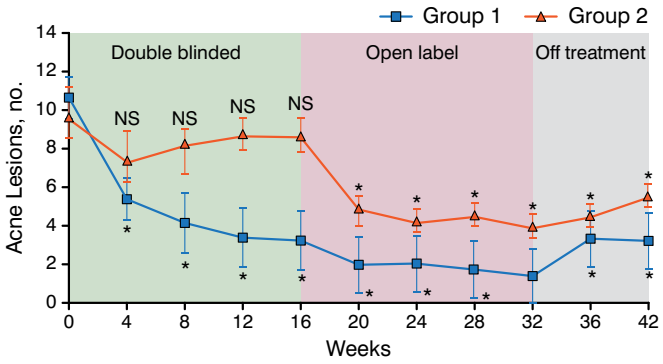
Figure 1. Low-Dose Isotretinoin Treatment for Adult Acne



NS, not significant.

*$P < .0001$ from baseline.

Adapted from Rademaker M et al. Isotretinoin 5 mg daily for low-grade adult acne vulgaris—a placebo-controlled, randomized double-blind study. *J Eur Acad Dermatol Venereol*. 2013;28:747–754. With permission from European Academy of Dermatology and Venereology.

In this double-blind, parallel-group study, 60 patients aged 25 to 55 years with low-grade adult acne vulgaris were randomly assigned to receive 5 mg/d of isotretinoin or placebo for 16 weeks, followed by an open-label period of isotretinoin treatment for 16 weeks. Follow-up continued for an additional 10 weeks after treatment ended. The primary end point of the study was difference in acne lesion count and disability score at week 16. The secondary end points included the differences in acne lesion count and disability score at week 32 and at the final follow-up visit.

The number of acne lesions significantly decreased in the isotretinoin arm beginning at week 4 and peaked at week 32 ($P < .0001$), and it was maintained throughout the study, including during the off-treatment follow-up period (Figure 1).

In a follow-up study, 60% of patients reported recurrence of at least one acne lesion at a mean time of 9.1 months. Their acne, however, was less severe at recurrence than what they had experienced prior to isotretinoin treatment. As a result, 60% of patients received further treatment for their acne, including topical retinoids, doxycycline, or isotretinoin. Isotretinoin was restarted by 48% of patients for a median of 6 months, and they continued the medication for a mean of 12.4 months. At the time of the follow-up study, 21% of patients were still taking isotretinoin with a median dose of 10 mg twice per week.

In conclusion, Prof Rademaker stated that, in his opinion, the data from this study suggest that treatment of adult acne with low-dose isotretinoin is effective, because it improves acne by week 4 with continuous improvement up to week 32. In addition, 40% of patients remained acne free by 3 years, and patients reported a very high level of satisfaction. Isotretinoin was well tolerated with few adverse events.

Azithromycin Improved FD Symptoms

Written by Emma Hitt Nichols, PhD

Azithromycin treatment in patients with folliculitis decalvans (FD) resulted in a significant decrease in the number of papules and pustules on the scalp and improved the global subjective score. Rui Oliveira-Soares, MD, CUF Descobertas Hospital, Lisbon, Portugal, presented data from a study that evaluated the effect of azithromycin monotherapy on FD.

Characterized by neutrophilic inflammation of the scalp, FD has an unknown etiology and results in painful, recurrent purulent follicular exudation. The typical treatment for FD includes systemic antimicrobial agents, such as tetracycline antibiotics. However, some tetracyclines may cause hyperpigmentation, particularly in response to sunlight; in contrast, azithromycin is less likely to cause hyperpigmentation and it has been successfully used to treat acne [Hasibur MR, Meraj Z. *Mymensingh Med J.* 2013; Antonio JR et al. *J Dermatolog Treat*. 2008; Innocenzi D et al. *Acta Dermatovenerol Croat.* 2008]. The purpose of this study was to evaluate the safety and efficacy of azithromycin for the treatment of FD.

In this single-arm study, 19 patients with a first diagnosis of FD were enrolled at least 6 months after discontinuing any prior medication. The study treatment was azithromycin monotherapy administered as 500 mg/d for 3 consecutive days every 2 weeks for 6 months. All patients had persistent disease that was either stable or not responsive to prior therapy. The primary end point of the study was the change in the number of intact or crusted papules, or pustules present on the scalp. The secondary end point was change in a global subjective symptoms, including pain, burning sensation, and pruritus.

Treatment with azithromycin resulted in a significant decrease in the number of papular and pustular lesions over 6 months compared with baseline ($P < .0001$). In addition, the patient-reported symptoms decreased at 1 month and had not increased by 6 months.

In conclusion, Prof Oliveira-Soares stated that, in his opinion, the data from this study suggest that azithromycin treatment of FD resulted in a decrease in the number of papular and pustular lesions, as well as improvement in global subjective symptoms. As a result, Prof Oliveira-Soares suggested that azithromycin may be a reasonable alternative to tetracycline therapy, particularly during the summer months.