G. Plewig • A.M. Kligman

ACNE and ROSACEA

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ACNE and ROSACEA

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Preface to the Third Edition

Twenty-five years have elapsed since the first publication of this book. The growth of basic knowledge since then has been both enormous and momentous. This has been a joyous enterprise for us. Our ability to treat acne and rosacea effectively has outpaced the vastly expanded understanding of their etiologies.
Acne today is not only an eminently treatable disease; in some cases, for example acne conglobata, it is actually curable. We think that no case is so severe as to be beyond help with the array of diverse drugs now available. Treatment failure is really physician failure. Prevention of acne in high-risk children has also become a promising possibility, now that it is possible to identify small comedones in prepuberty, as early as the age of 7 years. Topical comedolytic agents such as retinoids prescribed at the incipient stage might then prevent the evolution of the full-fledged disorder. This therapeutic maneuver could prevent the dreaded sequel of scarring.
We adhere firmly to the beliefs expressed in 1975 regarding our mission. This text is dedicated to the dermatologists and other practitioners who must diagnose and treat these disfiguring, remarkably protean, common disorders.
This is not a reference work for investigators, nor is it a scholarly review of the literature. The references we cite have been selected for their relevance to daily practice, for their educational worth, and for their readability. This called for a massive culling of the literally thousands of articles that have piled up in the past decades. We apologize to those authors whose contributions do not meet these particular qualifications.
A quote from the first edition epitomizes our current attitude: "We have sought to create a portfolio of still-life pictures of the gross and microscopic anatomy of acne (and rosacea). This will be a photographic record of what these maladies look like, their usual and unusual features, their archetypical as well as their recondite visages. We hope the reader will have the feeling of being in a theater, watching an unusual drama."
We declare forthwith that the views we present in respect to treatments are in the first place our own and much less constructed from the recommendations of other authorities. Some of our proposals will not meet the stringent requirements of what is now called evidence-based medicine. These are our best estimates, perhaps guesstimates, deriving from our long and concentrated experience. Since this is a practice-oriented text, we have taken on the hazardous responsibility of presenting our personal options and not the supernumerary alternatives which can be found throughout a contentious literature. The ambitious physician hoping to gain therapeutic speed by tapping into literature sources such as Medline or Internet is certain to become confused by the welter of divergent opinions.
On the other hand, we do not wish to pretend that no quandaries remain or that everything is as simple and straightforward as our didactic style might suggest.

There are so many acne-like and acneiform clinical pictures that diagnostic challenges are a commonplace. Then too, acne and rosacea frequently coexist with other disorders in overlapping mixtures. One has to consider how to deal with two or more diseases at the same time. For example, acne and rosacea may be present at the same time, one slowly disappearing, the other emerging. Furthermore, unpredictable fluctuations in the course of these chronic diseases can be maddening to the therapist.

We have said previously that the busy practitioner who does not have enough time for his patients should not take on patients with acne or rosacea. Listening is as important as looking. Even today, our better-educated patients hold a full bag of irrational folkloristic beliefs and myths which need to be dispelled. A good history is indispensable to understanding how the patient's disorder is impacting on the quality of life. The caring, compassionate physician will achieve more successful therapeutic outcomes for at least two reasons:

The placebo effect is prominent in these disorders. This explains why so many popular, unproved remedies seem to work. Even in properly controlled studies, it is astonishing how often the efficacy of the vehicle approaches that of the active drug. Psychological factors play an important, if often inscrutable, role in the response to treatment.

Showing a deep, empathetic interest engenders compliance with the therapeutic schedules, which are often uncomfortable and tiresome, and which interfere with other needs of daily life. Unlike some acute disorders, acne cannot be cured by one or two injections of a magic medicine. The best physician may have to keep changing his aim and therapeutic means.

We take pains to note some very important secular changes which have taken place in the last decades. Rosacea is steadily increasing among adult men and women and may last a lifetime – a dreadful prospect for many professional people. We speculate that these epidemiological changes reflect the environmental exposure and the impact of psychological forces that confront our patients.

Curiously, severe inflammatory acne, such as acne conglobata, seems to be on the wane. It is difficult to recruit such subjects for experimental studies. We suggest that this is the result of so many effective treatments such as oral isotretinoin and antibiotics.

Acne in black Afro-Americans has also come to the fore in the United States. It was formerly the conventional wisdom that acne was less common and less severe in blacks, expressed mainly as comedones. This turns out to be a misconception. The noticeable increase in acne among blacks is more apparent than real. Doctors who wrote and lectured about acne were white physicians who simply did not see black patients. With their increased access to medical care, it is becoming clear that acne is also a disease in blacks.

There has been much progress in the hormonal understanding and diagnosis of acne, with new syndromes arising. They have been included in this text.

Finally, there have been stunning advances in surgical interventions for the treatment of acne, especially in the end-stage of scars. Lasers have figured prominently in this development. Dermatologists have become masters in this field of surgery. It is outside the scope of this work to cover in detail these highly effective surgical treatments. The reader is referred to the most experienced authorities in this rapidly moving field.

Acne and rosacea are serious common diseases which can be ruinous to the quality of life in prosperous countries, where appearance is such a powerful force in psychosocial interactions. We bristle when third-party payers label acne a cosmetic problem, whose treatment they will not reimburse since they view acne as a mere nuisance rather than as an agonizing affliction.

We have written this book for those physicians who understand the deep sufferings of patients with chronic, disfiguring lesions of the face and body. We present herein the accumulated knowledge that will enable dedicated doctors to improve the quality of life for these long-suffering patients. Few disorders are more rewarding to treat.

Gerd Plewig
Albert M. Kligman

To

Helga and Lori,

two exceptional
women

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