

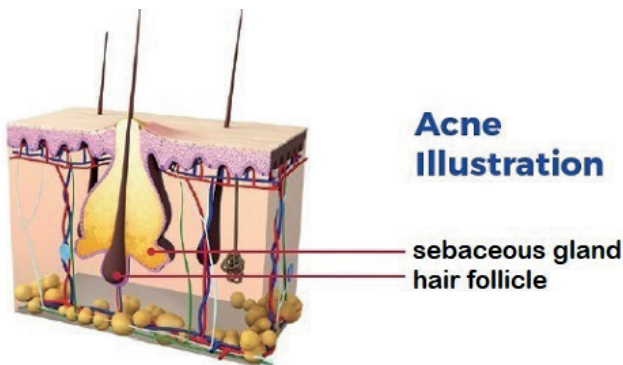


## WHAT IS ACNE ?

Acne is a common skin condition that causes pimples on the face, neck, shoulders, chest and back.<sup>1a</sup>

Acne can be emotionally stressful and depending on its severity can lead to scarring of the skin.<sup>2a</sup>

Acne occurs when the hair follicles become clogged with oil or sebum and dead skin cells. Sebum is prevented from leaving the skin through the pores.<sup>1a</sup>

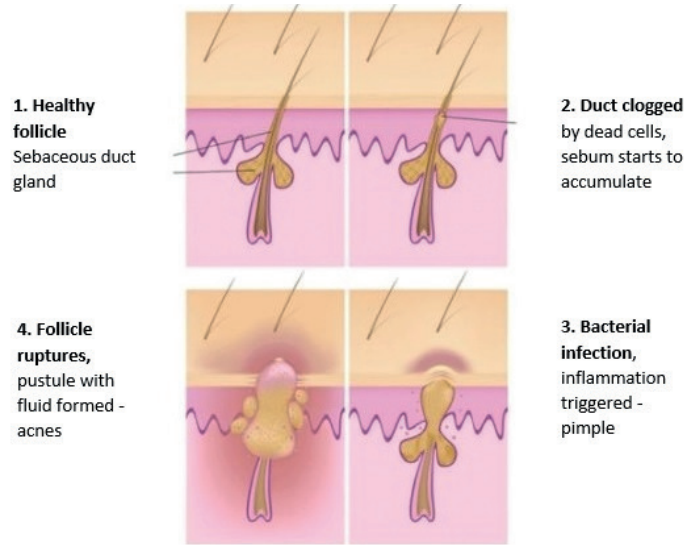


Acne can appear in different forms which include:<sup>2e</sup>

Noninflammatory lesions (Comedones i.e. whiteheads and blackheads)

Comedones are created when the openings of hair follicles become clogged and blocked with oil secretions, dead skin cells and sometimes bacteria. When comedones are open at the skin surface, they're called blackheads because of the dark appearance of the plugs in the hair follicles.<sup>2d,3a</sup> When comedones are closed, they're called whiteheads and are slightly raised skin-coloured bumps.<sup>1bg,3a</sup>

## FORMATION OF SKIN PIMPLES AND ACNES<sup>4</sup>



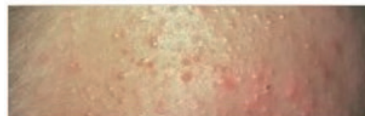
## INFLAMMATORY LESIONS

The blocked sebum-filled hair follicle promotes overgrowth of a bacterium, *Propionibacterium acnes*, which is normally present in the hair follicle. *Propionibacterium acnes* breaks down the sebum into substances that irritate the skin, producing skin eruptions which we commonly refer to as acne pimples<sup>1</sup>.

Inflammatory lesions take the form of:<sup>2</sup>

### Papules

These are small, raised bumps that signal inflammation of infection in the hair follicles. Papules may be red and tender<sup>2e</sup>



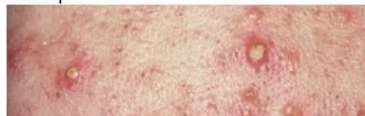
### Nodules

These are large, solid, painful lumps beneath the surface of the skin.<sup>2a</sup> They are formed by the build up of secretions deep within hair follicles<sup>1b</sup>



### Pustules (pimples)

These are red, tender bumps with white pus at their tips<sup>2e</sup>



### Cysts

Cysts are painful, pus-filled lumps beneath the surface of the skin.<sup>14</sup> These boil-like infections can cause scars<sup>1j</sup>



## INFLAMMATORY LESIONS

While most acne occurs on the face, it is also common on the back, shoulders and upper chest.

