AARS Hot Topics Member Newsletter
March 1-March 16, 2017

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We encourage you to invite your colleagues and patients to get active in the American Acne & Rosacea Society! Visit www.acneandrosacea.org to become member and donate now on www.acneandrosacea.org/donate to continue to see a change in acne and rosacea.

http://www.practiceupdate.com/c/50467/2/4/?elsca1=emc_enews_daily-digest&elsca2=email&elsca3=practiceupdate_derma&elsca4=dermatology&elsca5=newsletter&rid=MTMzOTQ5OTU5NDc5S0&lid=10332481

Though unexpected, the most common dermatologic diagnosis at a homeless shelter clinic was acne, with approximately one in five patients presenting with the condition. This finding of a retrospective chart review was reported at the 2017 American Academy of Dermatology Annual Meeting, from March 3 – 7. Michael J. Murphy, MD, of the University of Connecticut, Farmington, explained that among the homeless, dermatologic conditions are very common due to the exposure of skin to environmental elements and often inadequate clothing and hygiene. The University of Connecticut South Park Dermatology Clinic was founded in 2008 to reduce barriers to care and increase convenience in these patients. The clinic is part of a general medical clinic founded in 1987 by a group of University of Connecticut medical students. Their goal was to provide critical healthcare services to this underserved population. Dr. Murphy and colleagues set out to identify the most common dermatologic diagnoses among all patients seen at the clinic from 2008 to 2016. Particular attention was paid to age, gender, season of the year, and the rate of malignancy. The data will be used to generate a robust supply of treatment options to best care for homeless patients. Patient charts from 45 dermatology clinics held at the shelter clinic were reviewed and demographics, diagnosis, and treatment data were recorded. Overall, 273 patients, 1–67 (mean 37, median 39 years of age were seen for dermatologic concerns. Demographically, 54% were male and 46% were female, with 30% identifying as African-American/black, 29% Hispanic, and 25% Caucasian. Sixteen percent did not disclose their race. A total of 363 diagnoses were recorded, encompassing 90 separate dermatologic conditions, with 26% of patients presenting with more than one complaint.

The top 10 diagnoses per total number of patients over 8 years were: Acne, 19.78%; Atopic dermatitis, 9.89%; Tinea pedis, 9.16%; Xerosis, 8.06%; Folliculitis, 5.13%; Post-inflammatory hyperpigmentation, <5%; Seborrheic dermatitis, <5%; Tinea infection of the body and head, <5%; Psoriasis, <5%; Verruca vulgaris, <5%. Surprisingly, only acute cold injury and two foot lacerations were treated. Additionally, the rate of suspected malignancy per total patients seen was 2.6%, with seven patients presenting with lesions concerning for melanoma (n=5) and basal cell carcinoma (n=2). Diagnostic trends were also analyzed based on gender, ethnicity, age, and season of the year. Dr. Murphy concluded that though unexpected, the most common diagnosis at the clinic was acne, with approximately one in five patients in the homeless shelter clinic presenting with the condition. The most common diagnoses will advise decisions about diagnostic and treatment supplies ordered for future clinics in order to best care for these homeless individuals. Results of the study will be published in an upcoming issue of Connecticut Medicine. The study was limited by the lack of clinics during the summer months and diagnosis variability between attending dermatologists.

