



AARS **HOT TOPICS** MEMBER NEWSLETTER

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Industry News

Novartis picks retail expert for new role of digital chief. August 25, 2017. MDLinx. <https://www.mdlinx.com/dermatology/top-medical-news/article/2017/08/25/7390311>

Novartis has appointed a senior retail expert to the new post of chief digital officer, following a similar move by GlaxoSmithKline last month, underscoring how drug makers are grappling with the impact of new technology. Pharmaceutical companies face a range of challenges from the digital world as mobile apps offer patients new ways to monitor their health and online communications with prescribers and consumers become routine. Bertrand Bodson, currently chief digital and marketing officer for Sainsbury's Argos chain, will start in his new role on Jan. 1, 2018, and report directly to CEO Joe Jimenez, the Swiss drug maker said on Thursday. He will be tasked with improving the way Novartis uses data in drug discovery and development, engages with patients, doctors and other stakeholders, as well as automating business processes. At Argos, Bodson helped turn a traditional catalogue business into Britain's third-largest online retailer. Former Wal-Mart Stores executive Karenann Terrell was appointed to the similar position of chief digital and technology officer at Britain's GSK in July.

Bioré Skincare Partners with Girl Up. August 14, 2017. Practical Dermatology. <http://practicaldermatology.com/dermwire/2017/08/24/bior-skincare-partners-with-girl-up>

To celebrate the launch of their new Limited Edition Deep Cleansing Pore Strips, Bioré® Skincare is partnering with Girl Up™, a United Nations Foundation campaign. Girl Up mobilizes girls and women across the globe to raise awareness and funds for United Nations programs that help adolescent girls in need. The charity's SchoolCycle initiative provides bicycles to girls in developing countries so they can access education and stay in school. With actress and Brand Ambassador Shay Mitchell supporting the partnership, Bioré® Skincare is donating 200 bikes. Bioré® Skincare Limited Edition Deep Cleansing Pore Strips are available for a limited time for \$6.49 at select food, drug and mass merchant stores. For more information, visit www.biore.com. For more information on Girl Up™ and the SchoolCycle initiative, visit www.girlup.org/schoolcycle.

Valeant's Newly Minted Ortho Dermatologic Unit Makes Big Splash at Summer AAD. July 27, 2017. Practical Dermatology. <http://practicaldermatology.com/dermwire/2017/07/27/valeants-newly-minted-orthodermatologic-division-makes-a-big-splash-at-summer-aad>

It's go big or go home for the newly re-branded Valeant Ortho Dermatologic division. At the 2017 American Academy of Dermatology in New York City, the company will officially launch Siliq (brodalumab) for psoriasis and announce their new name change. Dermwire sat down with Bill Humphries, executive vice president and company group chairman of Ortho Dermatologics for an exclusive talk about his new role and what we can expect to see from Valeant Ortho Dermatologics in the coming months. "Physicians and patients can expect an honoring of the legacy that is Ortho Dermatologics," he said. "We have a portfolio that is now tied together and a pipeline that is perhaps underappreciated because it has been kept a little under the radar and robust R and D efforts." The division is launching Siliq, a monoclonal antibody that targets the IL-17 receptor A for the treatment of moderate-to-severe plaque psoriasis in adult patients who are candidates for systemic therapy or phototherapy and have failed to respond or have lost response to other systemic therapies. "We have publicly discussed IDP-118 (halobetasol

propionate and tazarotene) for the treatment of psoriasis and we believe this is true innovation and that patients and physicians will come to appreciate that if it is approved and when we launch.” The pipeline is focused on acne and atopic dermatitis, he shared. Humphries joined Valeant several months ago and so far, so good. “It’s going great. Every morning when I wake up I feel that we are going to turn this business around,” he said. As to why he joined the team, “I have the opportunity ... to work on the biggest turnaround in the history of pharmaceuticals. The first half of the story is written and I am excited to be part of the team that is actively writing the 2nd half.”

