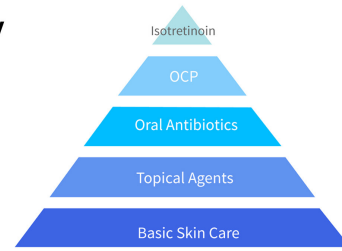


# Acne Treatment Summary

## PedsCases Acne Part II

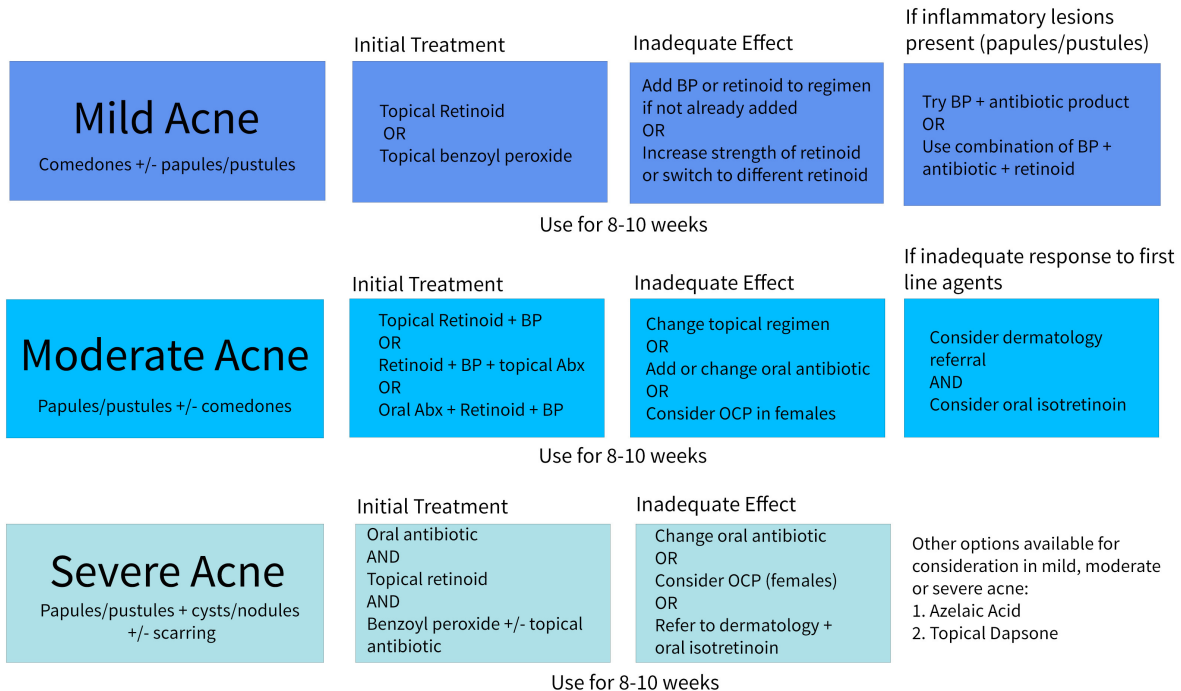


### Basic Skin Care:

- Wash face with gentle, soap-free, pH neutral cleanser once to twice daily
- Avoid aggressive scrubbing and drying agents
- Moisturize daily with oil free moisturizer that contains SPF 15 or higher
- Use non-comedogenic concealer
- Apply acne treatments to entire affected area (e.g. face, back, chest where acne lesions are present), do not "spot treat" individual acne lesions

Topical Agents	Strength/Dose	Mechanism of Action	Directions for Use	Examples	Adverse Effects
<b>Benzoyl Peroxide</b>	2.5-10%	Keratolytic, comedolytic, anti-inflammatory	Apply to entire affected area each night. May cause bleaching of clothing/sheets. Use for 8-10 weeks for max effect.	Benzagel, Panoxyl, Clearasil BP	Redness, peeling, dryness Improves with use Can gradually increase exposure time to minimize skin irritation Rarely allergic contact dermatitis
<b>Topical Antibiotics</b> <small>*only combination products with BP are listed</small>	3% erythromycin/ 5% benzoyl peroxide 1% clindamycin/ 5% benzoyl peroxide	Anti-inflammatory Combination with BP decreases bacterial resistance Use for inflammatory acne only	Apply to entire affected area once to twice daily. Use for 8-10 weeks for max effect.	Benzamycin  Clindoxyl gel BenzaClin	See above (similar side effect profile)
<b>Topical Retinoids</b> <small>*combination products with BP are available</small>	Adapalene 0.1% Tretinoin 0.01, 0.025, 0.05, 0.1% Tazarotene 0.05, 0.1%	Decreases abnormal keratinization Breaks down microcomedones Anti-inflammatory	Apply to the entire affected area once daily. Use for a minimum of 12 weeks.	Tactuo, Differin Retin-A, Stevia-A Tazorac	Acne may worsen before improvement is seen Irritation, erythema, xerosis Tazarotene is contraindicated in pregnancy (Category X)
<b>Oral Antibiotics</b>	Doxycycline 50 to 150 mg Minocycline 50 to 100 mg	Decrease proliferation of <i>P. Acnes</i> Anti-inflammatory	Take by mouth once daily Use for 8-12 weeks for max effect Take with full glass of water and avoid lying down >30 mins Sun protection Do not give if <9 years old	Doxycycline capsule Minocycline capsule	Pill esophagitis, GI upset Photosensitivity Candida/vaginitis Benign intracranial hypertension Rare autoimmune and skin reactions (Minocycline)
<b>Oral Contraceptive (OCP)</b>	Variable based on brand, choose product with ethinyl estradiol & synthetic progestin	Decreases androgen levels, decreases sebum production Only for use in females	Take by mouth once daily Cyclical dosing (21 days + 7 days placebo) or continuous dosing (no placebo pills). Use for 3-6 months before max effect.	Alesse Yasmin, Yaz Tri-Cyclen Diane-35	Risk of VTE, hepatotoxicity. Risk of relapse after discontinuing. Progestin only contraceptives may worsen acne.
<b>Isotretinoin</b>	Isotretinoin 10 mg or 40 mg cap Total cumulative dose 120-150 mg/kg/course usually over 4-5 m/os (0.5-1 mg/kg/day)	Comedolytic Keratolytic Anti-inflammatory Decreases sebum production Decreases <i>P. Acnes</i> colonization	Take by mouth once daily Must have reliable form of contraception (abstinence or OCP + condoms for example) Test b-HCG, LFTs, CBC, lipids baseline and at 1 month	Accutane Clarus	Risk of acne flare-up during first 2 months of treatment. Dryness of mucous membranes, skin. Hair loss, thirst, myalgias, back pain, increased triglycerides/LDL, headache, decreased night vision, hepatotoxicity

## Treatment Algorithm



### References:

1. Eichenfield LF, Krakowski AC, Piggott C et al. Evidence-based recommendations for the diagnosis and treatment of pediatric acne. *Pediatrics* (2013); 131(3); S163-186.
2. Basak SA, Zaenglein AL. Acne and its management. *Pediatrics in Review* (2013); 34(11); 479-497.