Cutanea Life Sciences, Inc. (CLS) introduced Aktipak (erythromycin and benzoyl peroxide) Gel, 3%/5%, a combination therapy indicated for the topical treatment of acne vulgaris. The product is available through dermatologists' offices. Aktipak is a portable, freshly mixed, patient-blended therapy that offers a flexible and convenient treatment option for active, "on-the-go" acne patients, according to the company. The product comes in pocket-sized, single-dose, dual-chamber pouches (60 to a carton), each of which contain the antibiotic erythromycin and the antibacterial benzoyl peroxide in separate chambers. The patient opens the pouch and blends the gel contents immediately prior to use, enabling simple, convenient application with no mixing needed in the pharmacy. Aktipak has an 18-month shelf life from the date of manufacture, and no refrigeration is required. The 1.5" x 2.5" pouches tuck easily and discreetly into purses, gym bags and backpacks. "At Cutanea Life Sciences, we are committed to focusing on underserved patient needs, and helping medical professionals optimize their practice time through our products and services," said Robert J. Bitterman, President and CEO of CLS. "We are pleased that our initial market entry, Aktipak, meets both objectives by providing a safe, effective and convenient treatment alternative for acne patients with active lifestyles." A multicenter, randomized, double-blind parallel group study of the efficacy and tolerability of Aktipak versus vehicle was conducted in 217 acne patients age 13 years and older. At 8 weeks, treatment success, as defined by the Physician's Global Acne Severity score, was demonstrated in 36 percent for the Aktipak group versus 12 percent for the vehicle group (p <0.05). The most frequently reported adverse events in clinical trials of Aktipak include dry skin (7.6 percent), application site reaction (2.5 percent), blepharitis (1.7 percent), pruritus (1.7 percent), and photosensitivity (1.3 percent). "Many of the young acne patients I see today lead very active lives, ranging from sports to travel and other activities," said Daniel Roling, MD, Philadelphia area dermatologist. "The unique benefits of Aktipak™, including its portability, ease of use and long shelf life, should be a welcome fit for this population." "As a professional school counselor who works with teenagers every day, I have seen first-hand what research has shown, that acne can have a profound psychosocial impact on teens including affecting their self-esteem, relationships and even academic achievement," said Anne LP Flenner, Ed.S, 2016-17 President of the Florida Counseling Association and a member of the American Counseling Association. "As teens communicate constantly via Facebook, Twitter, Snapchat and Instagram, the visual, photo-driven nature of these platforms only serves to exacerbate feelings of embarrassment and anxiety over acne." To learn more about Aktipak™, visit www.aktipak.com.

New Medical Research

BACKGROUND: Acne inversa (AI)/Hidradenitis suppurativa is a chronic inflammatory disease characterized by painful axillary, inguinal, and perianal skin lesions with deep-seated nodules, abscesses, and fistulae. OBJECTIVES: This study aimed at the identification and characterization of key players in AI pathogenesis. METHODS: Epidemiologic and anamnestic data as well as blood and skin samples of AI patients were collected. Healthy participants and psoriasis patients served as controls. Assessment of samples and cultures of primary cells was performed by ELISA, qRT-PCR, and immunohistochemistry. RESULTS: Among 35 mediators quantified in blood of AI patients, lipocalin(LCN)-2 appeared as one of the most significantly upregulated parameters compared to healthy participants [85.8±12.2 (n=18) versus 41.8±4.2 (n=15); P=0.000]. Strongly elevated LCN2 expression was present in AI lesions, with granulocytes and, to a lower extent, keratinocytes being sources of this expression. In vitro, these cells upregulated LCN2 production in response to TNF-α, and a positive relationship between systemic TNF-α and LCN2 levels (rs =0.55; P=0.011; n=20) was evident for AI. LCN2 blood levels correlated with AI disease severity (rs =0.65; P=0.000, n=29), but not with disease duration, age, sex, BMI, or smoking habit. Detailed analyses revealed a link with the number of skin regions containing nodules and fistulae, but not scars. CONCLUSIONS: LCN2 might serve as a blood biomarker for objective assessment of inflammatory activity in AI. Additionally, we suggest a self-amplification loop comprising TNF-α, neutrophilic granulocytes, and LCN2, that contributes to the recurrent skin neutrophil infiltration in AI, clinically evident as pus.