New Medical Research

Fragility of epidermis: acne and post-procedure lesional skin. Fabbrocini G, Rossi AB, Thouvenin MD, et al. J Eur Acad Dermatol Venereol. 2017 Sep;31 Suppl 6:3-18. doi: 10.1111/jdv.14410. <https://www.ncbi.nlm.nih.gov/pubmed/28805934>

'Fragile skin', or skin with lower resistance to aggressors, can be broadly classified into four causal categories: constitutional (age-dependent or associated with specific vulnerable locations on the body, e.g. eyelids), pathological (related to disease), circumstantial (related to environmental or internal factors, e.g. stress) and iatrogenic (caused by medical interventions or treatments). In this supplement, we focus on the fourth category, the iatrogenic origin of fragile skin and the role that dermo-cosmetics can have in restoring the natural protective function of the skin following treatments for skin diseases and medical interventions. We present epidemiological data on the prevalence of fragile skin in three different geographical regions, and the results of two randomized controlled studies investigating the efficacy and tolerability of dermo-cosmetics in combination with topical acne treatment and following physical skin damage. Overall, we found that prevalence across the three regions (23% in Germany, 41% in UAE, 56% in Taiwan) reflected previous global estimates (24-53%) across skin types, with significant associations found with environmental and lifestyle factors, such as stress, humidity and pollution. The iatrogenic effects of topical acne treatments can result in poor compliance or use of over-the-counter moisturizers, which may reduce treatment efficacy. Dermo-cosmetics were found to aid in restoration of fragile skin caused by the acne topical retinoid treatment adapalene 0.1% gel, by reducing transepidermal water loss and improving skin hydration, as well as reducing the side-effects such as skin irritation that are frequently associated with topical retinoids. Additionally, dermo-cosmetic products were found to accelerate wound closure following skin damage in a laser ablation model and reduced the duration of post-procedural side-effects such as itching and burning.

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Moderate to severe hidradenitis suppurativa patients do not have an altered bacterial composition in peripheral blood compared to healthy controls. Ring HC, Thorsen J, Marie Saunte D, et al. J Eur Acad Dermatol Venereol. 2017 Aug 22. doi: 10.1111/jdv.14538. [Epub ahead of print] <https://www.ncbi.nlm.nih.gov/pubmed/28833590>

BACKGROUND: Hidradenitis Suppurativa (HS) is a chronic inflammatory skin disease defined by recurrent nodules, tunnels and scarring involving the intertriginous skin. HS patients often report an array of systemic symptoms such as fatigue and malaise. The etiology of these symptoms remains unclear. Previously, various bacteria have been associated with mature HS lesions and bacteremia has been reported in HS patients using traditional culturing methods. Thus, we hypothesized that a low-grade bacteremia contributes to the symptomatology in HS patients. **OBJECTIVE:** To explore the potential presence of bacteraemia in HS patients and healthy controls. **METHOD:** A

case control study. Compositions of bacteria in the blood of 27 moderate to severe HS patients and 26 healthy controls were investigated using Next Generation 16S ribosomal RNA gene Sequencing (NGS) and routine anaerobic and aerobic blood culturing. None of the participants received any antibiotics (systemic or topical therapy) within one month prior to the study. HS patients with a recent flare were randomly selected by consecutive recruitment of eligible patients from the Department of Dermatology, Zealand University Hospital, Denmark. Healthy controls were recruited from the University of Copenhagen as well as from the health care staff. RESULTS: The different bacterial compositions were investigated using NGS and traditional anaerobic and aerobic blood culturing. Our NGS analysis provided a previously unreported characterization of the bacterial composition in peripheral blood from HS patients and healthy controls. Overall, our data demonstrated that HS patients do not have a different bacterial composition in their peripheral blood than healthy controls. CONCLUSION: The study suggests the self-reported symptoms in HS such as malaise and fatigue may not be linked to bacteremia.

