Hong Kong J. Dermatol. Venereol. (2009) **17**, 179-180

Editorial

'A for acne'

'A for acne' was the first slide of a talk on dermatology I gave earlier this year to nurses. Acne is a good introductory topic on dermatology as almost everyone has suffered from this 'minor ailment' sometime in their adolescence. The eruption is polymorphic with papules, pustules, nodules, comedones and scars and these can be easily appreciated by the audience. Besides, the pathophysiology of this disease has been very well described and there are very good management algorithms like the one published in 'Management of Acne: A Report Global Alliance For Improved Outcomes In Acne' in 2003.[1]

When I started dermatology in South Kwai Chung Social Hygiene Clinic, the treatment of acne was quite straight forward. A new case of acne was a welcome break in a busy clinical session. I could start writing the prescription the moment the patient entered the consultation room. Most patients were in their late teens or early twenties with moderate to severe acne. They were referred to us by the family doctor after failure of topical treatment. It was then reasonable to commence systemic antibiotic therapy together with topical therapy like retinoids or benzoyl peroxide. The wonder drug, isotretinoin (Roaccutane), had just been introduced and had become available. It promised a 'permanent' cure for difficult cases.

Things have not been the same for the past ten years or so. Firstly, the number of mature patients aged over 25, now outnumber the younger ones in my clinic, the majority being women. One may attribute this to the female sex being more conscious of their appearance. Literature search shows a similar pattern in the UK, with more adult females than males suffering from clinical acne.[2,3] Many of my patients have had the disease for a very long time, some for over ten years, a few for over twenty years. Relapses after multiple courses of antibiotics and even after a course of isotretinoin are not uncommon. It has now become obvious that isotretinoin is not as miraculous as we once thought.

The recently published 'New insights into the management of acne: An update from the Global Alliance For Improved Outcomes In Acne Group' may give some answers to the problem.[4] In this update, a new way of looking at acne as a chronic disease is introduced. There is an interesting comparison between atopic dermatitis and acne vulgaris. The need of maintenance therapy is emphasized and factors that affect adherence to treatment are discussed. The use of photographs and laser for treatment of acne is reviewed. This was not much touched upon in the previous report.

In this issue of the Journal, Dr Yeung has done a very comprehensive review on various types of photo and laser therapy for acne vulgaris. Although physical therapy like blue light is in its infancy when compared with traditional therapies, it may offer new hope to patients who have failed medical treatment.

Acne vulgaris has often been trivialized as a transient condition of puberty or a disease of

cosmesis. Its psychosocial impact can be quite significant but is often underestimated. It is time we take this condition more seriously. We can offer our patients more options and better outcomes by adopting a holistic approach in patient management.

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