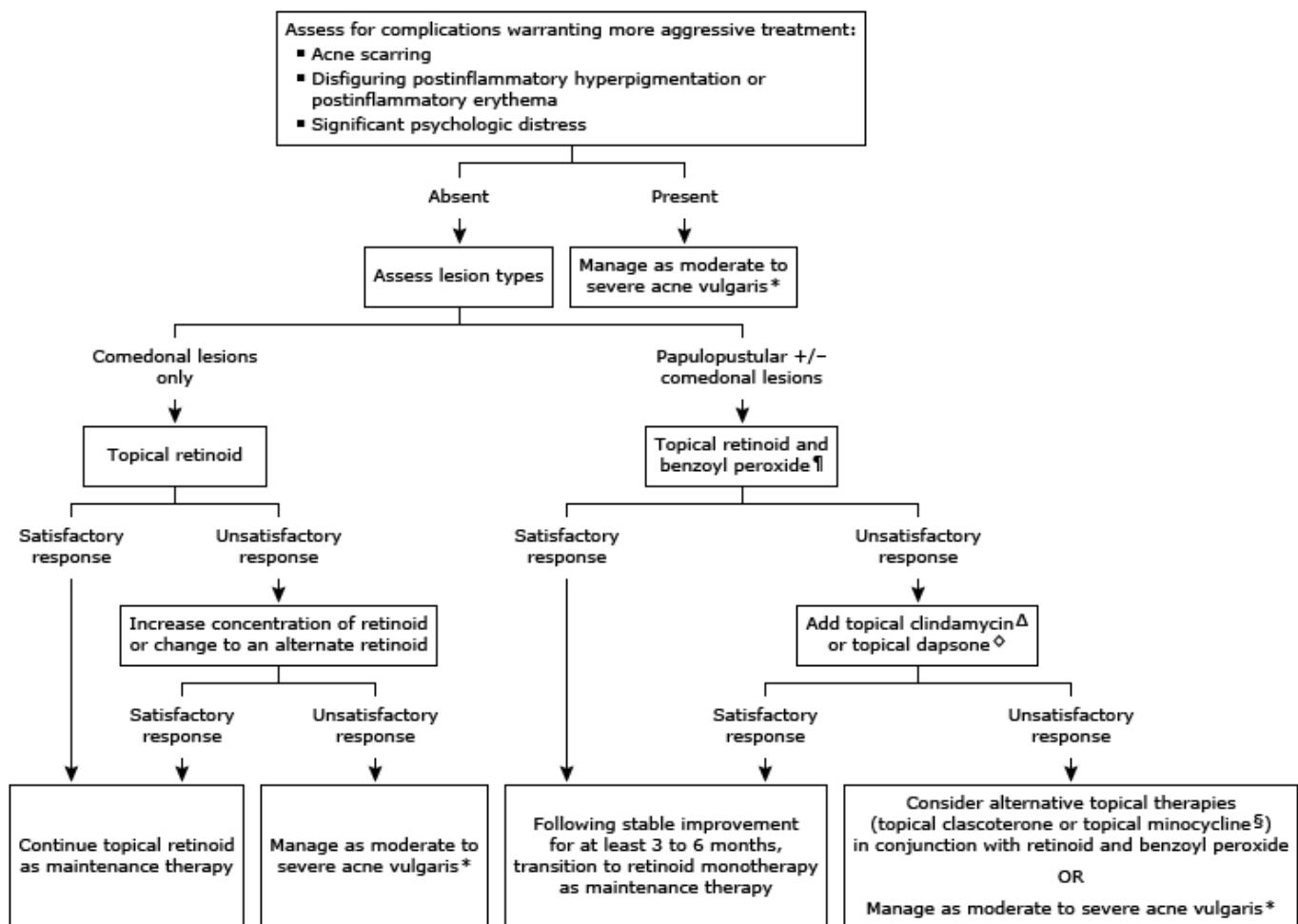




Mild acne vulgaris: Approach to treatment



Mild acne vulgaris may be considered acne presenting with small, comedonal or papulopustular lesions without associated scarring. Skin involvement is typically limited to 1 body area or is associated with relatively few lesions in more than 1 body area. Nodules and near confluent skin involvement are absent. The response to acne therapies typically can be assessed after 3 months of treatment.

FDA: Food and Drug Administration.

* The management of moderate to severe acne vulgaris often involves the addition of systemic therapies, such as oral isotretinoin, oral contraceptive pills, spironolactone, or oral antibiotics. Refer to UpToDate topics on the management of moderate to severe acne vulgaris for details.

¶ Some clinicians elect to start a topical antibiotic, such as clindamycin, simultaneously. Benzoyl peroxide alone or in conjunction with a topical antibiotic is an alternative initial approach for patients who cannot tolerate a retinoid or require a simplified treatment regimen.

Δ Topical antibiotics must be used in conjunction with benzoyl peroxide to reduce risk for the development of antibiotic resistance.

◊ Simultaneous application of dapsone and benzoyl peroxide may result in temporary orange discoloration of the skin.

§ US FDA approval for topical minocycline is limited to moderate to severe acne vulgaris.

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