Skin microneedling plus Platelet-Rich Plasma versus skin microneedling alone in the treatment of atrophic post acne scars: a split face comparative study. Kotb M, Ibrahim SM. *J Dermatolog Treat.* 2017 Aug 7:1-18. doi: 10.1080/09546634.2017.1365111. [Epub ahead of print] <https://www.ncbi.nlm.nih.gov/pubmed/28782384>

INTRODUCTION: Acne scarring is a permanent disfiguring sequel, which can take varied morphological forms. Many therapeutic measures have been performed to improve acne scarring such as microneedling. Our objective is to evaluate the efficacy and safety of microneedling alone versus microneedling in combined with platelet rich plasma in the treatment of post acne Methods: The study included 35 patients with mild to severe post acne atrophic scar. All the patients received four sequential treatments of skin microneedling alone on the right side of the face and skin microneedling followed by topical application of PRP on the left side of the face with an interval of 3 weeks. Two blinded dermatologists evaluated the clinical response according to qualitative global acne scarring system grading of Goodman & Baron. Patients are queried about their satisfaction with the treatment outcomes. RESULTS: The study included 35 patients with a mean age of 24.7±6.8 years. There was a significant improvement in the degree of scar severity before and after treatment on both sides. Regarding patient's satisfaction grades there was a significant improvement after both treatment modalities with insignificant differences between both treatment modalities. CONCLUSION: Both microneedling and microneedling in combined with PRP showed satisfactory results.

General quality of life of patients with acne vulgaris before and after performing selected cosmetological treatments. Chilicka K, Maj J, Panaszek B. *Patient Prefer Adherence.* 2017 Aug 4;11:1357-1361. doi: 10.2147/PPA.S131184. eCollection 2017. <https://www.ncbi.nlm.nih.gov/pubmed/28831246>

BACKGROUND: Achieving a satisfying quality of life for a patient by applying individually matched therapy is, simultaneously, a great challenge and a priority for contemporary medicine. Patients with visible dermatological ailments are particularly susceptible to reduction in the general quality of life. Among the dermatological diseases, acne causes considerable reduction in the quality of life and changes in self-perception that lead to the worsening of a patient's mental condition, including depression and suicidal thoughts. As a result, difficulties in contact with loved ones, as well as social and professional problems are observed, which show that acne is not a somatic problem alone. To a large extent, it becomes a part of psychodermatology, becoming an important topic of public health in social medicine practice. Pharmacological treatment of acne is a challenge for a dermatologist and often requires the necessity of cooperating with a cosmetologist. Cosmetological treatments are aimed at improving the condition of the skin and reduction or subsiding of acne skin changes. AIM: The aim of this study was to assess the influence

of selected cosmetological treatments on the general quality of life of patients with acne. **MATERIALS AND METHODS:** The study group consisted of 101 women aged 19-29 years ([Formula: see text] years, SD =2.3 years). All subjects were diagnosed with acne vulgaris of the face. In the study group, the acne changes occurred over the course of 3-15 years ([Formula: see text] years, SD =2.7 years). Selected cosmetological treatments (intensive pulsing light, alpha-hydroxy acids, cavitation peeling, needle-free mesotherapy, diamond microdermabrasion and sonophoresis) were performed in series in the number depending on the particular patient's chosen treatment, after excluding contraindications. General quality of life of the patients was estimated using the Skindex-29 and Dermatology Life Quality Index (DLQI) questionnaires, before and after the cosmetological treatment. **RESULTS:** Statistical analysis of the data obtained from the Skindex-29 questionnaire in areas (emotions, symptoms and physical functioning) and DLQI questionnaire in areas (daily activities, leisure, work and school, personal relations and treatment) showed great improvement in the general quality of life after applying a series of cosmetological treatments. The results are statistically relevant at $P < 0.0001$. **CONCLUSION:** The cosmetological treatment significantly improved the general quality of life of patients with acne vulgaris and their skin condition, which was evaluated by the Hellgren-Vincent scale. It was proven that therapy performed in cosmetological clinics may become an integral part of or complete dermatological treatment.

