Age Spot Treatment Melbourne - Me Clinic

Canonical: https://www.meclinic.com.au/skin/skin-conditions/age-spots/

Details:

Age spots — also called solar lentigines or liver spots — are flat brown or black spots that appear on sun-exposed skin: the face, backs of the hands, forearms, shoulders and upper chest.

The name is misleading. Age spots are not a marker of how old you are. They are the record of cumulative sun exposure. They generally start appearing after 40 because that is how long the damage takes to show, but younger people with heavy sun exposure get them too.

Have them examined before treating them

This matters more with age spots than with almost any other pigmentation, because the things they can be confused with are the things you least want to miss:

Seborrhoeic keratosis — benign, but raised and waxy rather than flat

Pigmented basal cell carcinoma — a skin cancer that can present as a pigmented patch

Lentigo maligna — an early melanoma that typically appears as a slowly enlarging flat brown patch on chronically sun-damaged skin, most often on the face of an older person. It looks very like an age spot.

A lesion that has not been examined should not be lasered, frozen or burned off. Those methods destroy the tissue, so if it was a cancer there is nothing left to send to pathology and no record that it existed. Anything with features of concern is excised whole and tested instead. See skin cancers and mole removal .

Have any dark spot checked if it is new, growing, changing colour, irregular in outline, itching, bleeding or not healing.

The one that hides among the others

Lentigo maligna deserves more than a line, because it is the specific reason this page insists on examination before treatment, and because of how it hides.

Most melanomas announce themselves — dark, raised, obviously different. Lentigo maligna does the opposite. It is flat, brown, and utterly unremarkable on a face that already has a dozen flat brown marks on it . It grows slowly, often over years, and it grows sideways rather than down — which is the reason it is treatable when caught, and the reason people live with one for a long time without thinking to mention it.

It is most common on the face, head and neck of people over about sixty with a lifetime of Australian sun behind them — exactly the population, and exactly the sites, where a new flat brown mark is least likely to raise an eyebrow.

What separates it from an ordinary age spot

It keeps getting bigger. An age spot appears, settles at a size and stays there. A patch that is measurably larger than it was a year ago is the single most useful warning sign, and the one most

easily missed without a photograph.

More than one shade within the one patch. An age spot is generally a single flat brown. A mix of tan, mid-brown, dark brown, grey or black inside one mark is not ordinary.

An edge you could not trace cleanly. Age spots tend to have a definite border. A patch that fades out unevenly, with a notched or scalloped outline, is behaving differently.

It is the odd one out. If you have thirty flat brown marks and one of them does not look like the other twenty-nine, that is the one to have examined — your own skin is the baseline.

The practical rule: before any spot is treated cosmetically, someone should look at it. That look costs one appointment. A lentigo maligna lasered off costs the diagnosis, the record that it existed, and the chance to deal with it early.

Two things worth knowing about how to help that examination: photograph your marks , with something for scale beside them — a coin, a ruler — because size cannot be judged from memory or from a photograph without a reference. And say if a spot has changed , even if you are not sure. Being wrong about that costs nothing.

Is treatment right for you?

Assessment is not optional here. Even if you only want the appearance changed, the examination comes first, and that is the single most valuable thing on this page.

Treating spots does not treat the sun damage. The damage is already in the skin; removing its visible markers does not undo it or stop new ones.

Hands respond more slowly than the face , so expectations and session counts should differ by site.

Darker skin types carry a higher risk of post-inflammatory pigmentation from light-based treatment.

If you have many spots across a wide area, field treatment of the whole region is a different conversation from removing three spots.

The hands are a separate problem

Worth its own section, because the backs of the hands are where age spots bother people most and where treatment performs worst — and the two facts are related.

The skin is thinner and has less underlying support , so it tolerates less energy and heals more slowly than the face.

The blood supply is poorer , particularly with age, which slows recovery further.

Hands are in constant use — washing, knocking, gripping — so a treated area is disturbed more than one on a cheek.

Hands are almost never protected. People who apply sunscreen to their face every morning will do it with bare hands and never think to cover them, then wash it off four times before lunch. The hands accumulate more exposure per year than almost any other site.

The result is that hands need more sessions, at gentler settings, over longer , and the result holds less well than on the face. A plan that treats hands and face identically has not accounted for any of this.

A pattern worth looking for on yourself: in Australia, the right forearm and the back of the right hand are frequently more sun-damaged than the left, because that is the side by the window in a car. If one side of your body is visibly worse than the other, that is not imagination, and it is a useful demonstration of what exposure actually does.

Treatments used for age spots

Laser and light — Nd:YAG, erbium, Fraxel, CO2, IPL and Laser Genesis, chosen by skin type and lesion depth

Photodynamic therapy , for field treatment of sun-damaged skin

Cryotherapy — for individual assessed lesions

Chemical peels

Cosmeceutical skincare , including vitamin A derivatives and antioxidants

Microdermabrasion

Skin needling

Mineral make-up — cover plus physical sun protection

Each of these has its own benefits and risks, and what suits you depends on your skin type, the number and depth of the spots, and your tolerance for downtime. Some topical agents are prescription-only.

