

Targeting Acne in Skin of Color

Patients with darker skin tones present unique challenges, particularly in the management of acne therapy. An expert addresses treatment strategies in this patient population.

A Q&A WITH VALERIE CALLENDER, MD

Patients with darker skin tones have unique issues in acne presentations. Dermatologists should focus on management to minimize the risk of post-inflammatory hyperpigmentation (PIH) and scarring, while addressing general skincare for the acne patient. Ahead, Valerie Callender, MD, a board certified dermatologist in private practice in Glenn Dale, MD, discusses the management of acne in skin of color and the use of devices for acne in darker skin.

WHAT ARE SOME UNIQUE ISSUES IN PRESENTATION IN DARKER SKIN TONES?

PIH is the most common patient complaint in Dr. Callender's practice. She finds patients describe it as "psychologically and emotionally devastating," and more frequently in her female patient population. Hypertrophic scarring and keloid formation are also unique presentations among patients. Both complications are difficult to treat and occur mainly along the jawline, chest, shoulders, and back. "Irritant contact dermatitis from prescribed acne medications may present as hypopigmentation or hyperpigmentation rather than with erythema," observes Dr. Callender.

WHAT DO YOU RECOMMEND FOR THE MANAGEMENT OF SKIN OF COLOR, ESPECIALLY FOR THOSE PATIENTS WITH ACNE?

In patients with acne, Dr. Callender recommends: topical retinoids (adapalene (Differin, Galderma) or tazarotene (Tazorac, Allergan)), topical dapson (Aczone, Allergan), and oral antibiotics. She also uses combination products such as clindamycin/BPO (Acanya, MEdicis), adapalene/BPO (Epiduo, Galderma), and clindamycin/tretinoin (Ziana, Medacis). Hydroquinone, azaleic acid (AZA), and chemical peels also are good options for her patients. "Epiduo gel is an excellent topical acne medication

for teens; low irritancy potential and once-daily application help with compliance in this age group," Dr. Callender observes.

ARE THERE WAYS TO HELP MINIMIZE RISK OF PIH? HOW DO YOU BEST MANAGE PIH?

"The best way to minimize the risk of PIH is early intervention with treatment and aggressively addressing inflammatory acne, which includes papules, pustules, nodules, and open and closed comedones—the latter two are no longer considered non-inflammatory," she observes. "Hydroquinone is the gold standard in the treatment of PIH; however, sun protection (SPF 30+), topical retinoids, AZA, and chemical peels are used as well. Combination therapy offers the best outcome."

HOW DO YOU ADDRESS SCARRING CONCERNS IN PATIENTS WITH DARKER SKIN TONES?

Hypertrophic scarring and keloidal scarring are both treated with mid-high topical and intralesional (IL) corticosteroids. "The latter treatment is performed monthly with triamcinolone acetonide 20mg/ml IL," says Dr. Callender.

WHAT IS A TYPICAL SKINCARE REGIMEN FOR PATIENTS WITH ACNE?

"I usually recommend a gentle cleanser and moisturizer with SPF 30 be used daily. If patients have dry skin, I suggest using moisturizer twice daily," she says.

WHAT DEVICES DO YOU USE FOR ACNE IN THESE PATIENTS?

Fractional resurfacing lasers can be used safely in darker skin types to address and correct acne scarring, as described in the literature. "I currently do not use lasers, but instead use medium-depth peels to improve the appearance of acne scarring," Dr. Callender says. ■