

## Acne: What's Popping

By Brian P. Maloney, M.D., F.A.C.S.

Whiteheads, blackheads, little tiny superficial ones, big deep painful ones- acne, acne. Each year over 17 million people in the United States are affected.

I can remember being taken from dermatologist to dermatologist by my very concerned mother trying to cure my acne. Her chief concern was long term scarring. Years of tetracycline, benzoyl peroxides, antibiotic solutions and Accutane. Finally I outgrew it.

Having lived through those difficult times as a teenager and through my experiences over the years, I would like to share my insights on acne treatment.

### **What is Acne?**

Acne is a skin condition in which there may be red inflamed pimples or simply slightly raised white or black pimples called “comedones”.

There are several different types of acne. Babies can develop *infantile acne* between three and six months. The acne tends to be superficial and not leave any scars. The cause of this is unknown. However, children with this may be more prone to develop acne during their teens.

Teenage acne or appropriately named *acne vulgaris* affects males in late teens and in girls a few years earlier. Males tend to have more severe outbreaks than females. It seems to last longer in females than males. Acne can be difficult psychologically as teens' self image evolves during this time. It may have long term effects if scars result.

Cystic acne or *acne conglobata* is a more unusual form wherein the cysts are located on the neck up to the scalp. If the cysts extend to the chest or back it is called *acne fulminans*.

### **What causes acne?**

The simple answer is that acne is caused by a blocked oil gland. What causes the blocked oil gland goes deeper into the question. Since acne occurs most commonly during adolescence, increased hormone levels result in greater oil or sebum production. The other contributing factors are heredity, stress, grooming and make-up habits, skin sensitivities, diet and more.

### **What to Do?**

With this as a background I would like to now share my approach for the management of patients with acne. No matter what type of acne one has there are some basic principles that can be helpful.

The ten worst things for the face are the fingers. Dirt and oil from the fingers can block the pores. This can be a common cause for the patient with breakouts around the chin and mouth area as they may be resting the chin in their hand. I am a big believer in diet contributing to blocked pores. Many doctors do not feel as strongly about this. My view is that what goes in must come out. I generally recommend that patients avoid milk, peanuts, chocolate, fried foods, and dark colas. I also believe drinking plenty of water helps the complexion. If after stopping these things there is no change in the acne the patient can resume them.

### **Makeup or Breakout?**

Makeup needs to be removed before going to bed. I am amazed by the number of people who sleep with cosmetics on their face. This can further block the pores, exacerbating acne. People with acne should generally try to wear hypo-allergenic, non-comedogenic make-up.

I recommend first using a makeup remover followed by a second cleansing of the skin. The face should be washed gently. Aggressive scrubbing could make the acne worse. Never pick or pop. This can lead to scarring by pushing the cyst contents into the adjacent tissues.

Because we sleep for approximately eight hours a night one's face has a lot of contact time with pillows. Dirt and oil from the hair and skin can build up on the pillowcase. Therefore I recommend changing it twice a week. Detergents and fabric softeners can also be irritants. So if one's acne flares up consider changing these or using less. If the hair is oily consider washing it daily.

## **Opening Pores**

Whiteheads and blackheads and superficial inflamed (red) areas can often be helped with these conservative first line treatments. Working with a good aesthetician performing regular deep pore cleansings can dramatically clear the skin by keeping the pores open. High frequency treatments can help calm the superficial inflamed pores. Home treatments get the patient involved and provide cleaner skin on a daily basis. I like to use the analogy of acne patients working with an aesthetician and doing their daily cleansing at home is the same as praying daily and going to church on Sunday.

Acne tends to improve with sun exposure because the ultraviolet rays cause the skin to exfoliate thus helping to keep the pores open. However, it is much better to wash regularly and limit your ultraviolet exposure.

## **Adult Onset Acne**

You may have dodged the teenage years but now you have acne. Women may notice around the time of their menstrual periods that they break out. Low dose birth control pills may be helpful. Consult your doctor to see if this may be appropriate.

## **Role of the Dermatologist**

There is still a huge role for the dermatologist to play in the management of the acne patient. Patients who do not respond to conservative treatments as described above may benefit from the development of new antibiotics and prescription medications. Patients with cystic acne should definitely be working with a dermatologist as Accutane may be a potential treatment. In today's treatment the combination of aesthetician and dermatologist working together can create a brighter and clearer future for those suffering with acne.

Additionally, if you are concerned about strong acne drugs, a new treatment using light therapy called Clearlight Acne Photoclearing™ may be a solution. This new technology clears moderate inflammatory acne without side effects, patient discomfort, photosensitivity or downtime. In eight 15-minute treatments over four weeks, patients have experienced impressive results—up to eighty per cent clearance.