# AARS Hot Topics Member Newsletter

**February 1-15, 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](http://www.acneandrosacea.org) to become member and donate now on [www.acneandrosacea.org/donate](http://www.acneandrosacea.org/donate) to continue to see a change in acne and rosacea.
AARS Hot Topics Member Newsletter
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Industry News

**Acne treatments should be selected according to age, gender, ethnicity.** By Talitha Bennett. February 13, 2017. [http://www.healio.com/dermatology/acne/news/online/%7B13776812-5514-4921-9569-ec347721b399%7D/acne-treatments-should-be-selected-according-to-age-gender-ethnicity](http://www.healio.com/dermatology/acne/news/online/%7B13776812-5514-4921-9569-ec347721b399%7D/acne-treatments-should-be-selected-according-to-age-gender-ethnicity)

Understanding the effects of age, gender and ethnicity when treating a patient for acne can inform the best approach to treatment, according to a speaker at South Beach Symposium 2017. “When you sit down with an acne patient, I do believe you need to spend a lot of time with these patients and it’s not just a little trite condition,” Diane S. Berson, MD, said at South Beach Symposium 2017. “The first thing I do discuss with them is skincare; it’s really important to know what they’re using for their skincare and make sure they use the appropriate products.” Berson advised that mineral-based cosmetics can be useful in the management of acne as they deflect light and minimize the appearance of pores. Cosmeceuticals can be used in both adolescents and adults, especially adults with photo damage, and the focus is to improve the barrier with products that include ingredients such as glycerin and lipids. Topical treatments consisting of combined benzoyl peroxide with a retinoid are the most useful, according to Berson, as they will affect all pathogenic factors other than sebum. Oral treatments, such as antibiotics, can be used in cases where inflammation has not been resolved by topical treatments. However, Berson advocated the practice of antibiotic stewardship: Limit use by 6 months and use in conjunction with the combined topical treatments to minimize the development of resistance. For adult women who either have acne that has continued since adolescence or is new-onset acne, especially those who have flares pre- and peri-menstrually, hormonal therapy can be used. Berson’s first line of choice is birth control pills, which decrease the available testosterone. Alternative birth control methods, though not FDA-approved for acne, have been shown to have similar effects. For patients with skin of color, the four pathogenic factors are nearly the same, but these patients are more prone to developing possible hyperpigmentation or scarring. Physicians should be careful with topical selection to avoid exacerbating pigmenitary issues. Berson recommended anti-inflammatory and anti-microbial or even oral solutions. “What you want to avoid for all patients with acne is harsh cleansers, scrubs, picking at the lesions — that’s something you want to discuss with certainly your teenagers who try to get rid of it by squeezing at them,” Berson concluded. “Try to dissuade thick camouflage cosmetics and maybe oily hair products which can contribute to comedones around the scalp line.”


Valeant Dermatology announced its annual Aspire Higher Scholarship Program will award up to $10,000 to students who have previously been diagnosed with a dermatologic condition and will be attending undergraduate or graduate education programs during the 2017 to 2018 school year, according to a press release. The program includes three scholarship categories: “Undergraduate Scholar Awards,” “Graduate Scholar Awards,” and “Today’s Women Scholar Awards” for mothers pursuing either an undergraduate or graduate degree. Three scholarships from each category will be awarded. Eligible applicants must have been diagnosed with a dermatologic condition at some point in their life and have used a prescription medication from any manufacturer as treatment. Requirements include an essay describing how the dermatologic condition affected their life and the role their health care provider played in helping treat their condition. “Valeant Dermatology is proud to be able to help support American Acne & Rosacea Society (AARS) Hot Topics www.acneandrosacea.org
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outstanding individuals achieve their educational dreams through our scholarship programs,” Bill Humphries, executive vice president of Valeant Dermatology, said in the release. “We applaud their aspirations to attain a higher degree and recognize that beyond the challenging demands of their school, they have also had to overcome the difficulties of living with a skin condition.” Applications will be accepted from Feb. 1 through Apr. 30, and the winners will be announced on July 10. Reference: www.valeant.com

