



# Breaking Down Breakouts: Facing Facial Eruptions

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# Disclosures

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Neither I nor my spouse has a relevant financial relationship with a commercial interest to disclose.

# Objectives

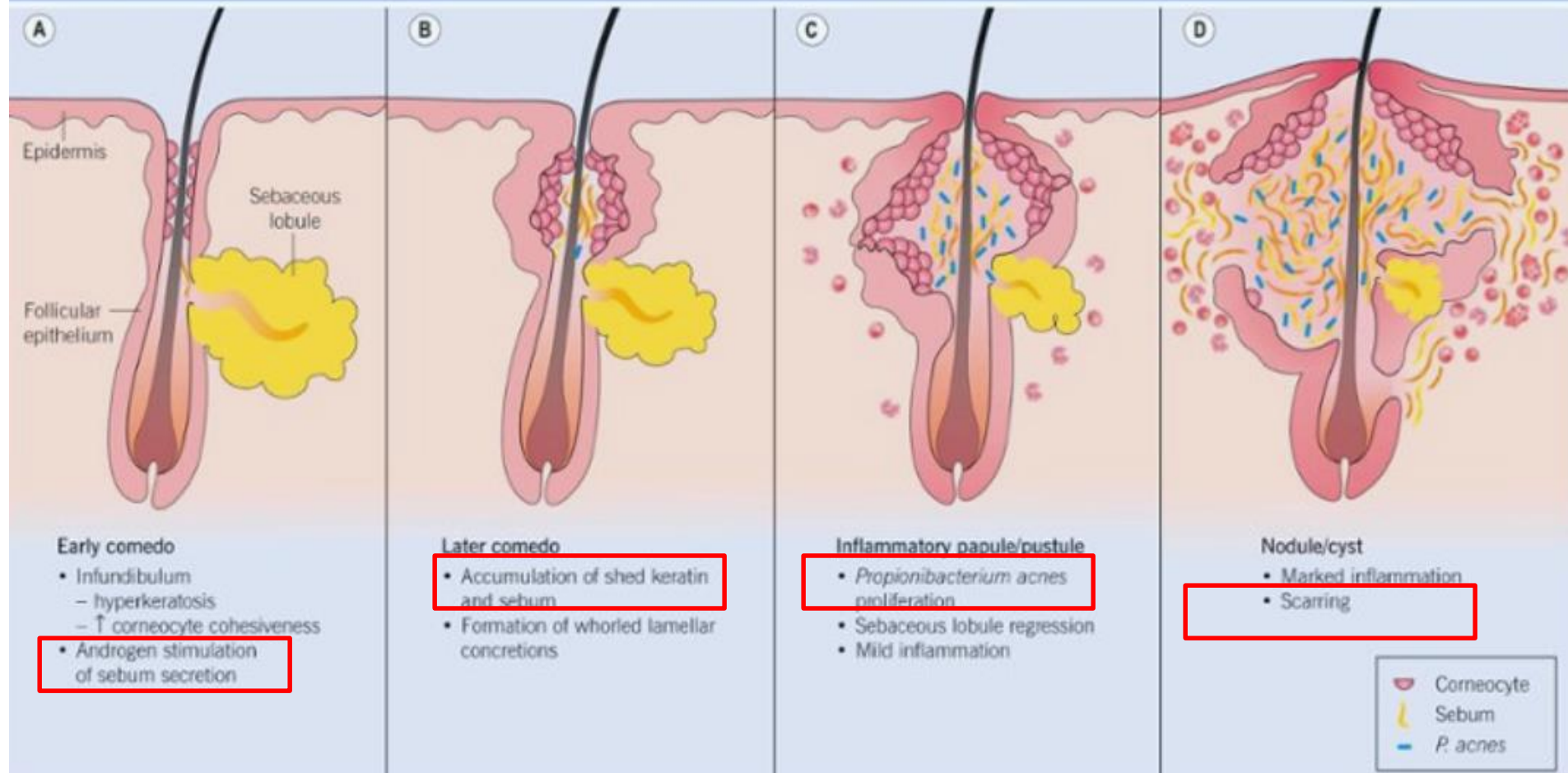
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To define acne, understand its basic pathogenesis and how to treat it

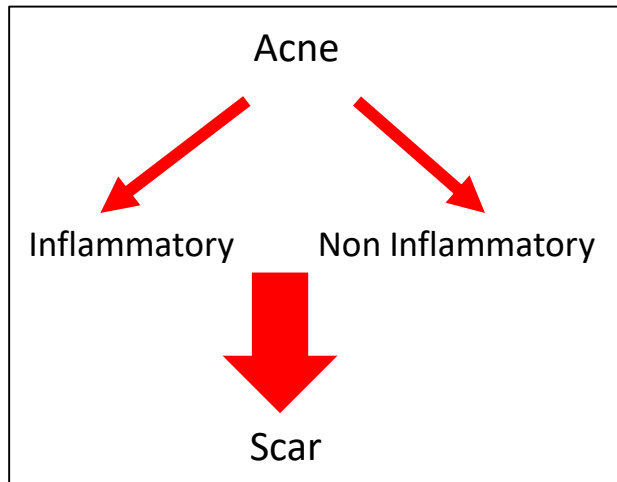
To identify the different types of rosacea, their variants and treatments

Keratin, sebum and bacteria build up within the follicle, leading to rupture, inflammation and scar

### PATHOGENESIS OF ACNE



# The Many Faces of Acne



Acne images courtesy of AAD

# What Should I Ask?

## Clinical History

Prior therapies, OTC and prescription

Why did they stop/start?