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Acne Fulminans: Treatment Experience from 26 Patients. Massa AF, Burmeister L, Bass D, Zouboulis CC. *Dermatology*. 2017 Jul 29. doi: 10.1159/000473860. [Epub ahead of print] <https://www.ncbi.nlm.nih.gov/pubmed/28768255>

Background /Aim: Acne fulminans is a rare form of acne vulgaris with acute clinical deterioration including systemic signs. Etiopathogenesis and management remain largely unknown. Our aim is to assess the efficacy of a combined therapeutic regimen of systemic isotretinoin and prednisolone following the recent concepts of acne pathogenesis and drug kinetics. **METHODS:** A prospective case series was recruited over 15 years. Isotretinoin 0.5 mg/kg bw/d (0.25-0-0.25) and prednisolone 30 mg/d (10-10-10) were administered concomitantly with prednisolone being tapered after that time. The overall efficacy was evaluated at month 1 and every month thereafter. Daily drug doses were split to reduce the risk for adverse effects. **RESULTS:** 26 patients (20 male, 77%) at a mean age of 19 years and a history of acne vulgaris of 3.2 years presented acutely necrotic and ulcerating skin papules (100%), fever (45%), arthralgia (38.5%), leukocytosis (88.5%) and elevated erythrocyte sedimentation rate (100%). After one month of treatment resolution of systemic signs was achieved in all patients and a >50% skin lesion improvement in 17 patients (65%). **CONCLUSION:** The concomitant administration of isotretinoin (0.5 mg/kg bw/d, 0.25-0-0.25) and prednisolone 30 mg/d (10-10-10) is able to resolve systemic signs and markedly improve skin lesions in 65% of the patients at one month.

Hidradenitis Suppurativa in Children Treated with Finasteride-A Case Series. Mota F, Machado S, Selores M. *Pediatr Dermatol*. 2017 Jul 20. doi: 10.1111/pde.13216. [Epub ahead of print] <https://www.ncbi.nlm.nih.gov/pubmed/28730603>

BACKGROUND: Hidradenitis suppurativa (HS) is rare in childhood, with only 2% of cases in patients younger than 11 years. It is a chronic, recurrent, debilitating condition for which no universally effective treatment has been developed. We present five cases of children with HS diagnosed between the ages of 6 and 11 years. **METHODS:** Patients were treated with oral finasteride 1 to 5 mg/day. All had entered puberty at the time of treatment initiation. All had normal laboratory results before starting treatment. The maximum duration of treatment was 24 months.

RESULTS: Four patients were female. Two were overweight. Three had been previously treated with oral antibiotics, and two of these with oral isotretinoin, with partial or no improvement. Overall improvement of the disease was observed in all patients, with a reduction of the frequency and intensity of the flares. No adverse effects were observed or reported during treatment. **CONCLUSION:** Treatment of HS can be challenging. The options available include antimicrobials, immunosuppressants, hormonal therapies, lasers, and surgery. The authors report the largest series of children with HS treated with finasteride. The results support the use of finasteride as monotherapy for the treatment of this disease in children. Further studies are necessary to fully understand the role of this drug in the management of this disease.

Otophyma, Rhinophyma and Telangiectatic Rosacea - A Rare Combination in a Female Patient. Wollina U, Lotti T, Tchernev G. Open Access Maced J Med Sci. 2017 Jul 19;5(4):531-532. doi: 10.3889/oamjms.2017.076. eCollection 2017 Jul 25. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5535676/>

BACKGROUND: Rosacea is an inflammatory facial dermatosis seen more frequently in adults in their second half of life. The phymas are a particular subtype with sebaceous gland hyperplasia and progressive fibrosis. **CASE REPORT:** We report on the rare simultaneous occurrence of telangiectatic rosacea, otophyma and rhinophyma in a 50-year-old female with psoriatic arthritis, chronic lymphedema of the legs, and metabolic syndrome. **CONCLUSION:** Despite the preference of rhinophyma and otophyma to the male gender, their occurrence in females needs to be considered in the differential diagnosis of dermatoses of head and neck. Early diagnosis and appropriate medical treatment improve outcome and help to avoid surgery.

