

Acne Vulgaris

Identify Clinical Morphology/Severity

- Comedonal/Mild: open and closed comedones
- Inflammatory/Moderate: papules and pustules
- Nodulocystic/Severe: nodules and cysts

*Often can present with multiple morphologies

Scarring Present?

- Absent
- Present

If Inflammatory/Moderate or Nodulocystic/Severe Acne or any scarring, refer to Pediatric Dermatology

Regular Skin Care

OTC Acne Wash

- Daily facial cleansing, preferably morning and bedtime
- Gentle, oil-free, pH-balanced cleanser or wash

OTC Acne Facial Moisturizer

- Daily application
- Can include sunscreen component

***Indications for oral isotretinoin

- Severe acne or scarring
- Acne causing psychosocial burden
- Acne failing standard treatment with oral/topical therapy

Mild Acne

Topical combination therapy*

- BP + antibiotic or
 - Retinoid + BP or
 - Retinoid + BP + antibiotic
- If inadequate response: consider alternate retinoid
- **Alternative:** consider topical dapsone, clascoterone, salicylic acid, azelaic acid

*Avoid topical monotherapy!

*Counsel patients that topical treatments take 2 months for clinical effect

**Oral spironolactone

- Potassium monitoring not routinely needed in healthy patients

Moderate Acne

Topical combination therapy

- Oral antibiotic + topical retinoid + BP
- Oral antibiotic + topical retinoid + BP + topical antibiotic
- **If inadequate response:** consider alternative topical combination therapy or oral antibiotic
- **Alternative:** add OCP and/or oral spironolactone (females) or intralesional steroid injections (larger papules or nodules) or consider isotretinoin

Oral antibiotics

- For 3-4 months only, use w/ topical tx
- Doxycycline, minocycline, erythromycin, cephalexin

OCP

- Requires 3 months for efficacy
- Wait 2 years after menarche to start

Oral spironolactone**

- Antiandrogenic effect
- Use in conjunction with OCP

Severe Acne

Oral antibiotic + topical combination therapy or

- Oral isotretinoin
- **If inadequate response:** consider alternative oral antibiotic
- **Alternative:** add OCP and/or oral spironolactone (females) or intralesional steroid injections (larger papules or nodules)

Isotretinoin***

- Start at 0.5 mg/kg/day → increase to 1 mg/kg/day
- Goal: 150 mg/kg cumulative dose or clinically clear then 1-2 more months
- Pregnancy category X → requires enrollment in iPLEDGE program
- Lab monitoring (AST, ALT, and lipids) + pregnancy test
- Discuss adverse effects: dry skin, dry eyes, cheilitis, photosensitivity, musculoskeletal pain, hepatitis, elevated lipids, etc
- Avoid concurrent use with doxycycline.

Abbreviations: BP, benzoyl peroxide; OTC, over the counter; OCP, oral contraceptive pill

Adapted from:

- Guidelines of care for the management of acne vulgaris. J Am Acad Dermatol. 2024 May;90(5):1006.e1-1006.e30.
- Guidelines of care for the management of acne vulgaris. J Am Acad Dermatol. 2016 May;74(5):945-73.e33.