To date, facial acne flare-ups in adult women during the luteal phase of the menstrual cycle have been poorly investigated. To clinically characterize premenstrual acne flare-up in adult women and investigate the effect of a dermocosmetic treatment. This single-centre study included 32 young adult women with declared premenstrual acne flares and was composed of two phases: (1) an observational phase (two menstrual cycles) and (2) an interventional phase (one menstrual cycle) in a controlled, randomised, double-blind, intra-individual (half-face) setting in which a dermocosmetic (containing lipohydroxyacid, nicotinamide, and piroctone-olamine) and placebo were compared. Firstly, during the first part of the study, we observed that premenstrual acne flare-ups in adult women were characterized by a significant increase in the number of papules (20.2 vs. 13.7; p = 0.0008) and to a lesser extent, closed comedones (25.6 vs. 22.7; p = 0.04). Secondly, during the interventional phase, the half-face treated with the dermocosmetic formulation showed a significantly lower number of inflammatory lesions (7.6 vs 9.4; p = 0.01) during the luteal phase compared to the half-face treated with the placebo. Tolerance of the dermocosmetic formulation was rated as good or excellent. Our data indicate a significant increase in the number of papules during premenstrual acne flare-ups in adult women and the use of a dermocosmetic may be of benefit in partially reducing this premenstrual inflammatory flare-up.

BACKGROUND: The use of special silk textiles (Dermasilk) has shown positive effects on chronic inflammatory diseases like lichen sclerosus et atrophicus, atopic dermatitis, diabetic ulcerations, and
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vulvovaginal candidiasis. OBJECTIVE: Wearing T-shirts of this particular fabric could be useful in the management of patients with acne vulgaris on the back and trunk. MATERIAL AND METHODS: Dermasilk T-shirts were given to 14 patients with acne vulgaris papulopustulosa on the back. The patients wore these shirts every night for 6 weeks, and their acne lesions were monitored. Dermasilk represents a polymerisate of fibroin, a silk protein, and antimicrobial AEM5772/S, an unsoluble colorless, odorless ammonium with antifungal and antibacterial ability. RESULTS: Photographic documentation before and after 6 weeks showed a clinically significant reduction in acne lesions on the back without any concomitant treatment or change in lifestyle and living conditions. DISCUSSION: The use of Dermasilk textiles in other subacute-chronic inflammatory skin diseases has shown positive effects. This is the first report on their safe and effective use in the management of acne vulgaris papulopustulosa corporis.

INTRODUCTION: Numerous intrinsic and extrinsic factors have been associated with the pathophysiology of rosacea, including dysregulation of innate immunity. A high level of cathelicidin antimicrobial peptides (e.g., LL-37) has been shown in the facial skin of patients with rosacea. Excessive production of both LL-37 and KL5, the serine protease responsible for its cleavage, has been suggested to play a role in the pathophysiology of rosacea. Ivermectin 10 mg/g cream, indicated for the treatment of inflammatory lesions of rosacea, is reported to have dual anti-parasitic and anti-inflammatory properties. However, the exact mechanism of action of ivermectin cream in the treatment of rosacea is unknown. METHODS: This study aimed to evaluate the effect of ivermectin on the expression of KL5 and the subsequent effect on the maturation process of cathelicidins. Experimental studies were performed either on normal human epidermal keratinocytes (NHEK), reconstructed human epidermis (RHE) or on human skin ex vivo stimulated with calcitriol (1α,25-dihydroxyvitamin D3), which is known to induce KL5 and LL-37 expression. RESULTS: The results show that ivermectin is able to inhibit KL5 and CAMP gene expression and protein secretion in NHEK cells stimulated with calcitriol. Those results were confirmed in 3D models of the skin (RHE and skin ex vivo). The anti-inflammatory effects of ivermectin were associated with an inhibition of IL-8, IL-6 and MCP-1 (CCL2) secretion from NHEK cells. CONCLUSIONS: These results suggest that ivermectin can prevent the inflammatory effects of rosacea triggered by abnormal LL-37 processing, through the inhibition of KL5 gene expression in the epidermis. FUNDING: Nestlé Skin Health R&D.

