Acne Care and Scarring
Acting early on breakouts best approach
by Monica Schuloff Smith

Many of us have had it, currently get it, or can look forward to it as we mature. Acne is the most common skin disorder, according to the American Academy of Dermatology. Its causes, complex; its treatments, varied—but one thing is for certain: there is no cure. What’s more, estheticians face great difficulty when addressing acne scarring.

“Acne scarring happens when the skin is trying to repair itself and forms secondary tissue to try to heal the injured tissue or to block the spread of infection,” says Mark Lees, PhD, clinical esthetician and president of Mark Lees Skin Care. “Isolated scarring may be due to skin trauma, but extensive scarring is most often related to hereditary grade-four cystic acne, and failure to bring it under control early.”

According to Lees, most acne scarring cannot be erased. The best way to prevent scarring is to control acne breakouts early on.

“The biggest challenge in treating acne scarring is identifying the type of acne scarring,” says Chandra Bredel, national educator for Sampar. “Ice pick, hypertrophic, and keloid scars can only be treated, in my humble opinion, by a well-trained physician who specializes in this type of treatment.

“The next challenge is client compliance. Generally, clients want results yesterday, but it is a process that can take anywhere from six weeks to a year to treat depending on ethnicity, type of scarring, and compliance,” Bredel says.

Janet McCormick, esthetician, educator, and author, says it is important for professionals to choose an acupressure-type massage after extraction, such as shiatsu. If performed properly, shiatsu avoids movement of bacteria (which could contaminate other areas) across the skin during massage, while offering a relaxing treatment for the client.

“Effleurage is a huge no-no on acneic skin,” McCormick says. “Sadly, few estheticians know this.”

In addition, a broad-spectrum, non-comedogenic, SPF 15 (or higher) product should be recommended for daily use. Skin care professionals might also recommend mineral makeup, which offers sun protection, discourages bacterial growth, and helps heal and conceal acne.

Microdermabrasion
Aside from products, some skin care professionals use microdermabrasion to help control acne early.

“Microdermabrasion is extremely helpful with acne, but with an important qualification: this is a medical condition that an esthetician cannot purport to treat,” says Laura Root, esthetician, educator, and author of A Complete Guide to Microdermabrasion: Treatment, Technique & Technology. “Estheticians can do appropriate skin care for oily skin and acne-prone skin. Secondly, the equipment used must have contact components that have the ability to be sterilized, or be disposable, and include antibacterial-level, high-efficiency particulate air (HEPA) filtration to prevent cross contamination.”

Root says acne-prone skin needs exfoliation—at the bare minimum—with exfoliating home care products, but that microdermabrasion provides controlled, focused exfoliation with a professional touch.

“This exfoliation exposes more of the pore to the effects of oxygen in the air, as the bacteria that causes the infection is anaerobic (living) and does not thrive in the presence of oxygen,” Root says. “Microdermabrasion is an excellent adjunct to medical care for active acne, as long as the aforementioned qualifications have been met, and the state and standard of care in the geographic area allows for independent use of microdermabrasion equipment.”

There is a caveat, however, with those clients who are on isotretinoin (brand name Accutane). “The principle contraindication to treatment of acne clients is the current use of Accutane or use of Accutane in the prior six months,” Root says. “The skin must recover from Accutane prior to the safe use of microdermabrasion on these individuals.”

Root says you can use microdermabrasion to address acne scarring, but the treatment must be customized, “based on the individual patient’s needs and, in my opinion, based upon the results of the first six microdermabrasion treatments.”

Bredel agrees with Root and says microdermabrasion can be very beneficial. “This is as long as it has a delivery system at a ninety-degree angle so as not to cause more inflammation,” Bredel says. In other words, the handheld device shooting crystals onto the skin’s surface should be aimed so crystals strike the skin squarely and directly, rather than at an angle.

Acid Approach
Bredel also likes to use lactic acid for superficial acne scarring and salicylic acid for deeper acne scarring. What she describes as her foolproof step-by-step protocol includes the following: a series of lactic acid peels, slowly graduating them to combination therapy, which includes microdermabrasion and lactic acid for superficial acne scarring, or a series of salicylic acid peels for deeper acne discoloration and scarring. “This is only appropriate on thicker skins and skin that has been prepped with home care that includes

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ingredients like nano-encapsulated citrus bioflavonoids, chamomile extract, subtilisine microcrystal enzymes, a stable form of vitamin C, and an SPF of 30 in a physical form," Bredel says.

**LED**

According to McCormick, red and blue light-emitting diodes (LEDs) can be used before and after microdermabrasion to help prevent acne and reduce the appearance of its associated scarring.

"Many estheticians reduce active acne with salicylic acid and LED in combination; then after the inflammation has been controlled, they move to microdermabrasion treatments, followed by the blue LED light," McCormick says. "This keeps the surface of the skin open while maintaining an unfriendly environment for the acne vulgaris bacteria. Others perform a good acne facial with acne mask and extractions, followed by the blue LED. A good protocol in higher grades of acne is to combine the use of the blue and the red LED lights to counter the damage done by papules and pustules in the dermis. The red light stimulates the fibroblasts to heal and reproduce during the healing process, potentially countering the production of acne scars."

McCormick says the blue light LEDs are "helpful in treating and preventing acne of all grades because they generate the production of singlet oxygen deep in the follicle. The oxygen produces an environment unfriendly to bacteria, preventing their proliferation and causing the death of existing ones. It also affects the pH, producing an even more unfriendly environment. These factors inhibit the existence, growth, and spread of acne," McCormick says.

"As for the treatment of scarring, the general consensus is that scarring cannot be treated effectively topically except for during the first year, post damage," McCormick says. "During that time, the red light is the LED of choice, not the blue light, as it can be used to stimulate the fibroblasts in the scar area toward rejuvenation of the dermis. After that time, it can only be treated with techniques like laser or through temporary injectables, such as collagen and hyaluronic acid, which are physician-level treatments."

New ingredients and methods to attack acne and scarring for skin care professionals and physicians are being discovered every year. Perhaps ongoing studies will soon offer professionals an even larger measure of control—or even a cure—for this elusive skin condition.  

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