

# Innovations in Treating Acne and Rosacea

The range of services offered at a dermatologic practice has expanded remarkably in the last 20 years, but the fundamental core mission has not. Once principally a branch of internal medicine, dermatology now includes surgical and cosmetic therapies, as well as traditional medical dermatology. Despite our progress on many fronts, the number one reason to visit a dermatologist remains the same as it has been over many decades—acne. This is a testament to how common acne is and, oftentimes, how difficult it can be to treat.

Progress continues to be made in the therapy of acne as this month's issue of *Cosmetic Dermatology*<sup>®</sup> illustrates. Laser and light-based therapies are completely new approaches to acne and rosacea and their use in the therapy of rosacea is reviewed by Dr. Hirsch (see "Laser and Light Treatments for Rosacea" on page 583 of this issue). Topical therapies for the treatment of acne and rosacea continue to be developed and refined, as evidenced by the articles by Drs. Del Rosso (see "Cutaneous Tolerability of Topical Therapies for Rosacea, Part I: Focus on Metronidazole Topical Gel, 0.75%" on page 559 of this issue) and Draelos (see "Evaluating a Novel Method of Topical Benzoyl Peroxide 6% Acne Medication Delivery" on page 567 of this

issue). Systemic therapy with antibiotics remains one of the leading therapies for acne, and Dr. Del Rosso (see "Update on Antibiotic Therapy Structural Differences of Cephalosporin Antibiotics Correlate With Potential Risk of Cross-Reactivity in Patients With Penicillin Allergy" on page 602 of this issue) reviews an old and vexing problem: cross-reaction with cephalosporins in patients with penicillin allergy.

Sadly, one of the true breakthroughs in acne and rosacea therapy over the last 20 years, systemic isotretinoin, soon may be less available to our patients. Because of political pressure, systemic isotretinoin is going on registry this fall, a system that will increase the number of steps required to get a patient this important medicine. Although designed to increase safety, it may decrease access because of the "hassle" factor. This truly would be a loss. Of course, not every patient needs a systemic retinoid, but there are patients for whom nothing else works. Hopefully, the inconvenience of complying with the registry will not be so time consuming that physicians shun this medication. Patients would truly be the worse for it.

James M. Spencer, MD, MS  
New York, New York

