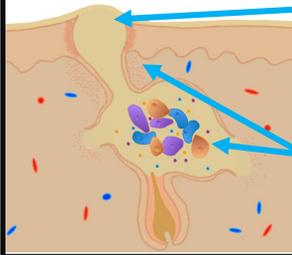




PATHOPHYSIOLOGY

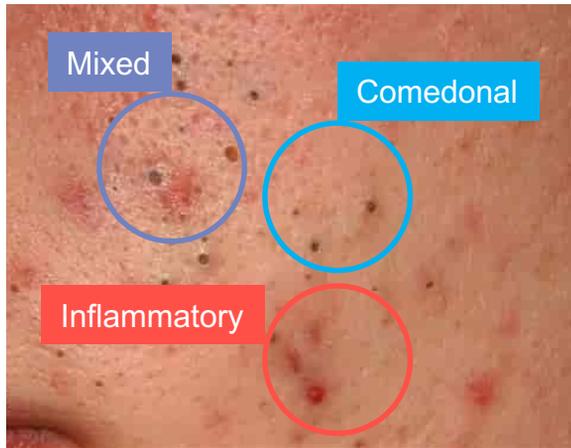


Exfoliated cells mix with sebum, causing obstruction of the pilosebaceous unit and formation of a comedone.

Trapped bacteria convert sebum to free fatty acids; neutrophils attracted to the FFA cause inflammation.

DIAGNOSIS

- ❑ Clinical diagnosis
- ❑ Differential Diagnosis → flat warts; steroid acne; folliculitis; keratosis pilaris
- ❑ Types include **comedonal**, **inflammatory** (papulopustular or nodulocystic), and **mixed** comedonal and inflammatory



MANAGEMENT

Topical Agents

- 1) **Benzoyl peroxide** (anti-inflammatory); inactivates some topical retinoids, so they should not be applied at the same time of day; may cause redness or irritation
- 2) **Topical retinoids** come in various strengths and formulations
- 3) **Topical antibiotics** (clindamycin 1% or erythromycin 2%) should be combined with benzoyl peroxide (5%)

Systemic Agents

- 1) **Systemic antibiotics** (ex. doxycycline); side effects include photosensitivity, pseudotumor cerebri, and GI upset
- 2) **Systemic retinoids** (ex. isotretinoin); multiple side effects including teratogenicity and skin drying; should be prescribed by those with experience; recommend including a water-based moisturizer to combat drying
- **Hormonal therapy** (combined OCP) is an option for females with acne that flares with menstrual cycles

Selecting Appropriate Therapy

- **Comedonal** → topical retinoids alone usually sufficient to treat
- **Inflammatory** → anti-inflammatory medication in the morning with a topical retinoid in the evening
- **Mixed** comedonal and inflammatory → combined topical retinoids and anti-inflammatory medication

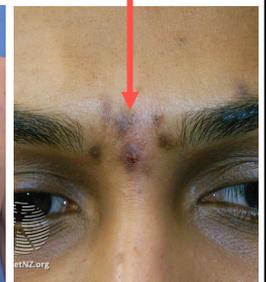
Course & Complications

- ❖ Affect up to 85% of teenagers
- ❖ Not due to poor hygiene
- ❖ Avoid abrasive/irritating cleansing routine
- ❖ Consider the psychosocial impact, regardless of severity
- ❖ Post inflammatory hyperpigmentation can occur in all skin types, but may be more persistent/severe in darker skin
- ❖ Scarring is more easily prevented than treated, so treat early and appropriately
- ❖ Refer to a dermatologist if acne is not improving after 3mo of treatment

Acne Scarring



Post Inflammatory Hyperpigmentation



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