Spot treatment versus field treatment

This is the distinction that decides which of the above is appropriate.

Spot treatment — cryotherapy and targeted laser address individual assessed lesions. Efficient for a handful of spots; impractical and uneven across a whole forearm.

Field treatment — photodynamic therapy, peels and resurfacing treat the whole sun-damaged area rather than its visible markers, which matters when the damage is widespread.

Maintenance — cosmeceuticals and daily sun protection are what slow the next generation of spots, and they work between appointments rather than at them.

Many people need a combination: field treatment for the background damage, spot treatment for the specific lesions, and a routine to hold it.

Who this looks different for

Outdoor workers and people who have worked outside. Heavier, wider damage, appearing earlier, and a genuinely elevated skin cancer risk that makes the assessment half of this page more important than the cosmetic half. Field treatment usually makes more sense than picking off spots.

Anyone who drives for a living. The asymmetry described above is often striking, and the right forearm frequently needs its own plan.

Fair skin that burned in childhood. Spots appear earlier and in greater numbers, and they respond well — but the same history raises the chance that one of them is not what it appears to be.

Darker skin types. Fewer solar lentigines, but a higher risk of pigment change from light-based treatment, so gentler and slower is the approach.

Older, thinner skin. Less tolerant of aggressive treatment and slower to heal, particularly on the hands and forearms. Settings and expectations both come down.

Anyone on blood thinners. Do not stop them on your own. They are prescribed for reasons far more serious than bruising after a cosmetic treatment. Tell us what you take; the plan accommodates it.

How a course of treatment runs

Examination first — every pigmented lesion assessed before anything is treated, and anything of concern excised and tested rather than destroyed.

Skin typing , which determines the device and the risk.

A treatment plan and written quote covering the course, and distinguishing spot from field treatment.

A test patch where the device and your skin type make it appropriate.

The course — most people need more than one session, and hands take longer than the face.

Sun protection and a home routine alongside, then review.

What sits outside this

We do not laser, freeze or burn an unexamined pigmented lesion. This is the firmest rule on the page.

We do not provide full-body mole mapping or surveillance photography. Dedicated skin cancer clinics do, and heavily sun-damaged skin is exactly the profile that benefits from it.

We do not undo sun damage. Treatment addresses the visible markers of damage already present.

We do not treat hands and face at the same settings.

We do not manage extensive or complex skin cancer. Referred.

What results are realistic

Individual age spots often lighten considerably, and some clear. Treating them does not stop new ones forming — the underlying sun damage is already in the skin, and further exposure adds to it.

Most people need more than one session, and hands in particular tend to respond more slowly than the face. Sun protection is what keeps the result. Individual results vary.

Keeping the result

Broad-spectrum SPF 30 or higher, daily , on the face and the backs of the hands — the hands are the site people forget and the site that responds worst.

Reapply to the hands after washing them , which is the step that actually changes the exposure they receive.

A hat, sunglasses and shade , and no solariums.

Extra care immediately after treatment , when skin is more sun-sensitive and pigments unpredictably.

An annual skin check , because sun-damaged skin carries an elevated skin cancer risk and new lesions are easier to deal with early.

What you should leave with

Confirmation that every pigmented lesion was examined, and what was decided about each

A written treatment plan for the course, and a quote for it

A record of the device and settings used

Written aftercare instructions, including sun protection

A realistic statement of what to expect, and how the hands differ from the face

Baseline photographs, so a spot that changes later can be compared rather than remembered

Aftercare: what is expected and what is not

Redness, mild swelling and crusting over treated spots are usual and settle over days. Treated spots commonly darken before they lighten and then flake away — that is expected rather than a sign something has gone wrong.

Contact us promptly for blistering, increasing pain, spreading redness, or any sign of infection.

New or worsening pigmentation weeks after treatment is worth a call. So is any treated area that does not settle, or any spot that recurs with a different appearance from before.

That last one matters: a treated spot that comes back looking different from the original is a reason to be examined again, not a reason to book another session of the same treatment.

Risks

Redness, swelling and crusting after treatment

Blistering

Hypo-pigmentation — a pale patch where the spot was, which can be permanent and conspicuous on sun-damaged skin

Post-inflammatory hyper-pigmentation, more likely in darker skin types

Scarring

Infection

Incomplete clearing and recurrence

Increased sun sensitivity after treatment

Missed diagnosis where a pigmented lesion is destroyed rather than examined

See risks of cosmetic treatments .

Cost

As at September 2024 and including GST, a skin assessment is $50 and a Cosmetic Doctor consultation is $150. Dermal skin treatments start from $130. Cosmetic treatment is not covered by Medicare; medically indicated treatment may attract a rebate.

Ask what the full course costs rather than a single session, and whether spot and field treatment are quoted separately. We are not a no-gap provider.