Demodicidosis is a common infestation and should be considered in the differential diagnosis of recurrent or recalcitrant perioral dermatitis or rosacea-like eruptions of the face. We report on a 34-year-old male, who presented with facial erythema and desquamation accompanied by a pruritic sensation. Dermoscopic examination revealed Demodex tails and Demodex follicular openings, both specific features of this entity. Microscopically, standardized skin surface biopsy test was pathogenic and the patient had positive response to anti-demodectic drugs. To our knowledge, a few reports of the
dermatoscopic features of demodicidosis have been published in the literature. Dermoscopy offers a potential new option for a real-time validation of Demodex infestation and a useful tool for monitoring treatment.

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Clinical Reviews


Patients with rosacea present a challenge to the dermatologist, as they typically possess sensitive skin, need facial Demodex and bacterial colonization control, exhibit vasomotor instability, require camouflaging of telangiectatic mats, and desire prescription treatment. Currently available pharmaceuticals are aimed at inflammation reduction, primarily with the use of topical and oral antibiotics. Recently, vasoconstrictor formulations have emerged, but these drugs have only a temporary effect and improve appearance without addressing the underlying cause, which remains largely unknown. Cosmeceuticals, including cleansers, moisturizers, cosmetics, sunscreens, and anti-inflammatory botanicals, can be used as adjuvant therapies in combination with traditional therapies. This review explores the effective use of cosmeceuticals in the treatment of rosacea to enhance pharmaceutical outcomes and meet patient expectations in a more satisfactory manner.


Rosacea represents a common and chronic inflammatory skin disorder. Clinical features include transient and permanent erythema, inflammatory papules and pustules, phymatous changes, and ocular signs and symptoms. Rosacea is generally classified into four subtypes and one variant. Subtype 1, erythematotelangiectatic rosacea, includes clinical features of flushing and persistent central facial erythema with or without telangiectasia. Subtype 2, papulopustular rosacea, is characterized by persistent central facial erythema with transient papules or pustules or both on the central face. Subtype 3, phymatous rosacea, includes thickening of the skin with irregular surface nodularities and enlargement. Subtype 4, ocular rosacea, includes inflammation of different parts of the eye and eyelid. A variant, granulomatous rosacea, is noninflammatory and is characterized by hard, brown, yellow, or red cutaneous papules or nodules of uniform size. Patients may present with more than one subtype, and each individual characteristic may fluctuate. There is debate whether rosacea progresses from one subtype over time or subtypes represent discreet entities. Defining clinical presentation and improved understanding of pathophysiology has resulted in identification of novel treatment approaches. This contribution outlines a rationale for treatment, highlights an evidence-based approach with approved treatments, and considers novel developments and off-license therapy available.

Demodex mites are part of the vast microbiome living on and within human skin. The interaction of the various microorganisms with the skin plays a key role in the maintenance of homeostasis. The precise role and function of Demodex mites within normal and diseased human skin remains elusive. The emergence of ivermectin as a key therapy for rosacea has refocused interest in the role of Demodex mites in the pathogenesis of this skin disease and the ability of Demodex to modulate the host immune system.


The skin is an endocrine organ with the expression of metabolizing enzymes and hormone receptors for diverse hormones. The sebaceous gland is the main site of hormone biosynthesis, especially for androgens, and acne is the classical androgen-mediated dermatosis. In sebocytes, conversion of 17-hydroxyprogesterone directly to dihydrotestosterone bypassing testosterone has been demonstrated, while type II 17β-hydroxysteroid dehydrogenase can inactivate the action of testosterone and dihydrotestosterone. The androgen receptor-dependent genomic effect of dihydrotestosterone on sebocytes is confirmed. Further evidence supports the PI3 K/Akt/FoxO1/mTOR signaling in the involvement of the interplay between androgens, insulin, insulin-like growth factor, and hyperglycemic diet in acne. Androgens not only regulate embryology and lipogenesis/sebum synthesis in sebocytes but also influence inflammation in acne. Genetic studies indicate that regulation of the androgen receptor is an important factor in severe acne. Further studies are required to understand the effect of estrogen and progesterone on sebaceous gland and comedogenesis, considering the change of acne in pregnancy and postmenopausal acne. Special attention should be paid to nonobese patients with polycystic ovarian syndrome and hyperandrogenism-insulin resistance-acanthosis nigricans syndrome. In spite of extensive gynecologic experience in the use of combined oral contraceptives for acne, evidence based on dermatologic observation should be intensified.