New Medical Research


Propionibacterium acnes: (P. acnes) produce Porphyrins; however, fluorescence measurement of Porphyrins from Ultraviolet-A (UVA) images has failed to establish a correlation. Acne clinical research and imaging has ignored the spectral excitation-emission characteristics and the exact pattern of the Porphyrins synthesized by P. acnes. In this exploratory study, for the first time, the possible relationships of Coproporphyrin III (CpIII) and Protoporphyrin IX (PpIX) fluorescence as well as acne lesion-specific inflammation measurements with clinical signs of acne are investigated. Furthermore, the sensitivity of these measurements in tracking and differentiating the known treatment effects of Benzoyl Peroxide (BPO) 5%, and combination of Clindamycin + BPO are also evaluated. Comedonal and papulopustular lesions identified by investigators during a live assessment of 24 mild-to-severe acne subjects were compared with fluorescence and inflammation measurements obtained from analysis of VISIA®-CR images. CpIII fluorescence spots showed a strong correlation (r = 0.69-0.83), while PpIX fluorescence spots showed a weak correlation (r = 0.19-0.27) with the investigators' comedonal lesion counts. A strong correlation was also observed between the investigators' papulopustular lesion counts and acne lesion-specific inflammation (r = 0.76). Our results suggest that CpIII fluorescence and acne lesion-specific-inflammation measurement can provide objective indication of comedonal and papulopustular acne severity, respectively. Furthermore, these measurements may be more sensitive and specific in evaluating treatment effects and early signs of acne lesion progression compared to investigators' lesion counts.


An open-label, randomized, multicenter study was conducted to evaluate the safety and efficacy of long-term use of 2.5% and 5% benzoyl peroxide (BPO) gels administrated once daily for 52 weeks to Japanese patients with acne vulgaris. The efficacy of the study drugs was evaluated by counting inflammatory lesions and non-inflammatory lesions. Safety was evaluated based on adverse events, local skin tolerability scores and laboratory test values. In total, 458 subjects were included in the efficacy and safety analyses. The total lesion count, the efficacy end-point, was similarly changed both in the 2.5% and 5% BPO groups over the course of the study. The median rates of reduction from baseline to week
12 were approximately 65%. Thereafter, the counts were maintained at a reduced level without increasing until week 52. The median rates at week 52 were approximately 80%. Similar trends were observed for inflammatory and non-inflammatory lesion counts. Bacteriological evaluation indicated similar distribution of the minimum inhibitory concentration of each of the antibacterial drugs against Propionibacterium acnes between the values at baseline and at week 52, suggesting that long-term use did not result in changes in the drug sensitivity. The incidence of adverse events was 84.0% in the 2.5% BPO group and 87.2% in the 5% BPO group. Many of the adverse events occurred within the first month and were mild or moderate in severity and transient. The results suggest that both 2.5% and 5% BPO gels are effective and safe for long-term treatment of patients with acne vulgaris.


Laser therapies have been shown to provide symptom improvement in patients with erythema and telangiectasia of rosacea; however, they are associated with side effects such as erythema. Combinatorial treatment with pharmacological agents and laser have demonstrated better efficacy, fewer side effects and continued long-term remission compared with monotherapies. A case of moderate facial erythema that responded well to combination treatment with brimonidine 3 mg/g gel and a treatment course of potassium-titanyl phosphate (KTP) laser therapy is presented, showing a reduction from baseline, maintained after final laser session, by applying brimonidine 3 mg/g gel daily. Using brimonidine 3 mg/g gel to target post-laser treatment erythema is highly effective in minimising refractory erythema. Continued use of brimonidine 3 mg/g gel provides a sustained reduction of erythema, increasing the visibility of other signs and symptoms of rosacea that may be present. This can facilitate the treatment of these additional signs and symptoms. MH performed assessments of the patient and contributed to drafting the manuscript. MH read and approved the final manuscript. GK has contributed to drafting the manuscript. GK read and approved the final manuscript.


