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Introduction

IN THIS ISSUE of *Seminars in Cutaneous Medicine and Surgery*, we present an overview of some of the current issues in the pathophysiology and therapy of acne and rosacea. Updates are provided on the evolving role of *Propionibacterium acnes* in acne including issues regarding the development of antibiotic resistance and the role of this bacterium in the inflammation associated with acne. Hormonal aspects of acne are of particular interest in treating adult women. A review of the role of hormones in acne, guidelines for the work-up of a suspected endocrine disorder, and an overview of the use of hormonal therapy in women with endocrine problems and in normal women are presented. Recently, advances in the treatment of acne have been made with the development of novel retinoids such as tazarotene and agents with retinoid activity such as adapalene. Background information and guidelines for the use of topical retinoids in the management of acne are presented. Isotretinoin is a mainstay in the treatment of severe acne. It is the only agent that affects each of the pathogenic features of this disease. Trends in the use of isotretinoin and dosing regimens are presented. All physicians and patients need to be aware of the risks and benefits associated with the use of isotretinoin. Safety issues in isotretinoin therapy are discussed including concerns regarding pregnancy prevention and a possible association with psychiatric symptoms. Some clinical pearls are presented in terms of factors that affect the development and treatment of acne in special situations. The scarring associated with acne is a major concern. Although it is the goal of every physician to prevent scarring by proper management of acne, scarring can occur even in cases of mild to moderate inflammatory acne. An update on the various options for the treatment of acne scarring is presented including dermabrasion, laser resurfacing, and filler materials for deep scars.

Rosacea is a common facial condition that remains difficult to treat. The exact mechanisms involved in the pathophysiology of rosacea remain elusive. An update on the current theories regarding the factors involved in the development of rosacea is presented, including the controversial role of the bacterium, *Helicobacter pylori*. From a clinical perspective, rosacea can be divided into subtypes such as vascular, inflammatory, sebaceous, and ocular. Guidelines for the treatment of each of these subtypes are presented. Because acne and rosacea mainly involve the face, patients with these conditions often have several questions regarding the use of cosmetics, both in terms of the health of their skin and the ability of cosmetics to mask

the signs of their condition. The overview of cosmetics in acne and rosacea provides information that is helpful in the management of our patients that have questions about the use of cosmetics. Overall, the articles presented in this issue will bring readers up to date on key issues in the man-

agement of acne and rosacea in addition to providing recommendations for the successful treatment of these 2 common conditions.

Diane Thiboutot, MD
Guest Editor