Acne in Pediatric Patients with Skin of Color

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Disclosures

Off label use of medications not approved in children may be discussed

Consulting (Advisory Board) Cassiopea
Objectives

• Identify challenges of treating acne in pediatric patients with skin of color

• Develop treatment plans for acne in patients with skin of color

Case

• 14 year old
• cc: Dark marks x 3 years, worsening
• PMH: atopic dermatitis

• Using a gentle cleanser and moisturizes with a lotion containing cocoa butter
• Few times a week – facial scrub
Acne treatments

- Topical Antibiotics
- Oral Antibiotics
- Topical Retinoids
- Oral retinoid
- Topical Anti-androgen
- Oral Anti-androgen

<table>
<thead>
<tr>
<th>Topical Antibiotics</th>
<th>Oral Antibiotics</th>
<th>Topical Retinoids</th>
<th>Oral Retinoids</th>
<th>Topical Anti-androgen</th>
<th>Oral anti-androgen</th>
</tr>
</thead>
<tbody>
<tr>
<td>minocycline 4% foam</td>
<td>sarecycline</td>
<td>trifarotene 0.005% cream</td>
<td>tazarotene 0.045% lotion</td>
<td>clascoterone 1% cream</td>
<td></td>
</tr>
<tr>
<td>clindamycin, dapsone</td>
<td>doxycycline, minocycline</td>
<td>tretinoin, adapalene</td>
<td>isotretinoin</td>
<td></td>
<td>spironolactone</td>
</tr>
</tbody>
</table>

DR. Candice Heath
Case

- Diagnosis: Acne, Post-inflammatory hyperpigmentation
- benzoyl peroxide cleanser
- clindamycin topical
- tretinoin 0.025% nightly
- Gentle cleanser and moisturizer
- Follow up in 2 months

You (think you) hit it out of the park
Meanwhile in the parking lot...

Parent and teen’s view

• That doctor does not know what they are talking about
• Waste of time
• “All I wanted was something for the dark spots”
Where is the disconnect?

• The PRESENTING complaint = dark marks

• Lay public
  – Scars may = red spots, dark spots/marks, manchas

  – Derms
    (atrophic scars, icepick, boxcar, keloids, hypertrophic)

Communicate that you SEE the hyperpigmentation
Communicate the WHY for each step

- The why
- Set expectations
- Journey
- Partner

Emotionally, parents bring their own history of skin concerns to the visit as well.

- Dark Spots that last forever
- Eczema as a child
- The things they love most about their skin/hair
- Experiences with a dermatologist who did not understand their hair type
- Scars

Experiences with a dermatologist who did not understand their hair type

DR. CANDRICE HEATH
**Adult QOL Study on Hyperpigmentation**

- Highest impact of hyperpigmentation on QOL in:
  - women
  - those with Post-inflamm. hyperpigmentation
  - fewer formal years of education
  - higher out of pocket monthly spending on skin-enhancing products

LEADING chief complaint in SOC

**Teenagers with severe acne, acne scarring, post-inflammatory hyperpigmentation**

- Consider isotretinoin and start discussions
  - Complete before teen leaves for college
Beware: Retinoid Dermatitis

- Avoid causing additional inflammation
  – PIH

- Skin of Color – Atopic dermatitis persistence

- Explore different medication vehicles

Ask about Hair and Skin Care practices
Pomade Acne

- South Asian (Indian) teen recently moved to the US
- Applies oil to hair daily
- Oils may include:
  - Coconut oil
  - Amla oil
  - Eclipta alba (from sunflower family)
- Oils $\to$ comedogenic

Gupta et. A. Dermatoses due to Indian cultural practices. 2015. Ind J Dermatol

Masters of Pediatric Dermatology

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https://us02web.zoom.us/j/81995933186

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