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Fractional carbon dioxide (CO₂) laser combined with topical tretinoin for the treatment of different forms of cystic acne. Pestoni Porvén C, Vieira Dos Santos V, Del Pozo Losada J. J Cosmet Laser Ther. 2017 Jul 10:1-4. doi: 10.1080/14764172.2017.1349323. [Epub ahead of print] <https://www.ncbi.nlm.nih.gov/pubmed/28692353>

Nodulocystic acne is prone to scarring and difficult to treat with treatments other than oral isotretinoin. The aim of this article is to discuss the role of a single session of a fractional carbon dioxide (CO₂) laser combined with a topical treatment with a tretinoin and antibiotic gel for a month as a successful treatment to improve nodulocystic acne and chronic microcystic acne. Two cases were involved: the first with nodulocystic acne lesions that persisted after oral retinoids and the second with chronic microcystic acne resistant to topical treatments. After only one session of treatment with the CO₂ laser and the topical treatment, a complete healing of the nodulocystic acne lesions was observed with minimal secondary effects. The microcystic acne showed great improvement. No other topical or oral treatment was needed. This treatment could be a safe and effective treatment for nodulocystic acne lesions and microcystic acne when other treatments fail. More studies should be performed to confirm our results.

Fixed Combination of Clindamycin Phosphate 1.2% and Benzoyl Peroxide 3.75% Aqueous Gel: Long-Term Use in Adult Females With Moderate Acne Vulgaris. Kircik LH. J Drugs Dermatol. 2017 Jun 1;16(6):543-546. <https://www.ncbi.nlm.nih.gov/pubmed/28686771>

OBJECTIVE: To evaluate long-term efficacy and safety of a fixed combination clindamycin phosphate 1.2% and benzoyl peroxide 3.75% (Clindamycin-BP 3.75%) aqueous gel in adult female patients with moderate acne vulgaris. **METHODS:** Total of 20 patients, 25-63 years of age (mean [SD], 38 ± 10) with moderate acne (IGA=3) were treated with Clindamycin-BP 3.75% once-daily for 12 weeks. Patients who experienced ≥50% reduction in total lesion count

continued treatment for a further 12 weeks. Mean (SD) percent reduction in lesion counts from baseline were assessed at week 4, 8, 12, 18, and 24. In addition, patients who were 'clear' or 'almost clear' were reported at week 12 and 24. Cutaneous tolerability (erythema, dryness, peeling, pruritus, and burning) and oiliness was assessed at baseline and each study visit. Adverse events were assessed throughout the study. RESULTS: Clindamycin-BP 3.75% demonstrated statistical significant improvement from baseline and between each visit. At week 12, mean percent reduction in inflammatory and noninflammatory lesion counts was 70.6% and 58.6%, respectively. Two patients failed to experience $\geq 50\%$ lesion reduction by week 12. At week 24, mean percent reductions in inflammatory and noninflammatory lesion counts were 93.8% and 90; 72% of patients were 'clear' or 'almost clear'. Overall the treatment was tolerable. There was one adverse event (sinus infection) that was not treatment-related. CONCLUSIONS: Clindamycin-BP 3.75% gel demonstrates continued improvement in symptoms of moderate acne over 24 weeks, with good tolerability, demonstrating a clinical benefit of continued clindamycin-BP 3.75% gel as a maintenance therapy for acne in adult female patients.

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Clinical Reviews

What is new in the pathophysiology of acne, an overview. Dréno B. J Eur Acad Dermatol Venereol. 2017 Sep;31 Suppl 5:8-12. doi: 10.1111/jdv.14374. <https://www.ncbi.nlm.nih.gov/pubmed/28805938>

