

ACNE
暗瘡

CONTACT DERMATITIS
接觸性皮膚炎

ECZEMA
濕疹

PSORIASIS
銀屑病

ROSACEA
玫瑰痤瘡

STEROIDS
類固醇

WARTS
疣



ACNE

HKSH
Dermatology Centre
養和皮膚科中心

CONSULTATION HOURS

Monday to Friday 9:30am – 5:30pm
Saturday 9:00am – 1:00pm

Closed Sundays and Public Holidays
Consultation by Appointment

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What is Acne?

Acne, also known as pimples, is a skin condition typically affecting teenagers.

Nevertheless, researches have shown that acne is indeed not uncommon even among adults. Around 5% of the population are affected by acne in different severity even into their fifties and sixties.

Causes of Acne

Formation of acne is related to excessive sebum production and blockade of the hair follicles (pores). Under the influence of male hormones (especially during puberty), sebaceous glands in the skin produce more sebum. Coupled with the thickening of cuticle at the opening of hair follicles, sebum becomes trapped within the obstructed hair follicles and comedones are formed.

Whiteheads are closed comedones, while blackheads are opened comedones with sebaceous material (trapped within the hair follicles) oxidised and turned blackish upon exposure to air. Excessive sebum secretion also promotes the growth of propionibacterium acnes, a bacterium that turns sebum into propionic acid that causes the inflammation in acne.

Symptoms of Acne

Acne commonly appears in areas rich in sebaceous (oil) glands e.g. face, upper chest and back. Presence of comedones represents the early stage of acnes. The patients are often asymptomatic except that the skin may appear oily.

Moderate acne usually appears as papules on the skin with mild pain and irritation. If severe, acne may grow into bigger papules with overlying pustules. Severe inflammation may lead to atrophic scars even upon recovery or excessive growth of scar tissue over jaw areas and chest. While acne is often considered a common and normal physiological reaction during puberty, female patients with irregular periods and refractory acne should undergo further assessments to rule out possibility of underlying endocrine disorders, such as polycystic ovary syndrome (PCOS).

Treatment of Acne

Prevention is the best treatment for acne. Wash the face at least twice a day if you have oily skin. Using facial cleansers that contain alpha-hydroxyl acid (AHA), salicylic acid or benzoyl peroxide (BPO) may help to relieve obstruction of the hair follicles. Avoid picking or prodding acnes with finger to minimise the risk of bacterial infections and scar formation. Try to refrain from using excessive cosmetics or skin care products in daily routines to reduce the chance of pore clogging.

Topical medications are usually prescribed to treat mild acne. Common prescriptions include benzoyl peroxide (BPO), vitamin A (e.g. adapalene) and antibiotics (e.g. clindamycin and erythromycin). Systemic medications are often prescribed to treat severe acne. Oral medications include: (i) antibiotics (i.e. tetracycline or macrolide with treatment duration of one to three months); (ii) oral contraceptive pills (often prescribed for female patients with concomitant menstrual irregularities or pain); and (iii) isotretinoin (prescribed in refractory cases, usually with a course ranging from four to six months).

Treatment of Acne Scars

Laser or radiofrequency can repair atrophic, depressive scars caused by severe acne. One of the latest treatments is fractional laser resurfacing. While similar to conventional laser treatments in terms of effects, fractional laser resurfacing allows faster recovery after the laser procedure. Steroid injections with concomitant laser treatments may also be used to treat hypertrophic acne scars.