

Dermatologists have traditionally resorted to various surgical and physical procedures as adjunctive treatment to deal with different aspects of active acne and its sequelae. Some commonly employed procedures are:

Comedone expression: This is a simple and safe way to treat both open and closed comedones.^[1] The area to be treated is cleaned with an antiseptic and the procedure is performed using a comedone extractor. The key-hole of the comedone extractor is centered over the blackhead and firm downward pressure, perpendicular to the skin surface, is exerted until the contents are extruded. In certain situations, comedone extraction may require assistance with a surgical blade (No. 11 BP), laser puncture, superficial electrodesiccation, or a suction machine.^[2] Good cosmetic result ensues from this procedure. Comedones over prominent bony areas such as zygoma and forehead are much easier to express by this technique rather than in the middle of the cheek.^[3]

Electrosurgery: Gentle cautery of macrocomedones, papules, and pustules can be performed using electroepilation needle with low current settings. It is safe to treat with gentle cautery prior to oral isotretinoin therapy. The procedure is done under surface anesthesia and may need to be repeated after four weeks or so.

Cryosurgery: This is done with solid carbon dioxide (dry ice) or liquid nitrogen. CO₂ is applied as a slush using acetone and sulfur as adjuvants. Liquid nitrogen is best sprayed from a cryocan although it can also be

applied with cotton tipped applicator or cryoroller. Freezing acne nodules and cysts, sometimes repeatedly at 2–4 weeks interval, results in faster resolution and reduction of sequelae. There is initial aggravation, as increase in erythema and swelling, on account of cryoreaction. Cryosurgery should be avoided in dark-skinned individuals to prevent postinflammatory depigmentation.

Incision, drainage, or excision: For rapid visual result, the papules and pustules may be incised at the tip using a 21G needle or the tip of a number 11 surgical blade and the contents gently expressed and evacuated. Persistent cysts, especially if large, will benefit from incision and drainage under local anesthesia. This may be followed by ILT. Acne sinus tracts may require excision and marsupialization.

Chemical peeling: Superficial chemical peeling with glycolic acid, salicylic acid, Jessner's solution, or trichloroacetic acid can be performed to treat active acne as well as acne scars. Peels are effective in reducing both inflammatory and noninflammatory lesions.^[1,4]

REFERENCES

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