Acne is a chronic inflammatory disease of the pilosebaceous unit. Its pathophysiology includes hyperseborrhoea, abnormal follicular keratinization and *Propionibacterium acnes* proliferation in the pilosebaceous unit. Recent research has shed some new light on the involvement of the sebaceous gland, as well as on the pro-inflammatory activity of the cutaneous microbiome. During puberty, alteration of the sebaceous lipid profile, called dysseborrhoea, stress, irritation, cosmetics and potential dietary factors lead to inflammation and formation of different types of acne lesions. Dysbiosis, the process leading to a disturbed skin barrier and disequilibrium of the cutaneous microbiome, resulting in the proliferation of *P. acnes* strains, is another important process that triggers acne. *P. acnes* activates the innate immunity via the expression of protease activated receptors (PARs), tumour necrosis factor (TNF) α and toll-like receptors (TLRs), and the production of interferon (INF) γ , interleukins (IL-8, IL12, IL-1), TNF, and matrix metalloproteinases (MMPs) by keratinocytes, resulting in the hyperkeratinization of the pilosebaceous unit. Rebalancing the natural microbiome of the skin by restoring the natural skin barrier, limiting the proliferation of *P. acnes* on the skin by using topical antibacterials which do not cause resistance and regulating quantity and quality of sebum will be the main acne treatment challenges in the future. The aim of this article to provide an update on the involvement of the sebaceous gland, the innate immunity and the cutaneous microbiome, how all of these factors promote acne and to illustrate their links with current and future treatments.

Treatment of Facial Acne Scarring With Fractional Carbon Dioxide Laser in Asians, a Retrospective Analysis of Efficacy and Complications. Ochi H, Tan L, Tan WP, Goh CL. Dermatol Surg. 2017 Sep;43(9):1137-1143. doi: 10.1097/DSS.0000000000001219. <https://www.ncbi.nlm.nih.gov/pubmed/28746258>

BACKGROUND: Fractional carbon dioxide (CO₂) laser resurfacing unites the idea of fractional photothermolysis with an ablative 10,600-nm wavelength. This technology permits effective treatment of acne scarring, with shorter recovery and a decreased side effect profile as compared to traditional CO₂ laser resurfacing. OBJECTIVE: The

aims of this study were to study the efficacy and safety of fractional CO₂ laser for acne scars in Asian patients. **METHODS:** This was a retrospective study of all patients treated with the fractional CO₂ laser for facial acne scarring between January 2, 2008, and December 31, 2010, at the National Skin Centre, Singapore. Data reviewed included sex, age, and severity of acne, type of scarring, previous treatment history, frequency of treatments, adverse events, and efficacy. **RESULTS:** Two hundred and ten fractional CO₂ laser treatments for facial acne scars were performed on 107 patients (65 men and 42 women, Fitzpatrick skin Types II to V) during the study period. Sixteen of 107 patients experienced (15.0%) adverse events. The adverse events include hyperpigmentation (6.4%), blistering (4.0%), crusting (2.9%), aggravation of inflammatory acne lesions (1.7%), and scarring (0.6%). There were no reported side effects of hypopigmentation, bacterial or viral infection. Follow-up results after final laser treatment showed that 66.4% of patients reported Grade 1 skin texture improvement, that is, <25% (n = 71); 30.0% had Grade 2 improvement, that is, 25% to 50% improvement (n = 31); 3.7% had Grade 3 improvement, that is, 51% to 75% improvement (n = 4); and 0.9% had Grade 4 improvement, that is, >75% improvement (n = 1). **CONCLUSION:** The study demonstrated the efficacy and safety of a fractional CO₂ laser in the treatment of acne scars in Asian. Future studies are required to establish optimum treatment parameters and achieve better clinical results.

Laser treatments of active acne. Wiznia LE, Stevenson ML, Nagler AR. *Lasers Med Sci.* 2017 Aug 4. doi: 10.1007/s10103-017-2294-7. [Epub ahead of print] <https://www.ncbi.nlm.nih.gov/pubmed/28776112>

The utility of laser therapy is increasingly being recognized in the treatment of active acne vulgaris. We aimed to perform a narrative review of the medical literature on the use of laser therapy for the treatment of active acne vulgaris. We performed a PubMed literature search on September 1, 2016 using the search terms "active acne," "acne," "laser therapy," and "laser surgery." Case reports, case series, cohort, and controlled trials were included. Studies of lasers in the treatment of acne, including erbium glass, Nd:YAG, pulse dye laser (PDL), potassium titanyl phosphate (KTP) laser, and laser-based photodynamic therapy, have been published. While treatment of active acne with lasers has been successful, many studies are limited by small patient number and lack of control populations and comparison to standard therapies for active acne. Laser therapies are increasingly becoming part of or an adjunct to the medical treatment of active acne and are a useful.

