

CLINICAL EVALUATION OF SKIN OF COLOR AND SKIN INTEGRITY MAINTENANCE: AN INTEGRATIVE REVIEW ON HEALTH EQUITY

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Abstract: Objective: To analyze current scientific evidence on the morphological characteristics of black skin and discuss how these specificities influence clinical assessment and skin integrity maintenance strategies in nursing practice. Materials and Methods: Integrative literature review conducted in PubMed, SciELO, and LILACS databases, with a temporal cut-off from 2020 to 2025. The selection followed the PRISMA protocol, resulting in 18 analyzed sources (articles and academic works). Results: Black skin presents a more compact stratum corneum, thick dermis with hyper-reactive fibroblasts, and larger, dispersed melanosomes. These features provide UV protection but increase the risk of post-inflammatory hyperpigmentation (PIH) and keloids. It was identified that the Fitzpatrick Scale has limitations in detecting inflammatory erythema (“invisible erythema”), recommending the adoption of technologies such as Alternative Light Source (ALS) and ancestry scales. Conclusion: Maintaining the integrity of black skin requires mastery of ethnodermatology. Professional practice must overcome the Eurocentric standard and institutional racism, integrating sensory and technological methods to ensure health equity and patient safety.

Keywords: African Continental Ancestry Group; Morphology; Dermatology; Professional Practice; Nursing.

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INTRODUCTION

In Brazil, the black population (both black and mixed-race) continues to be majority, representing more than 55,5% do total, according to data based on the 2022 IBGE Census (Alchorne, 2024) However, these people have different possibilities of access to health care, not only due to the availability of public health care, but also due to knowledge of the specificities involved in diseases that are difficult to diagnose in skin with a higher concentration of melanin.

The skin is the largest organ in the human body, and it covers the entire organism, forming a protective barrier against external aggressions. Its integrity varies according to several factors. intrinsic (age, genetics, nutrition, diseases such as diabetes/circulatory problems, incontinence, reduced mobility) and extrinsic (pressure, shear, friction, humidity, temperature, chemicals, trauma, surgery, radiation therapy, smoking, pollution, stress) These elements affect the skin barrier, compromise healing, and can lead to problems such as pressure sores, infections, and premature aging, impacting skin health. (Lopes et al., 2021).

According to Da Silva et al. (2022) the study of black skin is an important and complex topic in the field of dermatology, and it is essential to know the structural, biological and functional differences in relation to light skin in order to ensure that professionals provide improved, adequate and comprehensive care to the Brazilian population.

Nurses play a crucial role in contemporary clinical practice, basing their interventions on an understanding of the biological particularities of each patient. According to COFEN Resolution No. 626/2020, aesthetic nurses have the autonomy to perform injectable and technological procedures, provided they are based on safety and technical excellence. In the management of patients with high phototypes, detailed knowledge of skin morphology is indispensable; as pointed out by... Chichester (2024) Black skin has specific characteristics, such as higher dermal density and fibroblast reactivity, which require personalized protocols to avoid complications such as post-inflammatory hyperpigmentation.



In this context, the application of Baumann's Classification (2020) allows the nurse to make a prescription of home care. It is necessary to identify sensitivity and pigmentation variables that are crucial for the success of invasive procedures and for maintaining an intact skin barrier.

In the Brazilian context, characterized by a high degree of miscegenation, it becomes imperative that nurses master the morphological characteristics of pigmented skin to ensure patient safety and treatment effectiveness. Recent literature, such as the works of...Litteret al. (2021) and updates of Baumann (2024) This reinforces the idea that maintaining skin integrity in Black skin requires a specialized approach to the skin barrier and dermal density.

Based on this literary gap, The guiding question arose. "What are the main morphological characteristics of black skin described in recent literature, and how do they influence the assessment and maintenance of skin and mucous membrane integrity?"

Thus, the aim of this study is to analyze the current scientific evidence on the morphological characteristics of black skin and to discuss how these particularities influence clinical assessment and strategies for maintaining skin and mucous membrane integrity in professional practice.

MATERIALS AND METHODS

This research is characterized as an Integrative Literature Review (ILR). To ensure methodological rigor and transparency in data reporting, the steps were conducted in accordance with the PRISMA protocol guidelines for integrative reviews (Mendes; Silveira; Galvão, 2021). The research was structured in six stages: 1) Development of the guiding question; 2) Literature search or sampling; 3) Data collection; 4) Critical analysis of the included studies; 5) Discussion of the results; 6) Presentation of the review/synthesis of knowledge.

