I be worried?

Having an uneven skin tone or melasma is a harmless condition. As you've probably noticed it doesn't itch and it's not painful. Good to know is that it won't develop into skin cancer.² Sometimes it can fade by itself after some months. Still, if you are unsure or worried about changes to your skin, talk to a doctor and ask for an examination.

Are some people more prone to have uneven skin tone?

Uneven skin tone is more common among women than men. The average onset, especially for women, is between the ages of 20 and 40, but you can get it at any age. It's also more common among people with darker skin.¹

What causes it?

It's unclear why some people have an uneven skin tone but there are some known factors that are typically involved:^{1,2}

Genetics: You are more likely to have it if family members also have an uneven skin tone, so genetic predisposition seems to be involved.

Hormonal changes: It can appear during periods of hormonal changes in the body, such as pregnancy, and when using hormones that contain estrogen and progesterone such as contraceptives and menopausal hormonal treatments. Pigment changes that appear during pregnancy often fade away a few months after delivery.

UV light: Strong UV light can trigger the development of uneven pigmentation. The sun is important for our wellbeing but if you have problems with uneven skin tone, protect your face when you spend time in the sun.

Heat: Exposure to heat can trigger the development of uneven skin tone, for example if you are exposed to a lot of heat in your job or in your spare time, such as cooking fires.

Skincare ingredients: Ingredients in perfumed soaps or cosmetics may lead to a phototoxic reaction on the skin, which can activate the development of uneven pigmentation. Phototoxic means that a chemical can become toxic when exposed to light.

Drugs: Certain medications, such as the ones that make you sensitive to sunlight, are possible causes.

LED screens: The light from LED screens, such as your TV, laptop, tablet, or mobile phone, may also trigger it. It is the blue light from these sources that can cause hyperpigmentation.³

Dos and don'ts

As is clear from the above, the most important step to prevent an uneven skin tone is to avoid the lifestyle factors that can trigger it.

Avoid exposing the affected area (normally your face) to strong UV light. Wear a sun hat when you are spending time in the sun and put on sunscreen. Also, decrease exposure to heat. To decrease blue light from LED screens you can put devices such as computers, mobile phones and tablets on “night shift” or decrease exposure time. Use skincare products without perfumes and avoid products that you have noticed can irritate your skin.

Treatment alternatives

Melasma is tricky to treat. It can take time to notice any difference and it can be especially difficult to treat if you've had it for many years.¹ Sometimes, doctors can prescribe certain drugs that may help.¹ There are also skin treatments that may help you if you are bothered by your uneven pigmentation:

Creams and lotions

A starting point for treating melasma is generally to use creams or lotions. There are certain skincare ingredients that have been shown to improve melasma.¹ However, be suspicious about the “miracle bleaching creams” that are being marketed to frustrated consumers. Consult a dermatologist or skin therapist instead to get the right type of cream.

Chemical peels and lasers

Chemical peels and lasers are sometimes used, but with caution since they can also trigger a relapse.¹ If you have darker skin, make sure to turn to an expert who understands how to treat melasma in people with darker skin tones.¹

Skinboosters

An aesthetic treatment alternative is Restylane® Skinboosters™. This minimally invasive injectable treatment is known for improving skin quality aspects such as deep hydration and glow.⁴ However, it has also been shown to help improve the skin tone by reducing pigmentation and age spots for a brighter skin.⁵⁻⁹

Make sure to contact a qualified healthcare practitioner if you are considering an aesthetic treatment to get more even pigmentation. The healthcare practitioner should also have knowledge about treating these types of skin issues.

Finally, no matter if you have an uneven skin tone or not, be kind to your skin and take good care of it. That will make your skin look healthy and fresh, and people around you will admire it no matter your skin tone.

References

1. Doolan et al. AJGP Vol. 50, No. 12, December 2021.
2. Cleveland Clinic, Melasma, <https://my.clevelandclinic.org/health/diseases/21454-melasma>
3. Suitthimeathegorn O. et al., Pharmacol Physiol. 2022;35(6):305-318.
4. Dierickx C et al. Dermatol Surg 2018; 44 Suppl 1: S104-S18.

5. Kim J. Arch Aesthetic Plast Surg 2014; 20(2): 97–103.
6. Lee B et al. Arch Plast Surg 2015; 42(3): 282–287.
7. Ribé A et al. J Cosmet Laser Ther 2011; 13(4): 154–161.
8. Williams S et al. J Cosmet Dermatol 2009;8(3): 216–225.
9. Wu Y et al. J Cosmet Dermatol 2020; 19(7): 1627–1635.

Hide

Share this article