

Acne vulgaris

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2011-01-01

Introduction **Acne vulgaris** affects over 80% of teenagers, and persists beyond the age of 25 years in 3% of men and 12% of women. Typical lesions of **acne** include comedones, inflammatory papules, and pustules. Nodules and cysts occur in more severe **acne** and can cause scarring and psychological distress. **Methods and outcomes** We conducted a systematic review and aimed to answer the following clinical question: What are the effects of topical and oral treatments in people with **acne vulgaris**? We searched: Medline, Embase, The Cochrane Library, and other important databases up to February 2010 (Clinical Evidence reviews are updated periodically; please check our website for the most up-to-date version of this review). We included harms alerts from relevant organisations such as the US Food and Drug Administration (FDA) and the UK Medicines and Healthcare products Regulatory Agency (MHRA). **Results** We found 69 systematic reviews, RCTs, or observational studies that met our inclusion criteria. We performed a GRADE evaluation of the quality of evidence for interventions. **Conclusions** In this systematic review we present information relating to the effectiveness and safety of the following interventions: topical treatments (adapalene, azelaic acid, benzoyl peroxide, clindamycin, erythromycin [alone or plus zinc]; isotretinoin, tetracycline, tretinoin); and oral treatments (doxycycline, isotretinoin, lymecycline, minocycline, oxytetracycline, tetracycline). PMID:21477388

1. **Acne vulgaris.**

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Aydemir, Ertu?rul H

2014-03-01

Acne vulgaris is a chronic inflammatory disease of the pilosebaceous unit and it is observed equally in both sexes and nearly all races. It generally begins at puberty, but the healing period is variable. There is no known etiological factor, except genetic tendency. Androgens play a very limited role in some female patients. The effects of cosmetics, foods and drinks are also discussible and too limited. There are four factors in **acne** pathogenesis: Increase of the sebum excretionKeratinization of infrainfundibulumBacterial colonization of the follicleInflammation It is mainly observed on the face and back, shoulders and chest. Initial lesions are comedons. Papules, pustules and cysts of severe types follow it. The most important factor in treatment is a very good patient-physician communication. Topical or systemic treatment or both can be used depending on the severity of**acne**. Benzoyl peroxyde, azelaic acid, AHA's antibiotics, retinoic acid and derivatives are the topical choices. For systemic treatment antibiotics are the most commonly used medicines, but isotretinoine has a very spesific place with the possibility of permanent healing. All kind of treatments need approximately six months for a good result. PMID:26078626

2. **Acne vulgaris**

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Aydemir, Ertu?rul H.

2014-01-01

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3. [Treatment of inflammatory facial acne vulgaris in Chinese patients with the 1450-nm diode laser: a pilot study](#)

[NASA Astrophysics Data System \(ADS\)](#)

Liu, Huaxu; Dang, Yongyan; Wang, Zhan; Ma, Li; Ren, Qiushi

2007-02-01

The 1450-nm diode laser has been found to be effective for the treatment of inflammatory **acne** in USA, Europe and Japan. However, there is no report on its efficacy in Chinese **acne vulgaris** patients. We conduct this pilot study to evaluate the efficacy and safety of the 1450-nm diode laser in the treatment of inflammatory **facial acne vulgaris** in Chinese patients. Nineteen patients with inflammatory **facial acne** were treated with the 1450-nm diode laser at 4- to 6-week intervals. Clinical photographs and lesion counts were obtained at baseline and after each treatment. Subjective evaluation of response to treatment and pain was assessed using a questionnaire. In our study, clinical improvement was seen in all patients and was generally dramatic. Lesion counts decreased 34% after one treatment ($p < 0.01$), 56% after two treatments ($p < 0.01$), and 81% after three treatments ($p < 0.01$). However, the treatment-related pain was comparatively hard to be tolerated in Chinese patitents, and the other main adverse effect was the hyper-pigmentation after treatments (36.84%, 7/19).

4. [Psychosocial Impact of Acne vulgaris](#)

[Microsoft Academic Search](#)

M. M. S. Mulder; V. Sigurdsson; E. J. van Zuuren; E. J. Klaassen; J. A. J. Faber; J. B. F. de Wit; W. A. van Vloten

2001-01-01

Background: Although knowledge concerning the impact of **acne vulgaris** on quality of life has increased in recent years, relatively few studies have assessed the effect of a change in clinical severity on psychosocial state. Objective: Assessment of the effect of a change in clinical **acne** severity on psychosocial state. Methods: This was investigated by means of questionnaires and clinical assessments

5. **Acne Vulgaris and the Epidermal Barrier**

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Thiboutot, Diane

2013-01-01

Acne vulgaris is a common dermatological disorder that predominantly affects teenagers, but can also affect preadolescents and post-teen individuals. Despite the fact that **acnevulgaris** is the most common skin disorder encountered in ambulatory dermatology practice in the United States, there has been limited research on the epidermal permeability barrier in untreated skin of people with **acne vulgaris** and also after use of **acne** therapies. This article reviews the research results and discusses the available literature on this subject area. The importance of proper skin care as a component of the management of **acne vulgaris** is supported by the information that is currently available. PMID:23441236