

Acne Vulgaris

1. What is acne?

Acne, also known as pimples in layman term is an inflammatory disorder whereby the hair follicles become plugged with excessive oil production from the sebaceous gland. There is also proliferation of bacteria called *Propionibacterium acnes* on patient's skin.

2. What are the complications of acne?

The main physical complication of acne is scarring. It is much easier to treat acne than to treat acne scar. Other complications include psychological morbidities such as anxiety and depression. There is also strong evidence that quality of life of patient with acne is significantly affected. Therefore seek treatment early to avoid complication.



Figure 1: Keloid secondary to poorly treated acne vulgaris

3. What is the common age to get acne?

In Malaysia, the common age to get acne is between 13 to 18 year old although patient can get it at any age. It is not a disease specific to youth.

4. Who are at risk of getting acne?

Patients with family history of acne are at higher risk of getting acne. Obesity in

children and certain hormonal diseases are also known to be at increase risk of getting acne.

Certain medications such steroid, anti-tuberculous medication and anti-cancer treatment can cause acne. Products or environment that block our hair follicles can also cause acne.

5. What can worsen acne?

We know that acne gets worse during period of stress. Smoking, diet high in sugar and dairy products may also aggravate acne. There is also a study that showed that patients who had facial therapy or salon facial massage aggravated their acne.

6. Does acne confined only to the face?

No. Although acne commonly occurs on the face, it can also be found on the chest and upper back of the trunk.

7. How do we treat acne?

Treatment of acne should be individualized and it depends on severity, types of acne and how it affects the quality of life of the patient.

8. If it is mild acne, how do we treat it?

If it is mild we treat topically with topical benzoyl peroxide, topical retinoids, topical azelaic acid, topical salicylic acid or topical antibiotics.



Figure 2 & 3: Comedonal Acne

9. What about moderate and severe acne?

For moderate acne, we can treat with combination of 2 topical agents. If it is

inflamed, we may also add on oral antibiotics.



Figure 4: Inflammatory Acne

If severe acne, patient needs to be referred to a dermatologist for oral isotretinoin. Systemic isotretinoin only can be prescribed by a qualified dermatologist. The names and place of practice of qualified dermatologists in Malaysia can be found on the Dermatological Society of Malaysia (Persatuan Dermatologi Malaysia) website – www.dermatology.org.my



Figure 5 & 6: Nodulocystic Acne

10. Any physical treatment helpful for acne vulgaris?

The medical treatment of acne is generally sufficient to meet the expectations of acne patients. However, in a number of situations additional therapeutic approaches may be advisable. There are a wide variety of useful physical methods. They range from lasers and other light systems using visible light wavelength, to peeling and manual therapy.

Lights (especially blue light) and lasers have been found to be safe and helpful for mild to moderate acne especially when oral medications are unhelpful, intolerance or unsuitable for patients. Treatment is often delivered twice weekly for four weeks. The effect may be enhanced by use of a photo-sensitising agent (photodynamic therapy).

Comedones can be expressed or removed by comedone extractor, chemical peeling or cautery. Intralesional steroid injections can be used to shrink older nodules, keloid scar and pseudocysts.

Note: X-ray treatment is no longer recommended for acne, as it may cause skin cancer

11. Will acne recur after stopping treatment?

It may recur if the patient stops treatment completely. That's why we recommend maintenance therapy with topical treatment after stopping oral treatment.

12. Tips of acne care

General measures and skin care are also important in the management of acne.

- a. Patient is advised to clean with gentle cleanser and avoid abrasives and scrubbing. Antibacterial or antiseptic wash has no proven benefit in the treatment of acne.
- b. Try not to scratch or pick the spots.
- c. Avoid excessively humid conditions such as a sauna, working in an unventilated kitchen or tropical vacations.
- d. If you smoke, stop. Nicotine increases sebum retention and increased scale within the follicles, forming blackheads and whiteheads (comedones).
- e. Patient should avoid comedogenic cosmetic, facial products and squeezing pimples.
- f. Some would advocate low sugar, low protein, low dairy and high fibre diet although the evidence is not very strong.

Acne can be effectively treated, but response may sometimes be slow up to 4 weeks. See your dermatologist for advice if your pimples fail to clear up within six weeks or you have severe acne.

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