BEAUTY

Why Dark Marks Refuse to Rush

Pigmentation often improves by degrees, not dramatic disappearance, and the evidence explains why patience matters more than treatment promises.

The spot outlasts the breakout

The blemish has flattened. The burn has healed. Yet the colour remains, looking almost unchanged each time you check it. That lag can feel like proof that your skin is stuck. More often, it reveals an awkward truth about post-inflammatory hyperpigmentation: the event and the mark it leaves behind do not keep the same timetable.

Skin gets its colour from melanin, a pigment made by specialised cells. When those cells become damaged or unhealthy, melanin production can be affected. Too much melanin makes skin darker; inflammation can leave that excess colour behind after the original skin problem has settled. The visible mark is therefore not necessarily evidence that the first problem is still at its peak.

Post-inflammatory hyperpigmentation affects every skin type, but it is more common and persistent in darker skin tones. In a 2024 review focused on skin of colour, 89% of the cases followed inflammatory conditions and 83% were on the face. The review described the course as chronic once established and treatment as often difficult.

There is another complication. Inflammation may continue subtly, particularly in darker skin, according to a 2022 review of topical treatments. So the starting event may look finished while some of the process associated with pigmentation continues. That helps explain why fading is rarely a clean handover from "active" to "gone."

Fading is not the same as clearing

The strongest clue to why pigmentation takes months is hidden in the language of the research. Studies usually report complete response, partial response, or little to no response. Those categories matter. A treatment can be doing something even when the mirror does not show the satisfying, all-at-once clearing you hoped for.

A 2024 systematic review covering 41 studies and 877 patients found that complete responses were uncommon. They occurred in 5.4% of patients using topical treatments, 18.1% using laser or energy-based devices, and 2.4% using combination therapies. Partial responses

were far more frequent: 72.4% with topicals and 84.9% with combination approaches.

That is the shape of a slow result. Most reported improvement was incomplete, which means progress may appear as a mark becoming less intense rather than disappearing. The same review concluded that current approaches produced unsatisfactory rates of complete response, even though several categories had relatively high rates of partial response.

The evidence cannot give every mark a reliable countdown. It does not support a universal promise that a particular product will clear pigmentation by a certain date. What it does show is that persistence is common and full clearance is much less common than some treatment advertising might suggest. Months of gradual change are compatible with the evidence; instant erasure is not.

Pigmentation is not a stain to be scrubbed away.

More force is not always more progress

When improvement is slow, the temptation is to escalate: add another active, choose a stronger peel, or move to a procedure. But pigmentation is not a stain to be scrubbed away. The reviews show that interventions can irritate skin, produce incomplete results, or occasionally make the pigmentation worse.

In the 41-study review, 22.2% of patients using topical treatments had poor or no response. Adverse events were reported in 10 patients, all using topicals. A separate 2022 review identified peeling, burning, stinging, dryness and itching among common side effects of topical treatments.

Procedures are not a guaranteed shortcut. In the 2024 review, 18.1% of patients treated with laser or energy-based devices had poor or no response, while pigmentation worsened in 2.6%. Another 2024 review focused on skin of colour also found cases of worsening after laser treatment, despite complete resolution in a subgroup.

Chemical peels did not offer certainty either. In the 41-study review, two-thirds of the small group treated with peels had poor or no response. The sample included only 15 patients, so that figure should not be stretched into a verdict on every peel. It does, however, underline how thin and uneven the evidence can be.

Slow fading can be frustrating, but irritation is not proof that a treatment is working. If a topical leaves your skin burning, stinging, dry, itchy or visibly peeling, piling on more is not an evidence-based way to force faster clearing. This is where impatience can become part of the problem rather than its solution.

Not every dark area is excess pigment

A dark patch under the eye may look like the mark left by acne, yet the reason for its appearance may be entirely different. A 2021 systematic review found that under-eye darkness can have pigmentary, structural, vascular or mixed causes. Treating every shadow as excess melanin risks choosing an intervention for the wrong problem.

That review included 39 studies. Topical creams and chemical peels were useful for pigment-based under-eye darkness, while soft-tissue fillers and fat grafting were most effective when volume loss was responsible. Surgery was considered most suitable when excess skin laxity was the underlying issue. Lasers offered mild to moderate benefit for vascular and pigment types.

But those conclusions came with an important restraint: high-quality evidence was scarce, and the recommendations should be interpreted selectively. The category "pigmentation" also covers more than dark marks. Skin can become lighter when too little melanin is produced, and infections, blisters and burns can leave areas of lighter skin.

That distinction marks the point where this stops being a simple skincare puzzle. If you do not know whether an area is pigment, shadow, a lighter patch or something affecting more of your skin, ask a healthcare professional rather than treating the colour on sight. A correct description of the problem matters before any attempt to change it.

Monday takes one bottle

The useful response to slow fading is not to buy everything. Evidence for topical options exists, but no category reliably produces complete clearance. A 2022 systematic review found the greatest number of high-quality studies supported retinoids, hydroxy acids and broad-spectrum sunscreen. It also found that sunscreen with a sun protection factor (SPF) of 30 or higher was recommended in almost every included study.

That does not turn sunscreen into a promise that a mark will vanish. It makes it a defensible foundation while you decide whether anything else belongs in your care. If you already use an active that irritates your skin, the documented possibility of burning, stinging, dryness, itching and peeling is a reason to discuss it with a healthcare professional, not quietly add another active.

On Monday, check whether you have a broad-spectrum sunscreen with SPF 30 or higher. That step takes one bottle of sunscreen. If you do not know what caused the mark, or if what you see does not fit a mark left by inflammation, make the next step a clinical conversation instead

of an experiment.

Keep the expectation as modest as the action: protect the skin and judge change by degrees, not by whether the mark has disappeared. Pigmentation research repeatedly finds partial improvement where people understandably want complete clearing. Giving that process time is not doing nothing. It is refusing to turn slow skin into an emergency.

Where this comes from

- Skin Pigmentation Disorders

  MedlinePlus, U.S. National Library of Medicine · https://medlineplus.gov/skinpigmentationdisorders.html
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