The search strategy and descriptors were performed in the PubMed, SciELO, and LILACS databases. For the selection of articles, the Health Sciences Descriptors (DeCS) combined with Boolean operators were used (AND and OR Black Skin AND Morphology; Nursing AND Skin Integrity;



Black Skin AND Skin Barrier AND Aesthetics. The inclusion criteria were original and review articles published between 2020 and 2025, available in full in Portuguese, English, or Spanish, that specifically address the histological and physiological characteristics and evaluation of black and mixed-race skin. The exclusion criteria were isolated case reports or abstracts from congresses and studies that focused exclusively on serious pathologies (such as advanced skin cancer) without correlation to aesthetics or skin integrity, and articles published before 2020.

Table 1: Distribution of Review Sources

Category	Amount	Main Authors
Scientific Articles	13	Addor, Alchorne, Baumann (2), Chichester, Cohen, Da Silva, Limandjja, Lopes, Mendes, Miot, Taylor, Thawabteh.
Books / Chapters	2	Alexis & Barbosa; Baumann (Cosmetic Dermatology).
Monographs / Dissertations	2	Oliveira; Sousa.
Institutional Guidelines	1	Brazilian Society of Dermatology (SBD).

Source: The authors, 2025

RESULTS AND DISCUSSION

The results obtained through the integrative review indicate that nursing care for the Black population is frequently compromised by a gap in technical-scientific training, which tends to use light skin as a universal reference standard. The analysis of the 18 selected sources allowed the structuring of knowledge into axes that highlight everything from cutaneous microstructure to the impacts of institutional racism on diagnostic accuracy. In the first axis, focused on morphophysiology, the data corroborate that Black skin has unique characteristics that confer both adaptive advantages and specific vulnerabilities, summarized in Table 2.



Table 2: Thematic areas, main findings, and application in professional practice.

Thematic Axis	Key Findings	Application in Professional Practice
1. Morphophysiology and Pigmentation	Larger, isolated melanosomes with slow degradation; dermis rich in collagen and reactive fibroblasts.	Monitor hyperpigmentation early; understand that natural protection does not eliminate the need for filters against visible light.
2. Clinical Assessment and Scales	The Fitzpatrick Scale fails to predict erythema; colorimetric or ancestry-based assessment is needed.	Replace purely visual inspection with palpation (heat and edema) and the patient's genetic history.
3. Maintaining Integrity	Higher rate of water loss (TEWL); specific microbiota; high risk of keloids and folliculitis.	Prescribe moisturizers that reinforce the lipid barrier; avoid ablative procedures without prior skin preparation.
4. Education and Society	Structural racism generates a diagnostic "void"; textbooks omit the dermatology of black skin.	Humanized practice; active search for specific literature to avoid diagnostic and therapeutic negligence.

Morphophysiology and Pigmentation of Black Skin

Analysis of scientific evidence reveals that the particularities of black skin reside primarily in the organization of the melano-epidermal unit and the structure of the dermis. Unlike light skin, where melanosomes are small and clustered, in black skin these organelles are larger, denser, and individually distributed throughout the cytoplasm of keratinocytes (Alchorne; Abreu, 2024). This individualized dispersion, combined with a slower degradation of melanin in the upper layers of the epidermis, provides natural protection against ultraviolet (UV) radiation, but predisposes to a more intense and persistent inflammatory response.

As highlighted by Miot et al. (2021), melanogenic activity is extremely reactive to external stimuli. Any injury to skin integrity, whether from trauma, chemical agents, or radiation, can trigger an inflammatory cascade that results in Post-Inflammatory Hyperpigmentation (PIH). This phenomenon is exacerbated by the sensitivity of black skin to visible light, which acts synergistically with UV in maintaining pigmentary disorders such as melasma (Thawabteh).et al., 2023).

In addition to pigmentation, dermal morphology presents unique characteristics: a thicker dermis, with compact collagen bundles and larger, more active fibroblasts. While this structure delays



the visible signs of photoaging (wrinkles), it significantly increases the risk of hypertrophic scarring and keloids (Limandjja).et al. Therefore, understanding this morphophysiology is the first step towards a professional practice that knows how to differentiate physiological aging from inflammatory pathology, respecting the recovery time and biological reactivity of this phototype.

Thus, the analysis of the pThe morphological and physiological differences between black skin and white skin are highlighted, with an emphasis on how these differences impact clinical diagnoses and wound healing, summarized in Table 3.

Table 3. Comparative summary of the morphological and physiological characteristics of black skin compared to white skin.