Three levels of acne severity are identified – *mild, moderate and severe*.





Mild Acne	Moderate Acne	Severe (deep/cystic) Acne
Develop a few noninflamed blackheads or whiteheads (less than 20) Or A moderate number of mildly irritated pimples	Have more comedones and pimples and sometimes larger more inflamed pimples or pustules	Have numerous large, red, painful pus-filled lumps or nodules that sometimes even join together under the skin into giant, oozing abscesses

## WHAT CAUSES ACNE ?

Three factors contribute to the formation of acne.

These are :

- the overproduction of oil or sebum
- the irregular shedding of dead skin cells resulting in irritation of the hair follicles of your skin
- the build up of bacteria

### Factors that may worsen acne<sup>2</sup>

Factors that can trigger or aggravate an existing case of acne include :

#### Hormones

Male hormones called androgens increase in both boys and girls at the time of puberty. They cause the sebaceous glands to enlarge and make more sebum. Hormonal changes related to pregnancy and the use of oral contraceptives can also affect sebum production.

#### Medications

Medicines containing corticosteroids, androgens or lithium are known to cause acne

#### Diet

Certain dietary factors, including dairy products and carbohydrate-rich foods e.g. bread, chips, which increase blood sugar may trigger acne.

## TREATMENT

General care of acne is very simple :

- Affected areas should be gently washed once or twice a day with mild soap
- Cosmetics should be water-based as very greasy products can make acne worse
- Although there are no restrictions on specific foods that a person can eat, a healthy balanced diet should be followed.

Beyond these routine measures, acne treatment depends on the severity of the condition.



- **Mild acne**

Topical medicines are applied to the skin. They work by killing bacteria (antibacterials) or alternatively they dry up or unclog the pores. Antibacterials that are commonly used include the 2 antibiotics clindamycin and erythromycin, and benzoyl peroxide. Other topical medicines are salicylic acid, resorcinol and sulphur. They work by drying out the pimples and cause slight peeling, but are less effective than the antibiotics or benzoyl peroxide. If topical antibacterials fail, doctors may prescribe other medicines that help to unclog the pores like tretinoin. While tretinoin is very effective it is irritating to the skin and also makes the skin more sensitive to sunlight.

- **Moderate Acne**

Oral antibiotics that are given by mouth are usually prescribed to treat moderate acne. Examples of these antibiotics include tetracycline, doxycycline, minocycline and erythromycin.

- **Severe Acne**

When oral antibiotics are not effective in treating severe acne, oral isotretinoin is considered the best treatment. Isotretinoin is the only medicines that can potentially cure acne. It is generally prescribed for 20 weeks. While isotretinoin is highly effective, it can have serious side effects such as harming a developing foetus. As a result, women taking isotretinoin must use strict contraceptive measures to ensure that they do not fall pregnant. Other acne treatments may be used for specific people. For example, a woman with severe acne that worsens with her menstrual period, may be prescribed an oral contraceptive by her doctor.

**Please note:** this is an education information leaflet only and should not be used for diagnosis. For more information on [Acne](#), consult your healthcare professional.

**References:** 1. van Dyk JC, et al. South African guidelines for the management of nocturnal enuresis. SAMJ 2003;93(5):338-340. 2. Hjalmas K, et al. Nocturnal Enuresis: An International Evidence Based Management Strategy. J of Urology 2004;171:2545-2561. 3. Kiddoo DA. Nocturnal enuresis. CMAJ 2012;184(8):908-911. 4. van Kerrebroeck P, Nørgaard JP. Desmopressin for the treatment of primary nocturnal enuresis. Pediatric Health 2009;3(4):311-327. 5. Vande Walle J, et al. Practical consensus guidelines for the management of enuresis. Eur J Pediatr 2012;1-13. 6. Neveus T, et al. Evaluation of and Treatment for Monosymptomatic Enuresis: A Standardization Document From the International Children's Continence Society. J of Urology 2010;183: 441-447.

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Ask your healthcare professional for **SA's No. 1 Isotretinoin product<sup>3</sup>** **For acne control<sup>19</sup>**