BACKGROUND: Scars over the face are cosmetically and psychologically disturbing. Various techniques have been described and are being practiced in the management of these scars. AIMS AND OBJECTIVES: This study was undertaken to study the safety, effectiveness of using dermal grafts as fillers in the management of facial scars due to acne, chickenpox, trauma or any others. MATERIALS AND METHODS: Fifteen patients with atrophic facial scars of varied aetiology and willing for surgery were considered for dermal graft technique. After pre-operative workup, subcision was done 2 weeks before planned surgery. Depending on the type of scar, grafts were inserted using pocket or road railing techniques. Scar improvement was assessed based on patient satisfaction. RESULTS: Linear scars showed excellent improvement. Acne, varicella and traumatic scars also showed good improvement. However, two patients did not appreciate improvement due to marked surface irregularities as the scars were elevated. They were further subjected to LASER and chemical peel resurfacing. CONCLUSION: Dermal grafting can be used in the management of any round to oval facial scar which is soft, prominent and at
least 4-5 mm across; linear scars at least 2-3 mm across and 3-4 cm in length. However, scars with prominent surface irregularities need further resurfacing techniques along with dermal grafting.

LIMITATIONS: Limitations of the study include small sample size, and only subjective assessment of the scar has been taken into consideration to assess the outcome.

Clinical Reviews


Adequate adherence to prescribed treatment regimens can help to break the cycle of treatment failure, disease progression and subsequent treatment escalation. Unfortunately, adherence in the treatment of skin disorders such as acne, atopic dermatitis/eczema and psoriasis is often inadequate. A review of the literature identified a number of studies that tested an intervention to improve adherence in dermatology, including the following: electronic messages and/or reminders; more frequent or ‘extra' clinic visits; audio-visual and internet-based interventions; and patient support programmes and/or self-management, educational training programmes. While there is no one solution or action for improving adherence, some interventions were more successful than others. We provide practical guidance on how to support adherence based on aspects of the successful interventions identified and on our collective opinion and clinical practice experience. Holding patients accountable, providing a caring and supportive environment, raising awareness of poor adherence and helping patients build a solid medication-taking habit can help to improve adherence so that patients can experience maximal treatment benefits and desired clinical outcomes.


Erythema is the most common presenting sign of skin conditions [1,2]. Erythema reflects the degree of inflammation associated with various diseases, such as atopic dermatitis, psoriasis, and lupus erythematosus; it is also cosmetically troublesome in subjects with flushing, rosacea, and photoaging [3,4]. In addition, there are vascular disorders that present with erythema, such as nevus flammeus, telangiectasia, and post-acne erythema [5]. Various therapeutic devices, medicines, and cosmetics have been developed to improve these dermatological conditions [6,7]. These modalities need to be validated objectively for dermatologists, patients, and regulatory agencies [8-10]. Various studies are in progress on both improvement of skin conditions and their objective measurement [11,12]. The evaluation of skin condition is highly dependent on dermatologists' judgments based on naked eyes, and the results can vary depending on the dermatologists' expertise and bias [13,14]. It is convenient to perform an evaluation using photographs, but this approach is affected by variation in the environment, such as uneven brightness and light type [15].

