ACTICINOL

Uma nova opção no tratamento de melasma

http://aformulabr.com.br/qrcode/anotmaf01.pdf
ACTICINOL

Uma nova opção no tratamento de melasma

DESCRIÇÃO

O n-4-butilresorcinol é um potente agente despigmentante eficaz na inibição de enzimas importantes na formação da melanina.

MECANISMO DE AÇÃO

A tirosinase é uma enzima chave na via biosintética que leva a produção de melanina, que ocorre nos melanócitos. Duas outras proteínas relacionadas à tirosinase, denominadas TRP-1 e TRP-2 também participam dessa via. O n-4-butilresorcinol tem como mecanismo de ação a inibição da atividade da enzima tirosinase, com a consequente redução do conteúdo de melanina, age inclusive na inibição do receptor α-MSH, tornando-se eficaz no tratamento do melasma.

INDICAÇÕES

✓ Tratamento da melasma.

DOSE USUAL

Recomendação de 0,1 a 1% de n-4-butilresorcinol na região afetada pela noite, acompanhado de FPS durante o dia.

SUGESTÕES DE FÓRMULAS

<table>
<thead>
<tr>
<th>ActiCinol</th>
<th>0,1%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alistin</td>
<td>0,5%</td>
</tr>
<tr>
<td>Drieline</td>
<td>0,7%</td>
</tr>
<tr>
<td>Creme Olivem Qsp</td>
<td>30g</td>
</tr>
</tbody>
</table>

**Modo de Uso:** Aplicar na região afetada apenas a noite, e durante o dia utilizar FPS.

<table>
<thead>
<tr>
<th>ActiCinol</th>
<th>0,1%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alfabisabolol</td>
<td>1%</td>
</tr>
<tr>
<td>Aquaporine</td>
<td>0,5%</td>
</tr>
<tr>
<td>Gel extra seco Qsp</td>
<td>30g</td>
</tr>
</tbody>
</table>

**Modo de Uso:** Aplicar na região afetada apenas a noite, e durante o dia utilizar FPS.

PRINCIPAIS REFERÊNCIAS


ACTICIONAL
ESTUDOS CLÍNICOS

The Efficacy and Safety of 4-n-butylresorcinol 0.1% Cream for the Treatment of Melasma: A Randomized Controlled Split-face Trial

Background: Melasma is a common acquired symmetrical hypermelanosis that occurs on sun-exposed areas, and it is frequently observed among women. Various treatment modalities have been tried, but none are completely satisfactory. 4-n-butylresorcinol, which is a resorcinol derivative that has an inhibitory effect on both tyrosinase and tyrosinase-related protein-1, was introduced in 1995 and it has received increasing attention as a new hypopigmenting agent. However, the hypopigmenting effect of 4-n-butylresorcinol in human subjects has only been shown in a few studies. Objective: The aim of this study was to investigate the hypopigmenting efficacy and safety of 4-n-butylresorcinol 0.1% cream for the treatment of melasma. Results: All the patients completed the study. Mexameter measurements demonstrated that the melanin index of the treated side showed a significant decrease when compared with that of the vehicle-treated side after 4 weeks (p=0.006) and after 8 weeks (p < 0.0005). All the adverse reactions were mild and transient. Conclusion: 4-n-butylresorcinol 0.1% cream showed rapid efficacy and it was well tolerated when used for the treatment of melasma.

Inhibitory Effects of 4-n-Butylresorcinol on Tyrosinase Activity and Melanin Synthesis

In this study, we investigated the effects of 4-n-butylresorcinol on melanogenesis in a spontaneously immortalized mouse melanocyte cell line, Mel-Ab. Our results show that 4-n-butylresorcinol significantly inhibits melanin synthesis in a concentration-dependent manner. In addition, it was also found to inhibit the activity of tyrosinase, the rate-limiting melanogenic enzyme. Several reports have indicated that the activation of extracellular signal-regulated kinase (ERK) or of Akt reduces melanin synthesis via microphthalmia-associated transcription factor (MITF) down-regulation. Accordingly, we examined the effects of 4-n-butylresorcinol on the ERK and Akt signaling pathways. 4-n-Butylresorcinol did not induce ERK, Akt activation, or MITF degradation, and had no effect on cAMP response element binding protein (CREB) phosphorylation, which stimulates MITF expression. In contrast, 4-n-butylresorcinol strongly reduced tyrosinase activity in a cell-free system. Moreover, 4-n-butylresorcinol showed an additive effect in combination with hinokitiol, which reduces MITF expression. These results show that the hypopigmentary effect of 4-n-butylresorcinol results from its direct inhibition of tyrosinase.

Treatment of melasma: systematic review Introduction

Melasma is an acquired hypermelanosis of sun-exposed areas. The pathophysiology of melasma is uncertain. Objectives: to conduct a systematic review to identify the most effective and safe treatment, including topical treatments, oral treatments and surgical procedures, for the melasma. Results: We found 703 articles in MEDLINE, 89 and 100 in LILACS and Cochrane Library, reviewed 143 articles of which 10 were descriptive studies (6.99%), 30 review (20.97%), 103 randomized controlled trials (72.03%). Conclusions: The use of broad-spectrum sunscreen is important, as is topical hydroquinone, the most common treatment for melasma. Other lightening agents include retinoic acid, azelaic acid, kojic acid and others. Combination therapies increase satisfactory. Butylresorcinol 0.1% cream showed rapid efficacy and it was well tolerated when used for the treatment of melasma.

REFERÊNCIAS

