

Oral Tranexamic Acid for Persistent Erythema And Post-inflammatory Hyperpigmentation Prevention in Periorificial Dermatitis: Two Cases Report

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BACKGROUND

Prolonged and refractory erythema in periorificial dermatitis are quite challenging. Furthermore, the risk of post-inflammatory hyperpigmentation in asian skin is high. The benefit of oral tranexamic acid in dermatology been reported as an anti-inflammatory and anti-melanogenesis.¹²³

BACKGROUND

We reported two cases of successful oral tranexamic acid in decreasing erythema and risk of post-inflammatory hyperpigmentation in periorificial dermatitis.

CASES

Two women 27 and 42 year-old complained of redness and bumps around her mouth, nose and eyes for 3 weeks and 2 weeks, respectively. Both are had history of steroid abused. Physical examination showed erythematous patches, papules, and pustules in perioral, perinasal and periorbital region.

CASES

There were no telangiectasia and comedone observed. Working diagnosis of these patients are periorificial dermatitis.

CASES



These patients were advised to stop using the steroid cream. Mild facial wash, hypoallergenic ceramide-contained moisturizer, and topical clindamycin twice a day were given for 3 weeks.



*27 and 42 year-old women with periorificial dermatitis
first visit to hospital*

CASES



After 3 weeks, these patients were visited to hospital for follow up. Pustules were not seen but erythematous patches were still observed.

These patients did not have contraindication for oral tranexamic medication. Oral tranexamic acid 500 mg two times a day were given for 14 days.

3 weeks after steroid withdrawal, proper skin care and clindamycin topical

CASES



Patients were follow up through telemedicine after 14 days administration of oral tranexamic acid 500 mg two times a day. There were no erythema and post-inflammatory hyperpigmentation observed

Significant improvement after 14 days of oral tranexamic acid 500 mg two times a day

DISCUSSION

The mechanism of tranexamic acid for persistent erythema and post-inflammatory hyperpigmentation prevention may be through its ability to inhibit angiogenesis and melanogenesis. The inhibition of angiogenesis through its inhibition of the activity of fibrinolytic enzyme and the inhibition of melanogenesis through decreased inflammatory arachidonic acid and prostaglandin that stimulate melanocyte.⁴

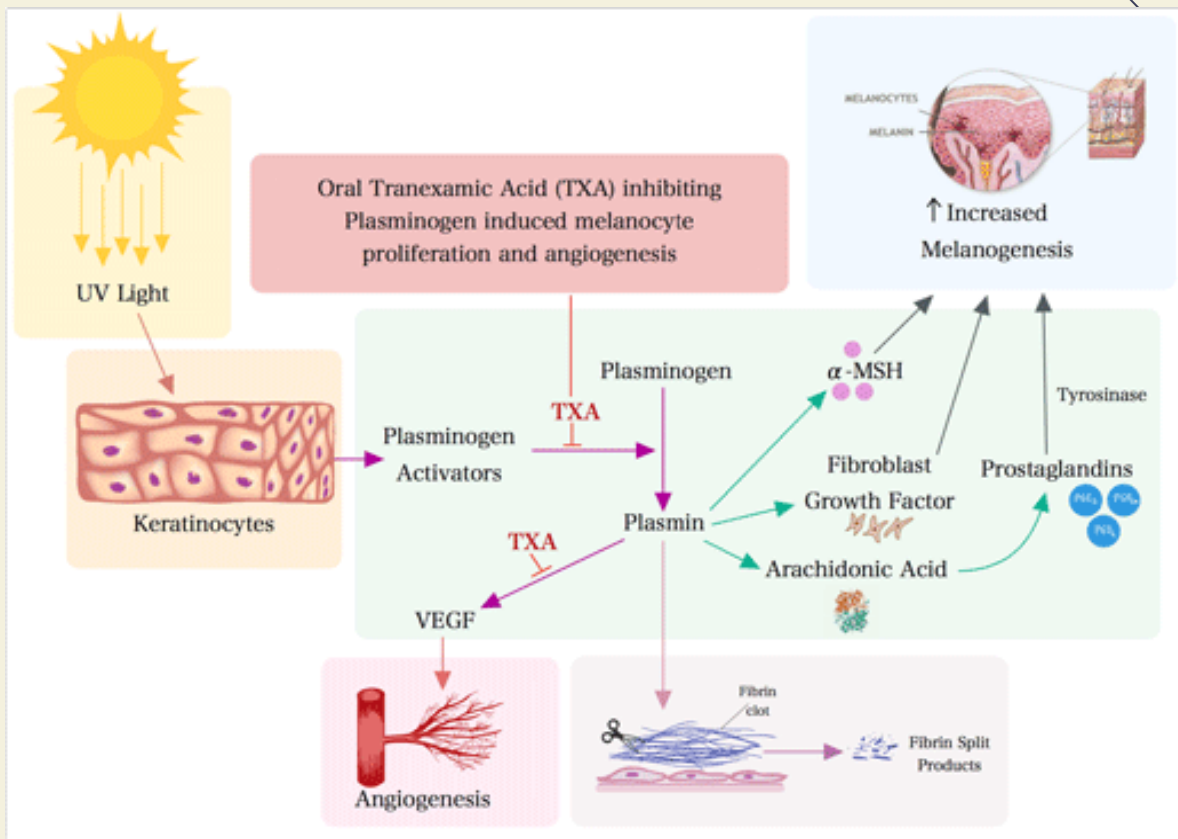


Image taken from: Foss M, Nethers K, Bhukhan A, Nathoo R. Oral Tranexamic Acid for the Treatment of Melasma: A Case Series and Novel Dosing Regimen. *J Drugs Dermatol.* 2022 Apr 1;21(4):393-398.

KEY MESSAGE

Oral tranexamic acid appears promising, cost-effective, safe for persistent erythema and post-inflammatory hyperpigmentation prevention in periorificial dermatitis and other dermatoses.

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