Rosacea patients complaining of gastrointestinal symptoms warrant clinical suspicion of disease because, while the pathogenic link between gastrointestinal disorders and rosacea remains a mystery, an association between the two is clear, according to a new study. Researchers conducted a nationwide cohort study of 49,475 patients with rosacea and more than 4,300,000 general population controls, to look at possible associations between rosacea and celiac disease, Crohn's disease, ulcerative colitis, Helicobacter pylori infection, small intestinal bacterial overgrowth and irritable bowel syndrome. They found rosacea patients were 46% more likely than controls to have celiac disease; 45% more likely to have Crohn’s disease; 19% more prone to ulcerative colitis; and had a 34% higher rate of irritable bowel syndrome. Dr. EgebergThe co-occurrence of Helicobacter pylori infection and small intestinal bacterial overgrowth was significantly higher among patients with rosacea at baseline, but the risk of developing incident Helicobacter pylori infection or small intestinal bacterial overgrowth during follow-up was insignificant, the study’s lead author Alexander Egeberg, M.D., Ph.D., department of dermatology and allergy, Herlev and Gentofte Hospital, Hellerup, Denmark, tells Dermatology Times. “This suggests that Helicobacter pylori infection and small intestinal bacterial overgrowth may precede the onset of rosacea (and may perhaps cause rosacea, but this is speculative); whereas, it does not appear that rosacea increases the risk of Helicobacter pylori infection or small intestinal bacterial overgrowth,” Dr. Egeberg says. In dermatology practice, Dr. Egeberg says he and colleagues often see rosacea patients who complain of gastrointestinal ailments. “Depending on what symptoms they present with, this may affect our choice of therapy (e.g. tetracycline [versus] doxycycline), and we sometimes refer our patients to gastroenterologists for further examinations and management,” he says. It’s interesting to note, the dermatologist says, that some but not all studies have suggested rosacea improves following gastrointestinal disorders treatment.


Researchers report in a study1 published online September 7, 2016, in the British Journal of Dermatology, that they examined the same cohort as Alexander Egeberg, M.D., Ph.D., department of dermatology and allergy, Herlev and Gentofte Hospital, Hellerup, Denmark and coauthors, and found rosacea constitutes an independent risk factor for Parkinson disease. Dr. Egeberg and colleagues found in another study2 published earlier this year that rosacea is associated with type 1 diabetes mellitus, celiac disease, multiple sclerosis and rheumatoid arthritis in women. The association in men between rosacea and those diseases was only statistically significant for rheumatoid arthritis. That was a study in 6759 patients with rosacea and 33,795 matched controls. A small study3 published October 2015 in the Journal of the American Academy of Dermatology suggests significant associations between rosacea and numerous systemic comorbid diseases in a skin severity-dependent manner. The researchers studied 130 subjects, including 65 rosacea patients and 65 controls. They found significant associations between rosacea and allergies, respiratory diseases, gastroesophageal reflux disease, other gastrointestinal diseases, hypertension, metabolic and urogenital diseases and female hormone imbalance. References: 1 – Egeberg A, Hansen PR, Gislason G, et al; Exploring the association between rosacea and Parkinson Disease and Parkinson’s Disease. 2 – Egeberg A, Hansen PR, Gislason G, et al; Exploring the association between rosacea and other diseases. 3 – Egeberg A, Hansen PR, Gislason G, et al; Exploring the association between rosacea and Parkinson Disease and Parkinson’s Disease.
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INTRODUCTION: Solid facial edema (SFE) is a rare complication of acne vulgaris. To examine the clinical features of acne patients with solid facial edema, and to give an overview on the outcome of previous topical and systemic treatments in the cases so far published. METHODS: We report two cases from Switzerland, both young men with initially papulopustular acne resistant to topical retinoids. RESULTS: Both cases responded to oral isotretinoin, in one case combined with oral steroids. Our cases show a strikingly similar clinical appearance to the cases described by Connelly and Winkelmann in 1985 (Connelly MG, Winkelmann RK. Solid facial edema as a complication of acne vulgaris. Arch Dermatol. 1985;121(1):87), as well as to cases of Morbihan's disease that occurs as a rare complication of rosacea. CONCLUSION: Even 30 years after, the cause of the edema remains unknown. In two of the original four cases, a potential triggering factor was identified such as facial trauma or insect bites; however, our two patients did not report such occurrences. The rare cases of solid facial edema in both acne and rosacea might hold the key to understanding the specific inflammatory pattern that creates both persisting inflammation and disturbed fluid homeostasis which can occur as a slightly different presentation in dermatomyositis, angioedema, Heerfordt's syndrome and other conditions.