What was the response?

Menstrual cycle

Facial products



## Failure of treatment

Most commonly ...

Lack of adherence to treatment plan!

Counsel and educate!

## Meds

Anabolic steroids, neuroleptics, lithium

OCPs

Prior accutane

## Family hx

Sibling with acne, prior accutane



## Miscellaneous...

Diet not proven to aggravate acne

Hands on face/phone-clean it!

# The Treatment Pyramid for Acne

## Did you know?

Topical retinoids...  
Normalize follicular epithelium  
Anti-inflammatory  
Help penetration of other agents

## Take home

Use topical retinoids  
in all acne regimens

**Severe Acne**  
Accutane

**Moderate Inflammatory Acne: Oral therapy**

Cephalexin | Doxy | Mino | Bactrim  
Spiro +/- oral contraceptive



**Mild/Moderate Acne: Topical therapy**

Benzoyl peroxide | sulfa based wash  
Clindamycin lotion/gel | Erythromycin gel

*Treatment is geared at focusing on the component of acne that predominates.  
A topical retinoid is always recommended, unless patient is on isotretinoin.*

## Acne Information Sheet:

Please follow the below instructions.

Please keep in mind that all treatments require at least a 3 month trial before we can say there is or is not improvement.

Pan Oxyl (benzoyl peroxide wash) any strength, available over the counter use 2x/wk in AM. BLEACHES CLOTHING!

### Suggested regimen:

AM-Wash face with either BP or gentle OTC cleanser like Cetaphil, Basic, Simple, CeraVe. Apply moisturizer.

**Doxycycline 1 pill in AM and 1 pill in PM** *Take with large glass of water, to prevent it from getting stuck in your throat. If planning outdoor activities i.e. pool/beach/skiing, remember to wear sun block, as medication can increase your chances of sun burn!* If you develop a rash, stop it and call the office.

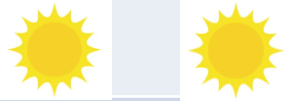

**PM-Wash face with gentle OTC cleanser.**

**Apply Tretinoin 0.05% cream**

*Remember, this can cause dryness, therefore, use a pea-sized amount to entire face every third night typically for the first 4-6 wks, increasing to nightly use as tolerated. You MAY use a non-comedogenic moisturizer (like Neutrogena or Aveeno) roughly 1 hr AFTER applying the tretinoin.*



# Important Considerations Before and During Therapy

Drug	Photosensitizing Y/N	Other
Cephalexin (B)	No	GI upset, works ok
Doxy (D)		GI upset without food, pill esophagitis
Mino (D)		Pigmentation mucosa, → scars, shins, sun Lupus-like syndrome
Spiro (C)	No	Dizziness, headaches, breast tenderness. Add OCP?

Mino: Blue teeth and nails



# When to Reach for a Referral or Initiate Accutane



<50% improvement  
after 6 months of  
topical and oral  
therapy

Nodulocystic acne

Comedonal acne



Pitted scarring

Relapse off oral  
treatment

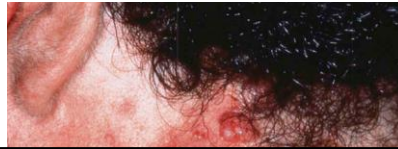
Acne leading to  
emotional distress



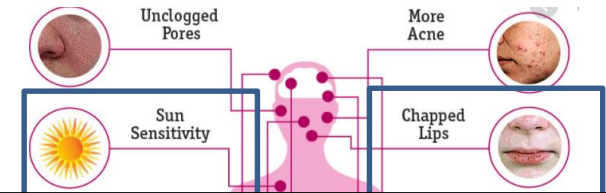
# All About Accutane (isotretinoin)

Daily goal  
1mg/kg/day

Cumulative dose range  
120mg/kg-150mg/kg



## Side effects



Remind patients to discontinue other oral acne medications  
**BEFORE** starting accutane

Transition to topicals

40-60% remain acne free

Relapse rates ↑  
<16 at first isotretinoin

## Items to Note

Dose dependent dryness  
Nose bleeds  
Eczema like rash, dorsal hands  
Night vision  
Education  
Mental health  
Inflammatory bowel disease