Booking

Me Clinic, 4 Burke Road, Malvern East VIC 3145. Phone 1300 852 050 or (03) 9569 3511, or use the online consultation form .

Related: sun damage , solar keratosis , hyper-pigmentation , all skin conditions .

Common questions about age spots

What are age spots?

Flat brown or black spots — solar lentigines — that appear on sun-exposed skin: the face, backs of the hands, forearms, shoulders and upper chest.

Are they caused by age?

No. They are the record of cumulative sun exposure. They generally start appearing after 40 because that is how long the damage takes to show, and younger people with heavy sun exposure get them too.

Why must they be examined first?

Because the things they can be confused with are the things you least want to miss — a seborrhoeic keratosis, a pigmented basal cell carcinoma, or a lentigo maligna, which is an early melanoma that looks very like an age spot.

What is lentigo maligna?

An early melanoma that appears as a slowly enlarging flat brown patch on chronically sun-damaged skin — most often on the face, head or neck of an older person. It grows sideways rather than down, which is why it is treatable when caught.

Why is it easy to miss?

Because it is flat, brown and unremarkable on a face that already has a dozen flat brown marks, it grows slowly over years, and it appears in exactly the population and on exactly the sites where a new brown mark raises no eyebrow.

How would I tell it from an ordinary age spot?

It keeps getting bigger; it can have more than one shade within the one patch; its edge is often uneven, notched or scalloped rather than definite; and it is the odd one out among your other marks.

Which of those signs matters most?

That it keeps growing. An age spot appears, settles at a size and stays there. A patch measurably larger than a year ago is the most useful warning sign, and the easiest to miss without a photograph.

How should I photograph my spots?

With something for scale beside them — a coin or a ruler. Size cannot be judged from memory, or from a photograph with no reference in it.

What if I am not sure whether something has changed?

Say so anyway. Being wrong about that costs nothing.

Why not just laser it off?

Because laser, freezing and burning destroy the tissue. If it was a cancer there is nothing left to send to pathology and no record that it existed. Anything with features of concern is excised whole and tested.

Does treating spots treat the sun damage?

No. The damage is already in the skin. Removing its visible markers does not undo it or stop new ones forming.

Why do my hands respond so poorly?

The skin is thinner with less underlying support, the blood supply is poorer, the hands are in constant use, and they are almost never protected — so they need more sessions at gentler settings over longer, and the result holds less well than on the face.

Why is one of my forearms worse than the other?

In Australia the right forearm and the back of the right hand are frequently more sun-damaged, because that is the side by the window in a car. If one side is visibly worse, it is not imagination.

What is the difference between spot and field treatment?

Spot treatment — cryotherapy and targeted laser — addresses individual assessed lesions, and is efficient for a handful but impractical across a whole forearm. Field treatment — photodynamic therapy, peels, resurfacing — treats the whole sun-damaged area rather than its visible markers.

Which do I need?

Many people need both, plus a routine to hold the result: field treatment for the background damage, spot treatment for the specific lesions.

How many sessions will it take?

Most people need more than one, and hands take considerably longer than the face.

Should I have a test patch?

Where the device and your skin type make it appropriate, yes.

Should I stop my blood thinners first?

No — never on your own. They are prescribed for reasons far more serious than bruising after a cosmetic treatment. Tell us what you take and the plan accommodates it.

Is it normal for a treated spot to go darker?

Yes. Treated spots commonly darken before they lighten and then flake away.

What if a treated spot comes back?

A spot that returns looking different from the original is a reason to be examined again, not a reason to book another session of the same treatment.

How do I keep the result?

Daily broad-spectrum SPF 30 or higher on the face and the backs of the hands, reapplied to the hands after washing them; a hat, sunglasses and shade; no solariums; extra care immediately after treatment; and an annual skin check.

Why does the hand reapplication matter so much?

Because people who apply sunscreen to their face every morning do it with bare hands, never cover them, and wash it off several times before lunch. The hands accumulate more exposure per year than almost any other site.

Do I need a skin check?

Sun-damaged skin carries an elevated skin cancer risk, and new lesions are far easier to deal with early. An annual check is worthwhile, and full-body mole mapping is provided by dedicated skin cancer clinics.

What are the risks?

Redness, swelling and crusting; blistering; hypo-pigmentation, a pale patch that can be permanent and conspicuous on sun-damaged skin; post-inflammatory hyper-pigmentation, more likely in darker skin; scarring; infection; incomplete clearing and recurrence; increased sun sensitivity; and a missed diagnosis where a lesion is destroyed rather than examined.

What does it cost?

A skin assessment is $50 and a Cosmetic Doctor consultation $150 as at September 2024, including GST, with dermal skin treatments from $130. Ask what the full course costs and whether spot and field treatment are quoted separately. Cosmetic treatment is not covered by Medicare; medically indicated treatment may attract a rebate.

Individual results may vary. Any surgical or invasive procedure carries risks. Before proceeding you should seek a second opinion from an appropriately qualified health practitioner.