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Objectives: To investigate the prescribing of systemic drugs for the treatment of acne in adolescents in the period 2005–15. Methods: The study population consisted of 14–24-year-old users of tetracyclines, isotretinoin or hormonal therapy retrieved from the Norwegian Prescription Database. The 1 year period prevalence was calculated as the number of patients who had redeemed at least one prescription during the year divided by the mean population. If the user had no prescriptions in the preceding 12 months he/she was defined as a new user. The incidence rate was defined by the number of new users during the year divided by the mean population. Results: Increased prescribing rates for systemic tetracyclines and isotretinoin were observed in the period 2005–15, while a decreased prescribing rate for hormonal therapy was observed from 2007. The majority (75%) of the tetracycline prescriptions were prescribed by general practitioner specialists or physicians with no specialty/under training for a specialty. The average durations of treatment in men and women who only used tetracyclines were 3.3 and 2.8 months, respectively. For men and women that switched to isotretinoin, the average durations of treatment were 4.3 and 3.9 months. Conclusions: The increased use of systemic tetracyclines in general, and the prolonged use of tetracyclines in patients who later switch to isotretinoin, raise the
question of whether isotretinoin treatment should be considered at an earlier stage to reduce the use of systemic tetracyclines.


**BACKGROUND:** The management of acne in adult females is problematic, with many having a history of treatment failure and some having a predisposition to androgen excess. Alternatives to oral antibiotics and combined oral contraceptives (COCs) are required. **OBJECTIVE:** Our aim was to conduct a hybrid systematic review of the evidence for benefits and potential harms of oral spironolactone in the management of acne in adult females. **METHODS:** The review was conducted according to a previously published protocol. Three reviewers independently selected relevant studies from the search results, extracted data, assessed the risk of bias, and rated the quality of the evidence using the Grading of Recommendations Assessment, Development and Evaluation (GRADE) approach. **RESULTS:** Ten randomized controlled trials (RCTs) and 21 case series were retrieved. All trials were assessed as being at a 'high risk' of bias, and the quality of evidence was rated as low or very low for all outcomes. Apart from one crossover trial that demonstrated statistical superiority of a 200 mg daily dose versus inflamed lesions compared with placebo, data from the remaining trials were unhelpful in establishing the degree of efficacy of lower doses versus active comparators or placebo. Menstrual side effects were significantly more common with the 200 mg dose; frequency could be significantly reduced by concomitant use of a COC. Pooling of results for serum potassium supported the recent recommendation that routine monitoring is not required in this patient population. **CONCLUSION:** This systematic review of RCTs and case series identified evidence of limited quality to underpin the expert endorsement of spironolactone at the doses typically used (≤100 mg/day) in everyday clinical practice.


Acne, one of the most common skin diseases, affects approximately 85% of the adolescent population, and occurs most prominently at skin sites with a high density of sebaceous glands such as the face, back, and chest. Although often considered a disease of teenagers, acne is occurring at an increasingly early age. Rosacea is a chronic facial inflammatory dermatosis characterized by flushing (or transient facial erythema), persistent central facial erythema, inflammatory papules/pustules, and telangiectasia. Both acne and rosacea have a multifactorial pathology that is incompletely understood. Increased sebum production, keratinocyte hyper-proliferation, inflammation, and altered bacterial colonization with Propionibacterium acnes are considered to be the underlying disease mechanisms in acne, while the multifactorial pathology of rosacea is thought to involve both vasoactive and neurocutaneous mechanisms. Several advances have taken place in the past decade in the research field of acne and rosacea, encompassing pathogenesis and epidemiology, as well as the development of new therapeutic interventions. In this article, we provide an overview of current perspectives on the pathogenesis and treatment of acne and rosacea, including a summary of findings from recent landmark pathophysiology studies considered to have important implications for future clinical practice. The advancement of our knowledge of the different pathways and regulatory mechanisms underlying acne and rosacea is
thought to lead to further advances in the therapeutic pipeline for both conditions, ultimately providing a greater array of treatments to address gaps in current management practices.


