



# Sun Spots (Lentigines)

(“Age spots” or “liver spots” — flat brown spots from sun exposure)

## What Are Sun Spots (Lentigines)?

**Sun spots**, also called **solar lentigines** (plural: lentigines), are **flat brown, tan, or dark spots** that develop after **years of sun exposure**. They commonly appear on areas that get the most sun, such as:

- Face
- Hands
- Shoulders
- Chest (“V” of the neck)
- Upper back

Sun spots are **benign (not cancer)**, but any new or changing dark spot should be evaluated—because some skin cancers can mimic a “sun spot.”



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## What Do Sun Spots Look Like?

Sun spots are usually:

- **Flat** (not raised)
- **Tan to dark brown**
- **Well-defined edges**
- Slow to change over time

They often increase in number with age and sun exposure.

# What Causes Lentigines?

Lentigines form when UV exposure stimulates pigment production over time. Common contributors include:

- Cumulative sun exposure (including childhood sun)
  - Tanning (outdoor or indoor)
  - Genetics and skin type
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# How We Evaluate Sun Spots

We start with a careful skin exam and may use **dermoscopy** (a handheld DermLite device) to evaluate pigment patterns.

**Important:** In our dermoscopy exams:

- **No photos are taken**
- **No images are stored or uploaded** to your chart  
(Real-time clinical evaluation only.)

If a spot looks atypical, your dermatologist may recommend a **biopsy** to confirm the diagnosis.

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# Treatment Options

Some patients choose to treat lentigines for cosmetic reasons, while others prefer monitoring. Treatment depends on location, skin tone, and your goals.

## 1) Sun protection (most important)

- Daily broad-spectrum sunscreen
- Hats and sun-protective clothing
- Avoid tanning

This prevents new spots and helps keep treated spots from returning.

## 2) Topical brightening (gradual improvement)

- Medical-grade brighteners and/or prescription options may help lighten spots over time  
Best for patients who prefer a gentle, gradual approach.

### 3) In-office spot treatments (faster results in selected patients)

Depending on your skin type and the spot:

- **Cryotherapy (freezing)** for select lesions
- **Laser or IPL** for widespread sun spots (often considered cosmetic and may not be covered by insurance)

Your dermatologist will advise what's safest for your skin tone to reduce the risk of irritation or post-inflammatory hyperpigmentation (PIH).

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## Pre-Op Instructions

*(Not surgery—these are “before your treatment” tips.)*

### Before your evaluation

- Avoid tanning or sunburn before your appointment
- Make note of any spot that is:
  - New, changing, bleeding, itchy, or irregular
- Bring a list of current skincare products (especially retinoids, acids, brighteners)

### Before in-office treatment (freezing / laser / IPL)

- Avoid active sun exposure for at least **2 weeks** beforehand
  - Avoid self-tanner in the area
  - Let us know if you have a history of:
    - Cold sores (for treatments near the lips)
    - Dark marks after irritation (PIH)
    - Keloids or poor wound healing
  - Stop irritating skincare (scrubs/strong acids/retinoids) as directed
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## Post-Op Instructions

### After cryotherapy (freezing)

#### What's normal

- Redness, swelling, tenderness
- A blister may form, then crust and fall off
- Healing usually takes **1–2 weeks** (longer on legs)

## Care

- Gently cleanse daily
- Don't pop blisters or pick scabs
- Use a bandage if it rubs on clothing
- Call if you develop increasing pain, pus, spreading redness, or fever

## After laser / IPL (if performed)

- Expect mild redness and “peppering” (darkening of spots) before they flake off
- Keep skin moisturized and avoid picking
- Strict sunscreen is essential
- Avoid hot showers/saunas/excess sweating for 24–48 hours (or as instructed)

## After starting topical brighteners

- Use exactly as directed (more is not better)
  - If significant irritation occurs, pause and contact the office—irritation can worsen pigmentation in some patients
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## When to Contact Us

Schedule evaluation sooner if a “sun spot”:

- Is rapidly changing
  - Has irregular borders or multiple colors
  - Bleeds, crusts, or won't heal
  - Looks very different from your other spots (“ugly duckling”)
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## Sun Spots (Lentigines) FAQ

### Are sun spots the same as freckles?

Not exactly. Freckles often darken and lighten with sun exposure. Sun spots (lentigines) tend to be **more persistent** and related to long-term UV damage.

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### Are lentigines dangerous?

Lentigines themselves are benign. However, **some skin cancers can resemble a sun spot**, so any changing lesion should be checked.

## **Can sun spots go away on their own?**

They usually don't disappear completely without treatment, but they can lighten with consistent sun protection and targeted therapy.

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## **What's the fastest way to treat sun spots?**

In-office treatments (like laser/IPL or select freezing treatments) can provide quicker results than topicals. The best option depends on your skin type and the number of spots.

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## **Will they come back after treatment?**

They can—especially with ongoing sun exposure. Daily sunscreen is key to preventing recurrence.

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## **Can treating sun spots cause dark marks (PIH)?**

It can in pigment-prone skin, especially if irritation occurs. That's why we select treatments carefully and emphasize gentle aftercare and sun protection.

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## **Do you need a biopsy for every sun spot?**

No. Many are diagnosed clinically (often with dermoscopy). A biopsy is recommended only if a spot looks atypical or uncertain.