

# marie claire

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# I Want Clear Skin

When the brown spots on her face didn't disappear with the baby weight, *Cara Birnbaum* splurged on skin-smoothing from a pro

THE BROWN BLOTCHES arrived six months before my baby girl did. They spread across my forehead, down the bridge of my nose, and over both cheeks like a coffee stain. They appeared so slowly that I barely noticed the change, until a brutally frank friend did. "I'm pregnant," I told her over lunch, somewhere around my 13th week. "I knew it," she smiled. "I could tell by the melasma." Uh, thanks?

You probably haven't heard of melasma unless you're a dermatologist or have personally been plagued by the spots, which typically appear on the forehead, nose, cheeks, or as a flattering five-o'clock shadow on the upper lip. Some 6 million American women have melasma in one form or another. A long, painful inspection in my bathroom mirror tells me I am indeed number 6 million and one.

Melasma isn't deadly, and, unlike a big honking zit, it won't make you shun all social contact. But in contrast to that pimple, melasma doesn't just go away by itself. I tried to ignore my mutant freckles when I was carrying my daughter and for nine months after. But by now I had shed my baby weight. I was wearing earrings

and mascara. At a time when women routinely tummy-tuck and vein-zap away every shred of evidence that they'd ever had a baby, all I wanted was to get rid of a few dark patches. Was that too much to ask?

As it turns out, possibly. One of the first things dermatologist Dr. Arielle Kauvar told me after I arrived at her Manhattan office is that melasma is devilishly tricky to treat. Hormones play a huge role, as the shifting levels of estrogen, progesterone, and MSH (melanocyte-stimulating hormone) that accompany birth-control use and pregnancy can send the skin's pigment-producing cells into overdrive.

Add sun exposure to the mix, and you spur on more melanin production, causing many women to form large, uneven swaths of tanned skin, or melasma. When it's restricted to the skin's upper epidermal layers—as freckles are—the condition is relatively easy to treat. But if it's lodged into the deeper dermal layers—based on luck of the draw—"that's when you get more resistant cases," said Kauvar.

Apparently, I had a mix of the two. After snapping a few alarmingly close-up shots of my face, Kauvar zoomed in on the trouble spots—the tan stripe along my hairline, the speckles on my nose and cheeks. "So," I asked, looking away from the computer screen, "what do we do now?"

Ordinarily, Kauvar would've prescribed me a tube of Tri-Luma—a cocktail of hydroquinone, which inhibits pigment production, a retinoid to slough off darkened cells, and a steroid to keep the first two ingredients from irritating the skin. (Irritation also prompts the skin to make more melanin.) Tri-Luma can deliver results in as few as six to eight weeks and is the closest thing we have to a melasma cure—if you're allowed to use it. "You're not still breast-feeding, are you?" Kauvar asked. For an instant, I considered weaning my daughter. "Yeah," I answered weakly, wondering what else she had in her bag of tricks.

Kauvar suggested microdermabrasion, followed by a round of Q-switched YAG

laser—a two-pronged treatment she developed. Microdermabrasion removes the upper, dead skin layers, stimulating cell turnover and paving the way for the laser to zap away much of melasma's offending pigment. I winced as Kauvar waved her laser wand in prickly strokes over my face, but in general the two procedures were quick and almost painless.

The results were... OK. My skin looked clearer and more radiant that day—partly, I'm sure, from the microdermabrasion—but my coffee stains didn't disappear. "Try these," Kauvar said, handing me a green gel spiked with kojic acid for evening and an iodine-colored vitamin C serum for morning, both by SkinCeuticals. For women going the over-the-counter route, these ingredients (along with licorice extract and possibly retinol) are about the best you can do—though even subtle results can take months. No matter what you use, Kauvar added ominously, even if you stop taking the Pill and never get pregnant again, the melasma will often come back in the end—unless you apply a broad-spectrum sunscreen every day.

I returned for two more rounds of Kauvar's microdermabrasion/laser combo, and I scanned my face in the mirror each morning, hoping that the brown patches had vanished overnight. At my first follow-up, even Kauvar admitted that she saw very little improvement.

And then something happened. After four weeks of dutifully rubbing in my potions and submitting to the laser, the tanned streak across my hairline was suddenly barely noticeable and the bridge of my nose less speckled. At my second follow-up appointment, Kauvar positioned my "before" shot next to my most recent "after" shot, pointing out all the areas where the pigment had begun to fade. The change wasn't dramatic, but my complexion was creamier than it had been in months. At dinner a couple of nights later, another friend paused between bites and stared an extra second at me. "Your face looks great," she said. Actually, I believe the word she used

was *polished*. Which almost made my post-pregnancy caterpillar brows and crow's-feet a bit easier to handle. Almost. >>



Cara Birnbaum is co-author of *The Youth Equation: Take 10 Years Off Your Face*.

**COMPLEXION CORRECTION**  
From left: St. Ives Microderm-Abrasion Scrub, \$6.99; SkinCeuticals Phyto + Botanical Gel, \$72; Perricone MD Pigment Corrective, \$95; Darphin Clear White Brightening and Hydrating Cream, \$120.



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