BACKGROUND: Rosacea is a common facial skin disorder with an estimated prevalence of 5-10% among Caucasians. OBJECTIVE: We compared cancer incidence in patients previously diagnosed with rosacea with that in the general population. METHODS: Nationwide cohort study of the Danish population using individual-level linkage of administrative registers. All Danish citizens aged ≥18 years were followed from January 1st 2008 to December 31st 2012. Patients with rosacea (the exposure) were compared with the general population, serving as control subjects. The outcome was a diagnosis of one of the following cancers: breast, ovarian, endometrial, cervical, kidney, malignant melanoma, non-melanoma skin cancer (NMSC), pancreatic, hepatic, thyroid, esophageal, and lung cancer. Baseline prevalence of cancers were assessed, incidence rates per 1000 person-years were calculated, and hazard ratios (HRs) adjusted for age, sex, socio-economic status, and healthcare consumption were estimated by Cox regression models. RESULTS: The study comprised a total of 49,475 patients with rosacea and 4,312,213 subjects from the general population. There was no increased risk of malignant melanoma, ovarian, endometrial, cervical, esophageal, kidney, pancreatic, or thyroid cancer. However the risk of hepatic cancer (HR 1.42; 95% confidence interval [CI] 1.06-1.90), NMSC (HR 95% CI 1.36; 1.26-1.47), and breast cancer (HR 1.25; 95% CI 1.15-1.36) was significantly increased, and the risk of incident lung cancer was significantly decreased (HR 0.78; 95% CI 0.69-0.89). CONCLUSION: We found an increased risk of NMSC, breast cancer, and hepatic cancer, and a reduced risk of lung cancer, among patients with rosacea. These results are in contrast to the limited published data on cancers in rosacea, and further studies are warrant to elucidate the potential relationship between rosacea and various cancers. The findings add to the overall clinical description of patients with rosacea.


BACKGROUND: A link between rosacea and inflammatory bowel disease (IBD) has been proposed with unknown mechanisms. Epidemiologic evidence of this association needs to be examined. METHODS: In this nationwide cohort study, a total of 89,356 patients with rosacea and 178,712 matched patients without rosacea between 1997 and 2013 were identified in the Taiwanese National Health Insurance Research Database. Cumulative incidences of IBD were compared between these 2 cohorts. Frailty Cox proportional hazard model was used and subgroup analyses were conducted to examine the risk factors for IBD. RESULTS: The 15-year cumulative incidences of IBD were 0.036% (95% confidence interval [CI] 0.00%-1.57%) and 0.019% (95% CI 0.00%-0.83%) in rosacea and nonrosacea cohorts, respectively (P = .05). Rosacea (adjusted hazard ratio 1.94, 95% CI 1.04-3.63, P = .04) and male gender (adjusted hazard ratio 3.52, 95% CI 2.03-6.11, P < .01) were independently associated with IBD, after adjustment for major comorbidities. Multivariate subgroup analyses revealed consistent results. The incidence rates of IBD decreased with increasing antibiotic use in patients with rosacea, but without statistical significance.
LIMITATION: Information related to lifestyle, diet, alcohol, and smoking was not included in the database. CONCLUSION: Patients with rosacea may have an increased risk of IBD.


OBJECTIVE: To evaluate the clinical characteristics and epidermal barrier function of papulopustular rosacea by comparing with acne vulgaris. METHODS: Four hundred and sixty-three papulopustular rosacea patients and four hundred and twelve acne vulgaris patients were selected for the study in Xiangya Hospital of Central South University from March 2015 to May 2016. They were analyzed for major facial lesions, self-conscious symptoms and epidermal barrier function. RESULTS: Erythema, burning, dryness and itching presented in papulopustular rosacea patients were significantly higher than that in acne vulgaris patients (P<0.001). The clinical scores of erythema, burning, dryness and itching in papulopustular rosacea patients were significantly higher than those in acne vulgaris patients (P<0.001). The water content of the stratum corneum and skin surface lipid level were both significantly lower in papulopustular rosacea patients than that of the acne vulgaris patients (P<0.001) and healthy subjects (P<0.001); Water content of the stratum corneum and skin surface lipid level were higher in acne vulgaris patients in comparison with that of healthy subjects (P>0.05, P<0.001; respectively). Transepidermal water loss was significantly higher in papulopustular rosacea patients than that of acne vulgaris patients and healthy subjects (P<0.001); transepidermal water loss was lower in skin of acne vulgaris patients than that of healthy subjects (P<0.001). CONCLUSION: Erythema, burning, dryness and itching are the characteristics of papulopustular rosacea, which makes it different from acne vulgaris. The epidermal barrier function was damaged in papulopustular rosacea patients while not impaired in that of acne vulgaris patients.


