

Severe Acne: Type 5

(Leeds Classification)



**Highly inflammatory lesions predominate:
variable number of
comedones, many papules,
pustules and nodulo-cystic lesions.**

Treating Severe Acne

Severe acne is characterized by deep cysts, inflammation, extensive damage to the skin and scarring. It requires an aggressive treatment regimen and should be treated by a dermatologist. Severe, disfiguring forms of acne can require years of treatment and may experience one or more treatment failures. However, almost every case of acne can be successfully treated. Physical methods and prescription medications that dermatologists use to treat severe acne include:

Drainage and surgical excision, interlesional corticosteroid injection, Isotretinoin, oral antibiotics, oral contraceptives, drainage and surgical Excision.

Some large cysts do not respond to medication and may require drainage and extraction. Drainage and extraction, or "acne surgery" as it is also called, should not be performed by patients. Dermatologists are trained in the proper technique and perform acne surgery under sterile conditions. Patient attempts to drain and extract comedones by squeezing or picking, can lead to infection, worsening of the acne and scarring. Severe acne requires an aggressive treatment regimen and should be treated by a dermatologist.

Interlesional Corticosteroid Injection:

When an acne cyst becomes severely inflamed, there is a good chance it will rupture and scarring may result. To treat these severely inflamed cysts and prevent scarring, dermatologists may inject such cysts with a much-diluted corticosteroid. This lessens the inflammation and promotes healing. An interlesional corticosteroid injection works by "melting" the cyst over a period of 3 to 5 days.

Isotretinoin:

Isotretinoin is a potent drug reserved for treating severe cystic acne and acne that has proven itself resistant to other medications. Isotretinoin is a synthetic (man-made) retinoid (form of vitamin A) that comes in pill form. It is usually taken once or twice a day for 16 to 20 weeks. Today, it is the most effective acne treatment available because it is the only acne treatment that works on all four factors that predispose a person to acne - excess oil production, clogged skin pores, P. acnes and inflammation. The remissions achieved with Isotretinoin usually last for many months to many years. For many patients, only one course of Isotretinoin therapy is needed. While Isotretinoin is the most effective acne treatment available, it cannot be prescribed to everyone due to a number of potential side effects—some serious. One of the most serious side effects is the potential to cause severe birth defects in a developing fetus. women of childbearing age should take 2

pregnancy tests prior to beginning Isotretinoin therapy and use 2 forms of birth control for 1 month before therapy begins, while taking the drug and for 1 full month after therapy. It is also important that women not breast feed during this time. Women who wish to become pregnant after taking Isotretinoin should talk to their dermatologist and gynecologist about when it is safe to get pregnant after receiving Isotretinoin therapy.

Other possible severe side effects that may occur while taking Isotretinoin include:

Severe pain in the chest or abdomen, Trouble swallowing or painful swallowing

Severe headache, blurred vision or dizziness, bone and joint pain, nausea or vomiting, diarrhea or rectal bleeding, depression, dryness of the skin, eyes and nose, and thinning hair.

Oral Antibiotics:

Oral antibiotics have been a mainstay of therapy for severe acne for many years. Like topical antibiotics, oral antibiotics work to reduce the P. acnes population (a contributing factor in acne), which, in turn, decreases inflammation. Treatment with oral antibiotics usually begins with a high dosage, which is reduced as the acne resolves. Over time, the P. acnes bacteria can become resistant to the antibiotic being used to treat it. When this happens, another antibiotic can be prescribed. Numerous studies support the effectiveness of the following broad-spectrum oral antibiotics: doxycycline, erythromycin, minocycline and tetracycline.

Oral Contraceptives:

Oral contraceptives have been shown to effectively clear acne in women by suppressing the overactive sebaceous glands. Oral contraceptives can be used as long-term acne therapy; however, this medication should not be prescribed to women who smoke, have a blood-clotting disorder, are older than 35 or have a history of migraine headaches—without the advice of a gynecologist.

Spironolactone, a synthetic steroid, may be used in combination with oral contraceptives to treat acne in adult females. Spironolactone inhibits androgen production. Side effects include irregular menstruation, breast tenderness, headache and fatigue.