Dermatology. Bologna et al. 3<sup>rd</sup> Edition. 2012

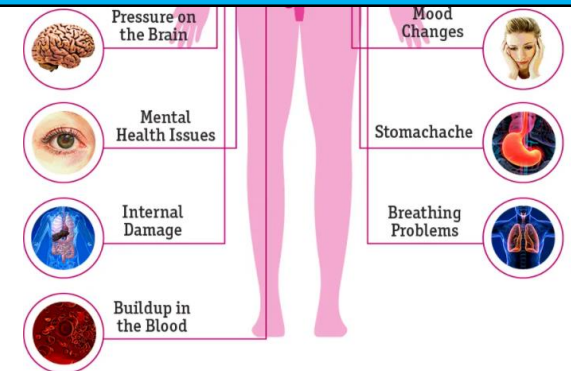
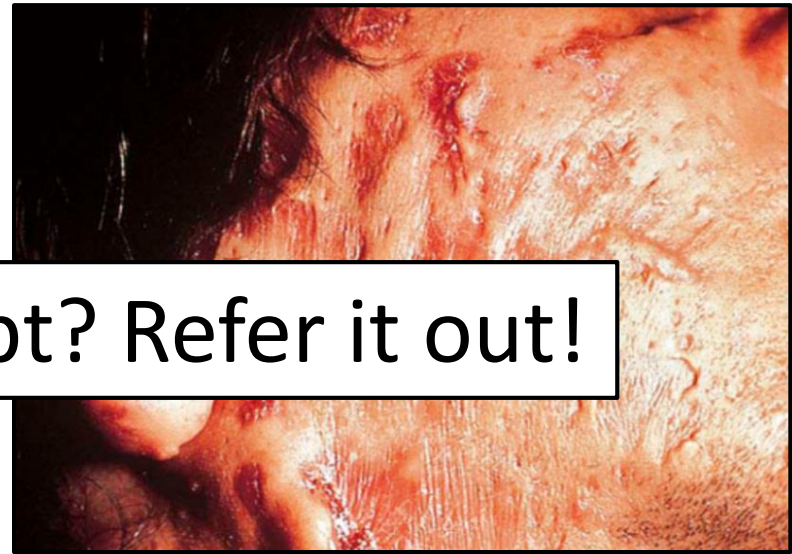


Image courtesy of:  
<https://www.healthline.com/health/accutane-side-effects-on-the-body>

# Special Considerations



When in doubt? Refer it out!

Acne conglobata (above x2) and acne fulminans (not shown) may be the time to refer to derm.

Start on concomitant prednisone 40-60mg daily to offset paradoxical worsening of acne in beginning of isotretinoin therapy.

# Help with Product Selection

- <https://www.aad.org/public/diseases/acne>



oil-free moisture

SENSITIVE SKIN

ultra-gentle facial moisturizer

non-comedogenic (won't clog pores)


**Neutrogena**

DERMATOLOGIST RECOMMENDED

4 FL OZ (118 mL)



Ads · Shop otc azelaic acid




**Curbside**

Azelaic Acid Cream

\$4.99

Dermatica

Free shipping



**Curbside**

The Ordinary Azelaic Acid...

\$7.90

Ultra Beauty

★★★★★ (3k+)

📍 Pick up today



# Rosacea: Three Variants

## Erythematotelangiectatic



Flushed erythema and vessels  
Oxymetazoline → rebound “red”  
Sunscreen-physical blockers BEST

### Treatment

Self pay, laser for discrete redness  
Metro 0.75% cream<sup>2</sup>  
Azelaic acid 20%<sup>2</sup>  
Sodium sulfacetamide washes QD  
Pime- or tacrolimus QHS

## Papulopustular



Pustules on erythema

### Treatment

Previous PLUS  
Doxy 50mg<sup>2</sup> OR mino 100mg<sup>2</sup>  
Treat 2-3 mo → topicals

## Rhinophyma



Edematous, firm nodules or phmya  
Most recalcitrant to tx  
Hypertrophy/lymphedema of skin

### Treatment

Previous  
Low dose isotretinoin, but relapse  
Self-pay, dermabrasion to reshape nose

Eye involvement—*blepharitis, recurrent chalazion, and conjunctivitis*— can be seen in all subsets of rosacea, SO...don't forget to ask about “grittiness” burning symptoms

# Pyoderma Faciale (rosacea fulminans)

## What is it?

Uncommon  
Eruptive facial disorder  
Post adolescent women  
Abscess, cysts, sinus tracts  
Erythema, weeping lesions

## Why is not acne?

No lead-in of rosacea sx  
No comedones  
More rapid onset than acne  
No chest/back lesions



## Treatment

Pred 40-60mg daily  
Add isotretinoin 1mg/kg  
CONFIRM NO PREGNANCY

# Perioral Dermatitis



## Who

Women, 20-35 yro

Babies, drooling/teething!

Ask Fluorinated topical steroids—

Creams, ointments INHALERS

## What

Monomorphic pink papules

No itch, may burn

Symptoms may wax and wane

## Treatment

Doxy 50-100<sup>2</sup> or mino 50-100<sup>2</sup> for 2-3 mo

Pime- or tacrolimus



# Lupus Miliaris Disseminatus Faciei

Red, brown 1-3mm monomorphic papules  
No persistent erythema  
Distributed on face/**EYELIDS**  
Lacks hx flushing  
Heals with **SCARRING**

Long term tx with mino or isotretinoin  
Self-involution expected but can take  
years!

**Acne doesn't typically involve eyelids**

If not sure, refer to dermatologist!  
Biopsy can confirm diagnosis.