Diagnosis and Treatment of Rosacea Fulminans: A Comprehensive Review. Walsh RK, Endicott AA, Shinkai K. *Am J Clin Dermatol.* 2017 Jun 27. doi: 10.1007/s40257-017-0310-0. [Epub ahead of print] <https://www.ncbi.nlm.nih.gov/pubmed/28656562>

Rosacea fulminans is a rare inflammatory condition of the central face marked by the abrupt onset of erythematous coalescing papules, pustules, nodules, and draining sinuses. Due to infrequent reporting in the literature, the pathophysiology, classification, and nomenclature of this condition remain controversial. This comprehensive review evaluated a total of 135 cases of rosacea fulminans for clinical and histopathologic features and reported treatment strategies. Patients were 91% female with an average age of onset of 31.3 years. Only 19% of cases reported duration of symptoms longer than 3 months, and reports of recurrence were uncommon. A majority of patients had history of rosacea or flushing, and common triggers included hormonal shifts, emotional stress, and medications. Extrafacial or systemic involvement was rare. Though oral and topical antibiotics were frequently utilized to treat rosacea fulminans, there was a clear shift in reported treatments for rosacea fulminans following the introduction of isotretinoin use in 1987, marked by increased reliance on isotretinoin in addition to topical and systemic corticosteroids. Newer treatments were associated with superior improvement compared with antibiotic

monotherapy, most notably dramatically reduced rates of scarring, though reduced rates of disease recurrence were not evident. Several patterns revealed through this review reinforce the classification of rosacea fulminans as a severe yet distinct variant of rosacea and highlight key distinguishing clinical features and treatment options for optimal management.

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A review of available laser and intense light source home devices: A dermatologist's perspective. Juhász ML, Levin MK, Marmur ES. *J Cosmet Dermatol.* 2017 Jul 25. doi: 10.1111/jocd.12371. [Epub ahead of print] <https://www.ncbi.nlm.nih.gov/pubmed/28741866>

BACKGROUND: Home optical devices are becoming an increasingly popular treatment modality sought out by patients for dermatologic pathologies such as acne, hair removal and anti-aging, as these devices are a low-cost and convenient therapy choice. **METHODS:** An Internet search using PubMed.gov was completed with search terms, "home device dermatology," "home device acne," "home device hair" or "hair removal," and "home device aging." **RESULTS:** Currently, there are multiple home optical devices available on the market. These devices have been approved for the treatment of acne, scars, hair removal, and wrinkles using intense pulsed light, light-emitting diode, heat, infrared, low-level light therapy, and laser. Although studies on home devices are limited, current dermatologic literature shows that these devices are promising with significant post-treatment results as well as a high level of safety. **CONCLUSIONS:** Home optical devices are mostly used without medical practitioner supervision. As home devices usually deliver less energy per session than with professional treatments, it is important that consumers are given realistic expectations of post-treatment outcomes. Patients may use home devices without disclosure to their physician and it is important as healthcare professionals to be aware of the existence of these devices, how to use the devices properly (including what diseases can be treated and which skin types are considered safe for use), as well as any adverse effects that may occur. New research endeavors are being completed to explore the used of home devices for the treatment of chronic inflammatory diseases such as psoriasis.

Management of severe acne during pregnancy: A case report and review of the literature. Awan SZ, Lu J. *Int J Womens Dermatol.* 2017 Jul 13;3(3):145-150. doi: 10.1016/j.ijwd.2017.06.001. eCollection 2017 Sep. <https://www.ncbi.nlm.nih.gov/pubmed/28831424>

The treatment of acne during pregnancy is often limited by the potential toxicities that are posed to the fetus by the most common and effective acne therapies. As with all dermatoses during pregnancy, the treatment of acne vulgaris in this population requires a thorough understanding of the risks and benefits that are inherent to each treatment. We report on a case of a 30-year-old pregnant patient with severe acne conglobata who showed significant improvement with a combination treatment of topical modalities, oral metronidazole, and low dose prednisone during pregnancy. We also review the literature and present an approach for the care of these patients.