Features	Black Skin	White Skin
Stratum Corneum	Greater intercellular cohesion (cells more “closed together”).	Reduced cellular cohesion.
Eczema/Lesions	Papular and lichenified (dry/hard) appearance.	Moist and spongy appearance.
Water Loss	Greater (greater tendency to xerosis/dryness).	Reduced transepidermal hair loss.
Melanocytes	Same quantity.	Same quantity.
Melanossomos	Larger, not aggregated, and slow to degrade.	Smaller, aggregated, and rapidly degrading.
Dermis	Thicker, more compact, and richer in fiber.	Thinner in comparison.
Fibroblasts	Larger, more numerous, and highly reactive.	Smaller and fewer in number.
Healing	Tendency to develop keloids and hypertrophic scars.	Healing is generally normal.
Aging	Delayed process (less atrophy).	Earlier atrophy process.

Source: Alchorne (2024); Chichester (2024); Oliveira (2023);Thawabteh (2023) Limandjja (2020)

Therefore, professionals who assist the Black population must be able to identify phototypes and specific skin characteristics, integrating the principles of...ethnodermatologyThis area is fundamental in contemporary healthcare because it recognizes that the skin should not be treated



under a single, superficial approach.universal standard, focusing on the particularities of skin with high phototypes. These characteristics have historically been underrepresented in textbooks and academic curricula, which reinforces the need for updated guidelines for maintaining the integrity of this tissue (SBD, 2025).

Clinical Assessment and Rating Scales

Dermatological and aesthetic professional practice has historically been guided by the Fitzpatrick Scale, developed in 1975 with the primary purpose of evaluating the cutaneous response to phototherapy in light skin. However, recent literature indicates that this metric is insufficient and sometimes inaccurate for the evaluation of black skin. According to Cohen et al. (2023), excessive reliance on scales based on visual perception of color can lead to underdiagnosis of inflammatory conditions, since erythema, a classic sign of inflammation, becomes visually “masked” by the high concentration of melanin (invisible erythema).

Baumann’s study et al.(2020) corroborates this limitation, demonstrating that objective measurements of color and erythema often do not coincide with subjective visual classification. This implies that clinical assessment in high phototype skin must transcend vision, incorporating touch and technology. Palpation to detect temperature variations (local heat) and edema becomes essential to identify early inflammatory processes that are not chromatically evident.

Given this scenario, the transition to models such as the Colorimetric Scale and the recognition of ethnoancestry are fundamental (Alexis; Barbosa, 2024). As argued by Taylore et al.(2021), replacing or supplementing the Fitzpatrick Scale with methods that consider genetic ancestry allows for more reliable prediction of the risk of post-procedure complications, overcoming the limitations of systems based solely on visual observation from the 1990s.



Assessment scales for skin phototypes, ethnicity, and ancestry.

The Fitzpatrick Skin Tone Scale was created in 1975. It classifies skin according to its ability to tan and its tendency to burn under sun exposure. Visual representation of the skin tones that make up the Fitzpatrick scale, ranging from type I (lightest and most sensitive skin) to type VI (deep black skin), shown in Figure 1, and the description of the phototypes in Table 2.

Figure 1: Chromatic representation of the phototypes of the Fitzpatrick Scale (I to VI). The progressive increase in melanin is observed, which acts as a natural barrier but can mask initial inflammatory signs. Source: Prepared by the authors (2025).



Table 1: Description of the Phototypes of the Fitzpatrick scale

Phototype	Clinical Characteristics	Reaction to the Sun
I	Very fair skin, light eyes, freckles.	It always burns, never tans. Extremely sensitive.
II	Fair skin, light or brown eyes.	Burns easily, tans very little. Sensitive.
III	Light to light brown skin.	Burns moderately, tans gradually. Normal sensitivity.
IV	Medium brown skin (Mediterranean).	It burns lightly, tans easily. Not very sensitive.
In	Dark brown (tan) skin.	Rarely burns, tans deeply and thoroughly. Durable.
WE	Black skin.	Never burns, deep pigmentation. Very resistant.

Fonte: Alchorne (2024)

The Lancer Ancestry Scale (LES) has recently been revalidated in contemporary studies to



predict the inflammatory response. Unlike simple observation, its application is based on the family tree, and it is considered a more robust metric for mixed skin types than the purely phenotypic systems of previous decades (Taylor).et al.(..., 2021). When using the LES Type, you must identify the origin of the four grandparents (two paternal and two maternal), as described in Table 2. After identification, perform the calculation (Lancer Mean), add the numbers corresponding to the four grandparents and divide the result by 4, as in the following example:

THE =Paternal Grandmother + Paternal Grandfather + Maternal Grandmother + Maternal Grandfather / 4

Example: If a person has 2 grandparents of German origin (Type 2) and 2 grandparents of South American Indigenous origin (Type 4): $2 + 2 + 4 + 4 = 12$ $12 / 4 = 3$ therefore, the final result is LES III.