Isotretinoin a synthetic analogue of vitamin A is primarily used for cystic acne not responding to conventional treatment. Several ocular side effects including blurring of vision, decreased dark adaptation, corneal opacities and meibomian gland atrophy have been reported with prolonged use of isotretinoin. There have been reports of muscular damage caused by isotretinoin. Extraocular myopathy as an adverse effect of long term used of isotretinoin has never been mentioned in literature. We report a case of a young male who presented to us with complaints of diplopia after using isotretinoin for a prolonged period. He was diagnosed as a case of presumed isotretinoin extraocular myopathy after imaging and other blood investigations.

BACKGROUND: Scarring following acne vulgaris is common and can be of profound psychosocial consequence. AIMS AND OBJECTIVES: We have clinically noted a variant of acne scarring, overlooked by previous categorisation schemes, which we have denominated as papular acne scars of the nose and chin. We sought to characterise these novel entities further. MATERIALS AND METHODS: Initially, we identified 14 patients with papular acne scars of the nose and chin in a cosmetic dermatology clinic, of whom two were female and rest were male. We then prospectively evaluated 100 consecutive patients attending our tertiary referral acne isotretinoin clinic and 49 patients attending a general dermatology clinic. RESULTS: Amongst 149 patients, from a general dermatology and tertiary acne clinic, soft papular scars were noted in four patients, distributed on the nose and chin. Three of the four patients were male; three patients had additional acne scars and the median age was 23.5. CONCLUSIONS: We have identified 18 patients with papular acne scars of the nose and chin and propose that this new category should be added to acne scarring classification schemes. Future work should be directed at corroborating the epidemiology of such lesions and describing effective treatment modalities.


BACKGROUND: Rosacea is currently diagnosed by consensus-defined primary and secondary features and managed by subtype. However, individual features (phenotypes) can span multiple subtypes, which has implications for clinical practice and research. Adopting a phenotype-led approach may facilitate patient-centred management. OBJECTIVES: To advance clinical practice by obtaining international consensus to establish a phenotype-led rosacea diagnosis and classification scheme with global representation. METHODS: Seventeen dermatologists and three ophthalmologists used a modified Delphi approach to reach consensus on statements pertaining to critical aspects of rosacea diagnosis, classification and severity evaluation. All voting was electronic and blinded. RESULTS: Consensus was achieved for transitioning to a phenotype-based approach to rosacea diagnosis and classification. The following two features were independently considered diagnostic for rosacea: (i) persistent, centrofacial erythema associated with periodic intensification; and (ii) phymatous changes. Flushing, telangiectasia, inflammatory lesions and ocular manifestations were not considered to be individually diagnostic. The panel reached agreement on dimensions for phenotype severity measures and established the importance of assessing the patient burden of rosacea. CONCLUSIONS: The panel recommended an approach for diagnosis and classification of rosacea based on disease phenotype.
Patient Communication / Counseling


