What's your take? Acne and PIH

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Acne PIH

Survey

- Caucasian women prioritized pimples as therapeutic endpoint
- Non-Caucasian women prioritized eradication of dyschromia

Can last 6-12 months

PIH macules are not burnt out

Histopathologic studies reveal inflammation although not clinically evident

PIH = Persistent inflammatory pigmentation

Methods to reduce PIH

Exfoliation Exfoliate pre-existing hyperpigmentation Melanin transfer Inhibit melanin transfer Tyrosinase inhibition Block melanin production in basal layer Reduce inflammation that stimulates melanocyte activity

Chemical peels for PIH in SOC

HQ 4% BID X 2 weeks

SA peels Q 2w weeks for 2-3 min or frost

- 20% X 2
- 30% X 3

Restart HQ after second day

Topical retinoids, sunscreen for maintenance

PIH

- *Tretinoin, HQ, azelaic acid GA, SA, KA
- *Cosmeceuticals soy, niacinamide, vitamin C, licorice extract, N-acetyl glucosamine, arbutin, lignin peroxidase
- Newer ingredients TXA, cysteamine

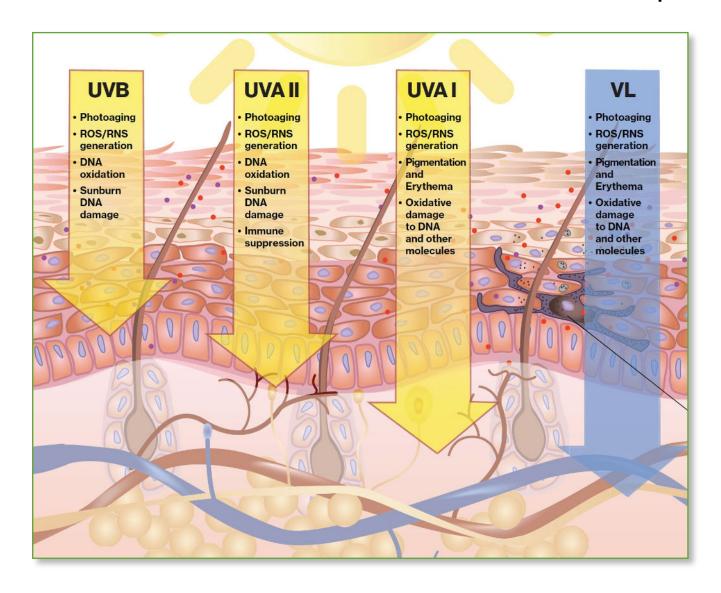
Pigment Lightening

- Tyrosinase activity
 - -Hydroquinone
 - Kojic acid binds to copper
 - Vitamins C and E, Azelaic acid
 - Arbutin (bearberry plant)
 - Licorice extract
 - Fatty acids (lindeic acid) tyrosine degradation
- ♦ Melanin Transfer
 - Niacinamide (B₃) melanosome transfer
 - Soy (STI)

Pigment Lightening

- ❖Tranexamic Acid (TXA)
 - -Coagulation cascade (anti-plasmin) and melanin pathway (alpha MSH stimulation)
 - -Topical and oral
- Cysteamine Hydrochloride
 - -Depigmentation, antioxidant
 - -Decreases melanin synthesis in melanocytes
 - -Tyrosinase and peroxidase inhibitor
 - -Short contact daily, then maintenance

Not all sunscreens are created equal



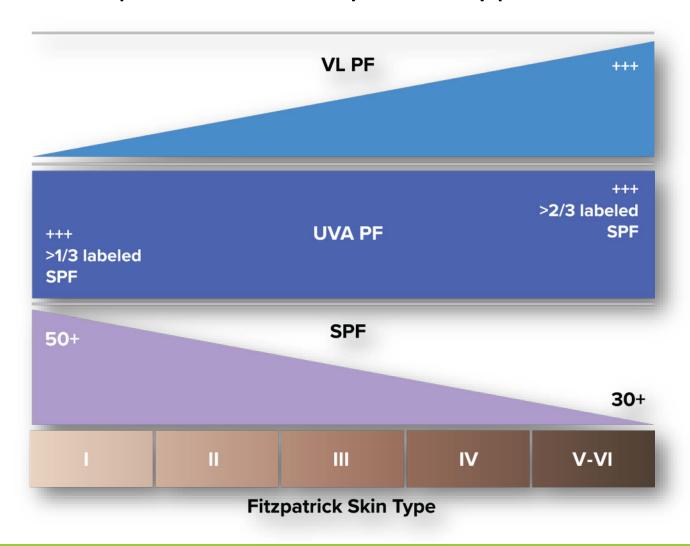
UVB/UVA II Skin Damage (covered by broad spectrum sunscreens)

UVA I/VL Skin Damage (not covered by broadspectrum sunscreens)

New data show that visible light (VL) generates reactive species that lead to skin damage and pigmentation

Prominent in dark skin (Fitzpatrick IV-VI)

Personalized Photoprotection by skin type



Management of acne in patients with PIH

Avoid irritation

- Use products with good tolerability
- Consider creams instead of gels
- Consider newer creams with superior vehicles
- Every other day
- Moisturize before applying meds

Avoid pomades, cocoa butter, shea butter, mineral oil