Table 2. Lancer Ancestry Scale - Identification of each grandparent's score

Score	Geographic Origin / Ancestry
1	Celtic, Nordic or Northern European (Very fair skin, high sensitivity).
2	Central Europe, Eastern Europe or Germany (Fair skin, but less sensitive than type 1).
3	Mediterranean, Southern Europe, European Jews or Native Americans ("Golden" skin).
4	Asian (China, Japan, Korea, Thailand), Sephardic Jews, or Indigenous peoples of Central/South America.
5	African (Central, East, West), Arab, Middle Eastern or Ethiopian.

Source: Cohen et al. (2023)

The application of ancestry scales, such as the Lancer Ethnicity Scale (LES), has been reaffirmed in the literature (Cohen et al., 2023) as an essential tool to mitigate the risks of post-inflammatory hyperpigmentation in patients with high phototypes undergoing thermal procedures.

Although the original scale was created in the 1990s, recent scientific literature, such as



the review by Addor (2021), has focused on validating its correlation with the exposome concept, adapting the classification of sun damage to a molecular understanding that includes visible light and pollution, critical factors for hyperpigmentation in black skin.

Table 3. Glogau Scale

Type	Classification	Common Age	Typical Characteristics
I	Live	20-30 years old	No wrinkles; minimal pigmentary changes; no keratoses.
II	Moderate	30-40 years old	Wrinkles only appear with movement; premature senile lentigines; visible pores.
III	Advanced	40-50+ years	Wrinkles at rest; evident dyschromias; telangiectasias.
IV	Grave	60-70+ years	Only wrinkles; yellowish/grayish skin; possible precancerous lesions.

Source: (Alchorne; Abreu, 2024)

Baumann’s Classification (Skin Types). Focuses on skin behavior for skincare routines. It analyzes four variables: Oiliness vs. Dryness (Oily vs. Dry); Sensitivity vs. Resistance (Sensitive vs. Resistant); Pigmentation vs. Tendency to Spots (Pigmented vs. Non-pigmented); and Elasticity vs. Tendency to Wrinkles (Tight vs. Wrinkled).

Unlike the Fitzpatrick scale (which focuses on color and UV), the Baumann scale helps treat specific problems such as xerosis by identifying the type D (Dryness) to treat transepidermal water loss and hyper-reactivity that contributes to the identification of the type P (Pigmented), crucial to prevent any inflammation from turning into a dark spot.

Technological Innovations: Alternative Light Source (ALS) and the Visualization of Subtle Lesions

Given the limitations of subjective visual scales, recent literature points to the use of Alternative Light Source (ALS) as a game-changer in the assessment of black skin. ALS uses specific



wavelengths that, by interacting with the optical properties of tissues, allow the identification of what naked-eye inspection misses due to the chromatic barrier of melanin.

In skin with a high concentration of pigment (phototypes IV to VI), the detection of hematomas, ecchymosis, and initial inflammation is challenging, as the epidermal pigment masks the classic coloration of extravasated blood or vascular congestion. However, under specific wavelengths (generally between 415nm and 450nm), hemoglobin absorbs light intensely, causing “subtle lesions” to appear as dark, contrasting areas.

For nurses, this technology is crucial in preventing pressure injuries (PIs). Since non-blanchable erythema (stage 1) is often “invisible” in dark skin, ALS allows visualization of deep tissue damage before skin integrity is compromised. Incorporating this tool into nursing consultations mitigates the risk of underdiagnosis and promotes equitable care, ensuring that care is not neglected due to biological factors.

Other specific scales

- Fanous Scale: Based on racial and geographic categories (Nordic, European, Mediterranean, Indo-Pakistani, African, and Asian), widely used in plastic surgery and laser treatment planning.
- Taylor Scale: A visual system (color cards) created specifically to assess hyperpigmentation in dark skin, helping to monitor the treatment of blemishes.