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Patient Counseling/Communication

Racial disparities in the management of acne: evidence from the National Ambulatory Medical Care Survey, 2005-2014. Rogers AT, Semenov YR, Kwatra SG, Okoye GA. *J Dermatolog Treat.* 2017 Aug 23:1-9. doi: 10.1080/09546634.2017.1371836. [Epub ahead of print] <https://www.ncbi.nlm.nih.gov/pubmed/28831837>

PURPOSE: Racial health disparities are widespread in the United States, but little is known about racial disparities in the management of dermatological conditions. **MATERIALS AND METHODS:** Nationally representative data on the management of acne vulgaris were gathered from the National Ambulatory Medical Care Survey for the years 2005-2014. Visits to any specialist were included. Rao-Scott chi-square tests and multivariate adjusted logistic regressions were used to identify differences in patient demographics, visit characteristics, and acne medications across races. **RESULTS:** Black patients are less likely than white patients to visit a dermatologist (aOR 0.48, P=.001), receive any acne medication (aOR 0.64, P=.01), receive a combination acne medication (aOR 0.52, P=.007), or receive isotretinoin (aOR 0.46, P=.03). Adjusting for management by a dermatologist eliminated the association between race and the prescription of any acne medication as well as between race and the prescription of isotretinoin. **CONCLUSIONS:** Among outpatient visits for acne in the United States, racial disparities exist in the likelihood of seeing a dermatologist and receiving treatment. Treatment disparities are less common when care is provided by a dermatologist. More research is needed to better understand the causes of disparities in acne management and other dermatological conditions.

Recommendations for the Management of Comorbidity in Hidradenitis Suppurativa. Dauden E, Lazaro P, Aguilar MD, et al. *J Eur Acad Dermatol Venereol.* 2017 Aug 10. doi: 10.1111/jdv.14517. [Epub ahead of print] <https://www.ncbi.nlm.nih.gov/pubmed/28796920>

BACKGROUND: The association between hidradenitis suppurativa (HS) and some diseases is becoming relevant in recent years. Providing appropriate management of HS from an early stage requires to include prompt diagnosis and treatment of concomitant diseases and to prevent any potential comorbidity. This approach should consider the adverse events of the drugs used to treat HS potentially related to the onset of a comorbidity. **OBJECTIVE:** To provide the dermatologist with an accurate, easily used tool that will inform the diagnosis of HS comorbidity, and to facilitate decision-making regarding the referral and treatment of patient with HS-associated comorbidity. **METHODS:** These recommendations have been developed by a working group composed of seven experts (three dermatologists, a cardiovascular specialist internist, a rheumatologist expert in spondyloarthritis, a gastroenterologist and a psychiatrist) and a team of three methodologist researchers. The expert group selected the HS comorbidities considered in these recommendations through a literature review. The recommendations on diagnostic criteria are based on the relevant clinical practice guidelines for each of the comorbidities and on the recommendations of the experts. The information regarding the repercussion of HS medical treatments on associated comorbid diseases was obtained from the summary of product characteristics of each drug. **RESULTS:** The comorbidities considered in this guide are: cardiovascular risk factors (diabetes, dyslipidemia, obesity, hypertension, and metabolic syndrome), inflammatory bowel disease, inflammatory joint disorders, and psychological disorders (anxiety and depression). In addition, the association between HS and the consumption of alcohol and tobacco is included. The tables and figures are a precise, easy-to-use tool to systematize the diagnosis of comorbidity in patients with HS and facilitate the decision-making process regarding referral and treatment of patients with an associated disease. **CONCLUSION:** The application of these recommendations will facilitate the dermatologist practice, and benefit HS patients' health and quality of life.