

INTRODUCTION AND AIM OF THE WORK

Melasma is an acquired facial hyperpigmentation, Over the forehead, upper lip, cheeks and chin. Although no sex, race or age is exempt from melasma, It is far more common in women and persons of Hispanic origin living in tropical areas (Sanchez et al., 1981).

Melasma may appears without any apparent cause { idiopathic melasma} (Perez et al., 1983). However, melasma may be related to pregnancy with its typical hormonal changes. In some non pregnant women, melasma develops during or after the use of birth control pills (Smith et al., 1977).

Oestrogen and progesterone have been implicated in the pathogenesis of melasma (Snell & Bischitz, 1960). This is so, because of its frequent association with pregnancy (Snell, 1964), contraceptive pills (Esoda, 1963), diethyl-besterol treatment of prostatic cancer (Ross, 1981). Also, there was an evidence suggesting the association between melasma and thyroid autoimmunity (Lutffi et al., 1985).

The aim of this study was to identify the possible etiological factors implicated in the pathogenesis of melasma and to evaluate the efficacy of 20 % azelaic acid cream compared to 2 % hydroquinone cream for treatment of melasma.