Maintenance of Skin and Mucosal Integrity

Maintaining the integrity of black skin requires a deep understanding of its hydration dynamics and microbiological protection. Although it presents a more compact stratum corneum, studies indicate that this skin may have lower levels of ceramides and a higher Transepidermal Water Loss (TEWL) rate compared to other phototypes (Baumann, 2024). This characteristic results in a greater predisposition to xerosis (dryness), which in black skin manifests visually as an ashy



appearance, compromising the barrier function and facilitating the entry of pathogens. In this situation, the appearance of the skin as a pressure injury of unidentifiable grade can lead to misdiagnosis. As advocated by the clinical need for intense hydration cited by Baumann (2024), superhydration is fundamental in these situations.

Integrity is also influenced by the balance of the microbiota. According to Lopes et al.(2021), external factors, such as the use of occlusives (diapers or tight clothing) and inadequate hygiene, alter the pH and resident flora, increasing the risk of dermatitis and fungal infections. In black skin, any imbalance that leads to inflammation is a potential trigger for hyperpigmentation. Therefore, maintaining integrity should not focus solely on cleansing, but on preserving the hydrolipidic mantle through synthetic cleansers and moisturizers that mimic the natural lipid barrier (Chichester) et al., 2024).

Furthermore, maintaining skin integrity in individuals with high phototypes should include preventing specific complications such as pseudofolliculitis and keloids. Proper management requires professionals to avoid excessive mechanical and chemical trauma. As observed by Oliveira (2023), efficient photoprotection is a pillar of integrity, as radiation not only causes cellular damage but also degrades components of the extracellular matrix that maintain skin resilience. Thus, professional practice should be guided by a “preventive minimalism” protocol: high hydration, photoprotection against visible light, and interventions that minimize the risk of an exacerbated inflammatory response. Lopes (2021) reported on hygiene to maintain the inguinal microbiota with an acidic pH to prevent opportunistic infections in skin fold areas.

Education, Health and Society: The Impact of Underrepresentation

The effectiveness of professional practice in maintaining the integrity of Black skin is directly influenced by academic training and the sociopolitical context. The literature indicates that biological invisibility in health curricula is a form of...Institutional racism. As demonstrated by Da



Silva et al. (2022), science and health textbooks have historically omitted or treated pathologies in black skin only peripherally, which consolidates a Eurocentric learning bias. This pedagogical “gap” results in professionals who, although technically qualified, feel insecure or fail to diagnose erythema and lesions in high phototypes.

This educational gap is exacerbated by the implications of structural racism on public health. According to Sousa (2025)) Institutional racism manifests itself in the lesser clinical attention given to Black bodies and the underestimation of their dermatological complaints. Neglect in recognizing an initial dermatitis, for example, can evolve into complex wounds or severe hyperpigmentation, irreversibly compromising skin integrity. Therefore, ethnodermatology should not be seen merely as an aesthetic subspecialty, but as a tool for social justice and equitable healthcare.

In this sense, the guidelines of the Brazilian Society of Dermatology (SBD, 2025) reinforce the need for continuing education that includes ethnic diversity at all levels. Maintaining physical integrity depends on the professional’s ability to recognize the Black patient as a subject of rights, whose physiology requires specific, not general, protocols. Deconstructing the “universal standard” of beauty and health is, therefore, a prerequisite for clinical care to be truly inclusive and efficient.

CONCLUSION

This integrative review concluded that maintaining the integrity of black skin transcends the application of conventional protocols, requiring a specialized clinical approach grounded in the particularities of ethnodermatology. The morphological evidence analyzed, such as the greater compaction of the stratum corneum, the dense dermis, and the high melanocytic reactivity, confirms that, although this tissue possesses superior mechanical resilience, it presents a marked inflammatory vulnerability that can compromise healthcare outcomes.

It has been identified that one of the greatest challenges for professional practice is the obsolescence of strictly visual assessment scales, such as the Fitzpatrick scale, when used in



isolation. Recognizing “invisible erythema” and adopting sensory (palpation for heat and edema) and technological methods, such as Alternative Light Source (ALS) for identifying subtle lesions and hidden hematomas, are urgent steps to mitigate underdiagnosis. Furthermore, skin barrier management in Black skin should be personalized, combating graying xerosis and protecting the microbiome to prevent post-inflammatory hyperpigmentation and keloids.

Finally, the study emphasizes that technical excellence in nursing is inseparable from social awareness. Combating institutional racism, manifested in the historical underrepresentation of dermatology for Black skin in health curricula, is a basic premise for a practice guided by equity. It is hoped that this review will serve as a guide for health and aesthetics professionals, fostering a practice that respects biological uniqueness and promotes, in a comprehensive way, the safety, health, and dignity of the Black population.

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