Dermatologists need to become more confident in prescribing isotretinoin (Accutane, Roche) to their acne patients. “After 35 years on the market, Accutane has been found to be safer and safer, not more and more dangerous,” says Guy Webster, M.D., Ph.D., clinical professor of dermatology at the Sidney Kimmel Medical College at Thomas Jefferson University in Philadelphia. “A doctor can now look in the eye of a patient and their parent, and state that Accutane is a pretty safe drug, with the exception of pregnancy.” Since its introduction, Accutane has been sporadically reported to cause psychiatric changes. The reality is that patients who use Accutane have a comparable psychiatric visit profile to those without Accutane, and Accutane patients are not prescribed more psychiatric medications, according to Dr. Webster. He spoke with Dermatology Times prior to his presentation “Perspectives on Acne” at the 16th Annual Caribbean Dermatology Symposium in Aruba. “Questionnaire studies and interview studies seem to show that, as a group, Accutane patients “are no more or less crazy than a group of same-age teenagers,” Dr. Webster says. “This indicates that the vast, vast majority of patients will have no difficulty on the drug.” This does not mean, however, that there might not be a small subset of patients who are adversely affected by Accutane, but it is too small a group to make a dent in the statistical average. Another misconception about Accutane is that it causes inflammatory bowel disease (IBD). “This has been a concern for quite a long time, with no decent studies to support it,” Dr. Webster says. Over the past several years, there have been numerous studies, mainly from Canada’s public health system, but also from Europe, showing that the rate of IBD is no different in Accutane patients than in the acne population overall. “However, the rate of IBD in acne patients in higher than the rate in non-acne patients,” Dr. Webster says. Another finding of those studies is that oral antibiotic treatment predisposes patients to IBD, “but not Accutane,” Dr. Webster says. Dr. Webster says that the lawsuits filed over the decades for Accutane-induced IBD “kind of fed on each other. Each lawsuit resulted in a MedWatch adverse-event claim to the FDA. But it turns out that the vast majority of these claims were submitted by lawyers, not by doctors. In other words, it was a contrived storm of almost false data.”


INTRODUCTION: Although acne vulgaris is common in adolescents, information on their understanding of acne is minimal. OBJECTIVES: To evaluate the perceptions and beliefs of Saudi youth on acne. MATERIALS AND METHODS: Three hundred twenty-nine male students (aged 13-22 years) from 6 secondary schools in the Eastern Saudi Arabia completed a self-reported questionnaire on knowledge, causation, exacerbating and relieving factors of acne. Data were analyzed by SPSS version 15.0. Results of subjects with acne, a family history of acne, and parents' educational levels were compared. Differences between the analyzed groups were assessed by a Chi-square test; p ≤ 0.05 was considered statistically significant. RESULTS: Over half (58.9%) of the participants considered acne a transient condition not requiring therapy. Only 13.1% knew that the proper treatment of acne could take a long time, even several years. Over half (52%) thought acne can be treated from the first or after few visits to the doctor. Popular sources of information were television/radio (47.7%), friends (45.6%), and the internet (38%). Only 23.4% indicated school as a source of knowledge. Reported causal factors included...
scratching (88.5%) and squeezing (82.1%) of pimples, poor hygiene (83.9%), poor dietary habits (71.5%), and stress (54.1%). Ameliorating factors included frequent washing of the face (52.9%), exercise (41.1%), sunbathing (24.1%), and drinking of mineral water (21%). The correlations of these facts are discussed.

CONCLUSION: Results of this study point out that misconceptions of acne are widespread among Saudi youth. A health education program is needed to improve the understanding of the condition.


Skin conditions such as psoriasis, eczema, and skin cancer often have a substantial psychologic and social impact on our patients. Some of these patients limit their life because they feel self-conscious about their symptoms. Sometimes, greater life satisfaction comes from accepting that perhaps some symptoms will remain or recur, even in an individual who responds well to treatment. This acceptance involves acknowledging the existence of symptoms, thereby allowing the patient to pursue a meaningful life that is not overly limited by their potential presence. This is not only liberating for the patient but also for the medical professional, who can sometimes feel pressured by patients' unrealistic expectations to achieve symptom reductions that are not possible. We discuss how to talk with patients about their expectations regarding treatment and whether relief of symptoms is a necessary component to living a better life. Helping patients to find the right words to explain their visible symptoms to others can sometimes help them feel less self-conscious in public settings and thereby more comfortable going out into the world to pursue a meaningful life.

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