Atrophic acne scars are a common and undesirable outcome of acne vulgaris related to both its severity and delay in treatment. Such scars can be classified according to the depth and shape of the collagen loss: ice pick, boxcar, or rolling. The presence of atrophic acne scars can compromise the self-esteem and psychologic well-being of patients, creating a challenge for both the patient and the dermatologist.


The treatment of acne and acne scarring with lasers and light-based and energy-based technologies has become an integral component of our therapeutic arsenal. Lasers including infrared wavelengths and pulsed dye lasers; light devices including blue light, red light, and broadband light; and photodynamic
therapy with aminolevulinic acid and methylaminolevulinic acid have been shown to be effective in the treatment of acne vulgaris. The optimal outcomes are achieved with photodynamic therapy combined with medical therapy. Acne scarring has been best treated with lasers, including nonablative infrared lasers, fractional nonablative and ablative laser resurfacing, and most recently needle-based radiofrequency devices.


A variety of drugs may provoke acne, with drug-induced acne (DIA) often having some specific clinical and histopathologic features. DIA is characterized by a medical history of drug intake, sudden onset, and an unusual age of onset, with a monomorphous eruption of inflammatory papules or papulopustules. The location of the acne lesions is beyond the seborrheic zone. Corticosteroids, anabolic steroids, testosterone, halogens, isoniazid, lithium, and some new anticancer agents are drugs with undoubted causal relationship to acne. The diagnosis of DIA is made by a detailed history with a record of drug onset, dosage regimen and therapy duration, absence of additional triggering factors, and clinical relationship between the introduction of the drug and the onset of an acne-like eruption. In all cases, the withdrawal of the drug should be followed by lessening of the acne lesions.


A precise and reliable assessment of acne severity is unarguably the most essential clinical method when it comes to monitoring and choosing optimal treatment in the daily practice. Since the early 1960s, different severity assessment systems have been described in the literature. The two commonly used concepts are global gradings and lesion counting. Both systems have been controversially discussed as to which is more reliable and providing an objective outcome measurement tool; however, both have some subjectivity involved. More objective methods for assessing the severity of acne vulgaris include photography, fluorescence photography, polarized light photography, video microscopy, and multispectral imaging. Such techniques have limitations such as high cost, complex and sophisticated apparatus, and a sometimes time-consuming imaging process. There are newly developed technologies that could avoid the problems of inter- and intrarater subjectivity.


Acne is the most common of skin diseases, being characterized as a chronic inflammatory disease of the pilosebaceous unit. Although acne is usually straightforward to diagnose and treat, some patients have difficult or rare forms of acne. What seems to be "nonresponding acne" in a patient may be caused by another acneiform disease that clinically mimics acne, thus misleading the clinician, if not ruled out, with scrutiny. Difficulties in the management of acne may be attributable to patient-related issues (low adherence to treatment or fear for side effects), treatment-related issues (inappropriate treatment, dose, or duration of treatment), or difficult-to-treat acne types (acne conglobata or acne fulminans). Rare forms of acne may be present in the context of complex syndromes, such as the synovitis, acne,
pustulosis, hyperostosis, osteitis syndrome; pyogenic arthritis, pyoderma gangrenosum, acne syndrome; pyoderma gangrenosum, acne, and suppurative hidradenitis syndrome; or congenital adrenal hyperplasia, in association with other systemic findings, often with a positive family history.

http://link.springer.com/article/10.1007%2Fs40257-017-0255-3

BACKGROUND: Acne vulgaris is a highly prevalent skin disorder that affects almost all adolescents and can persist into adulthood. Photodynamic therapy (PDT) is an emerging treatment for acne that involves the use of a photosensitizer in combination with a light source and oxygen. METHODS: We performed a systematic review of the literature and critically evaluated the studies. Sixty-nine clinical trials, four case reports, and two retrospective studies met the inclusion criteria, and seven of the studies were high quality. RESULTS: The most common photosensitizers used were 5-aminolevulinic acid and methyl aminolevulinate, and both showed similar response. Red light was the most frequently used light source, followed by intense pulsed light, and showed comparable results. Inflammatory and non-inflammatory lesions both responded to treatment, with inflammatory lesions showing greater clearance in most studies. Adverse events associated with PDT for acne were mild and included pain on illumination and post-procedural erythema and edema. PDT has been safely used in higher Fitzpatrick skin types (III-IV), although these patients had a higher risk of transient hyperpigmentation. CONCLUSION: This review supports PDT as an efficacious treatment for acne and a good adjunctive treatment for mild to severe acne, especially in patients who have not responded to topical therapy and oral antibacterials, and are not great candidates for isotretinoin. Further studies are warranted to evaluate the optimal photosensitizers, light sources, incubation times, and number of treatments for PDT use in acne.

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http://link.springer.com/article/10.1007%2Fs40257-017-0267-z

BACKGROUND: To some degree, acne vulgaris affects nearly every individual worldwide. Oral antibiotic therapy is routinely prescribed for the treatment of moderate to severe inflammatory acne; however, long-term use of oral antibiotics for acne may have unintended consequences. OBJECTIVE: The aim of this study was to provide a systematic evaluation of the scientific evidence on the efficacy and appropriate use of oral antibiotics in the treatment of acne. METHODS: A systematic search of MEDLINE was conducted to identify randomized controlled clinical trials, systematic reviews, and meta-analyses evaluating the efficacy of oral antibiotics for acne. Overall, 41 articles that examined oral antibiotics compared with placebo, another oral therapy, topical therapy, alternate dose, or duration were included in this study. RESULTS: Tetracyclines, macrolides, and trimethoprim/sulfamethoxazole are effective and safe in the treatment of moderate to severe inflammatory acne. Superior efficacy of one type or class of antibiotic could not be determined, therefore the choice of antibiotic is generally based on the side-effect profile. Although different dosing regimens have been studied, there is a lack of standardized comparator trials to determine optimal dosing and duration of each oral antibiotic used in acne. The combination of oral antibiotics with a topical therapy is superior to oral antibiotics alone. CONCLUSION: This article provides a systematic evaluation of the scientific evidence of the efficacy of
oral antibiotics for acne. Due to heterogeneity in the design of the trials, there is insufficient evidence to support one type, dose, or duration of oral antibiotic over another in terms of efficacy; however, due to increasing resistance to antibiotics, dermatologists should heed consensus guidelines for their appropriate use.


Immune disorders are associated with acne or acneiform lesions secondary to the occurrence of acne vulgaris or acneiform eruptions arising as a result of immunosuppressive medication or infection. In this review, we aim to provide an overview of acne and acneiform eruptions that can arise in the immunosuppressed host. Tips for differentiating between various acneiform entities are discussed, as well as a brief overview of treatment considerations.


Although there have been few formal studies, scarring is a known bothersome companion of acne vulgaris. We performed a prospective study of subjects consulting a dermatologist for active acne to assess the frequency of acne scarring. Investigators performed a short questionnaire on all acne patients seen at their office for one consecutive 5-day work week to assess scar frequency. Additionally, the first four subjects with acne scars identified were enrolled for a second phase (scar cohort) of the study during which the investigator collected further medical history and performed a clinical evaluation and the patient completed a self-administered questionnaire about scar perceptions and impact on quality of life. A total of 1,972 subjects were evaluated by 120 investigators. Among these, 43 percent (n=843) had acne scarring. Subjects with acne scars were significantly more likely to have severe or very severe acne (P less than .01); however, 69% of the subjects with acne scars had mild or moderate acne at the time of the study visit. Risk factors correlated with increased likelihood of scarring were acne severity, time between acne onset and first effective treatment, relapsing acne, and male gender. Treatments that can completely resolve acne scars are not yet available – prevention and early treatment remain a primary strategy against scars. It is vital for clinicians who manage individuals with acne to institute effective therapy as early as possible, since treatment delay is a key modifiable risk factor for scarring.


High effectiveness of isotretinoin treatment for severe types of acne resistant to antibiotics has been widely recognized. However, the recommended doses in conventional therapy, according to consensus of the Polish Dermatological Society, may cause serious adverse effects. Thus, research into less stressful, alternative treatment regimens with the use of low doses of isotretinoin has been carried out. The aim of the paper was to review the selected papers where authors present the results of their
studies on different regimens with the use of isotretinoin in low doses in patients with acne, evaluate their efficacy, patient satisfaction, frequency of adverse effects, recurrences and also treatment costs. 

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Patient Communication / Counseling


Leading dermatologists offered their recommendations on the top OTC adult acne products. See what they’re recommending to their patients and why. To improve patient care and outcomes, leading dermatologists offered their recommendations on adult acne products. Consideration must be given to:

**Bioclear Face Lotion and Face Cream - Jan Marini Skin Research, Inc.** “These products contain a powerful combination of glycolic, salicylic, and azelaic acids to smooth and brighten acne-prone skin.” — Larisa Ravitskiy, MD, Gahanna, Ohio.

**Neutrogena Clear Pore Cleanser/Mask - Johnson & Johnson Consumer Inc.** “This is a good daily product for acne-prone skin. It is formulated with benzoyl peroxide and can be used as a daily wash or mask.” — Anthony M. Rossi, MD, New York, New York.

**Offects Sulfur Masque Acne Treatment - ZO Skin Health Inc.** “This nonirritating mask reduces inflammation and oiliness and is safe to use in pregnancy.” — Larisa Ravitskiy, MD, Gahanna, Ohio.

**PanOxyl Acne Foaming Wash and Acne Creamy Wash - Stiefel, a GSK company.** Recommended by Gary Goldenberg, MD, New York, New York


BACKGROUND: Hidradenitis suppurativa (HS) is a chronic, inflammatory skin disease, which presents as recurrent nodules and sinus tracts (tunnels) with subsequent scarring, predominantly involving the intertriginous regions. Although prodromal symptoms (i.e. various symptoms preceding the eruption of the HS lesions) are often mentioned, there have been no formal investigations into this aspect. Insight into prodromal symptoms may enable patients with HS or dermatologists in choosing a more targeted treatment at a much earlier stage, potentially increasing treatment efficacy and quality of life. AIM: To characterize the spectrum of prodromes in patients with HS. METHODS: An extensive questionnaire that explored the frequency, type and time of occurrence of the prodromal symptom(s) and the degree of certainty of the perceived association was administered to 72 patients. RESULTS: The majority of the 72 patients (83.3%; n = 60) confirmed that they experienced one or more symptom(s) prior to the development of inflamed nodules or abscesses. These included: fatigue (32%), malaise (defined as a fever-like sensation) (23%), headache (11%) and nausea (2%). Localized symptoms included skin erythema (75%), paraesthesia (63%) and itching (20%). The majority of the patients stated that the prodromes usually occurred > 24 h (45%) or 12-24 h (20%) before the eruption. CONCLUSION: Our data suggest that the majority of patients with HS experience prodromal symptoms, heralding a flare of their HS. The findings may give rise to important new treatment approaches for the management of HS.