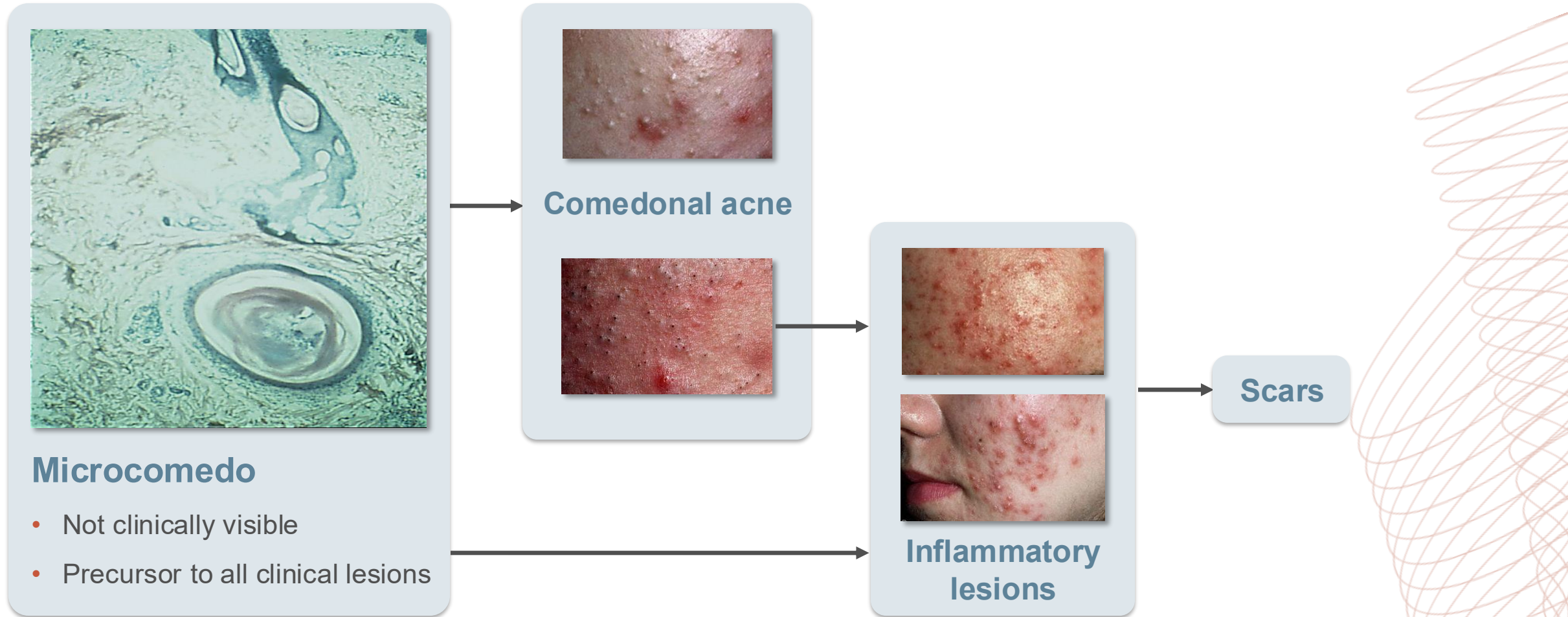


DEVELOPMENT OF ACNE VULGARIS

LESION PROGRESSION IN ACNE VULGARIS

EVOLUTION OF ACNE LESIONS^{1,2}



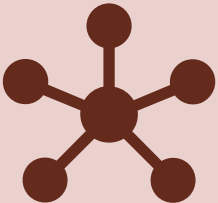
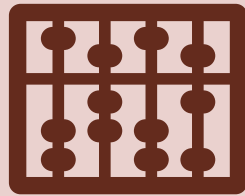

Images kindly provided by Prof. Layton

1. Thiboutot D, et al. J Am Acad Dermatol. 2009;60(5 Suppl):S1-S50. 2. Gollnick H, et al. J Am Acad Dermatol. 2003;49(1 Suppl):S1-S37

ACNE SEVERITY IS DIFFICULT TO EVALUATE

THERE ARE OVER 20 GRADING SYSTEMS^{1,2}

Assessment tools

Tool	1. Global acne severity grading 	2. Acne lesion counting 	3. Multimodal digital imaging 
Advantages	<ul style="list-style-type: none"> • Simple and quick to use over serial clinic visits • Estimates the full extent of involvement • Evaluates the range of aspects pertinent to severity^a • Allows the clinician to observe the dominant lesions 	<ul style="list-style-type: none"> • Precise, objective and highly discriminative • Quantifies the types of lesion present • Distinguishes small effects in therapeutic response • Allows examination of morphogenesis and evolution of individual lesions • Can provide continuous data for statistically analysis 	<ul style="list-style-type: none"> • Permanent record of acne severity • Allows reliable recoding of change with time
Disadvantages	<ul style="list-style-type: none"> • Subjective assessment • Multiple variables (including variability between assessors) • Less sensitive to change • Too simplistic to provide useful insight 	<ul style="list-style-type: none"> • Time consuming – not practical in the clinic • Intrusive for the patient • Dependent on external variables such as assessor's visual acuity, skin quality, and office lighting • Counting requires specialist knowledge and training to administer • Does not capture various clinical aspects of symptoms including concentration, distribution and size of lesions, or skin redness 	<ul style="list-style-type: none"> • Difficulty with standardisation • Requires expensive equipment • Does not adequately detect small, noninflamed lesions • Two-dimensional images only – no account of palpation or lesion depth

^a i.e. number, type and size of lesions, and presence and coverage of inflammation, erythema and seborrhoea

1. Agnew T, et al. J Clin Aesthet Dermatol. 2016;9(7):40-52; 2. Bae IH, et al. Ann Dermatol. 2024;36(2):65-73

ACNE SEVERITIES

ACNE SEVERITY DEFINED BY NICE GUIDELINE¹

Acne severity varies along a continuum



For **mild-to-moderate** acne, this includes people who have 1 or more of:

- Any number of non-inflammatory lesions (comedones)
- Up to 34 inflammatory lesions with or without non-inflammatory lesions in the whole face
- Up to two nodules

For **moderate-to-severe** acne, this include people who have either or both of:

- 35 or more inflammatory lesions (with or without non-inflammatory lesions)
- Three or more nodules

20%

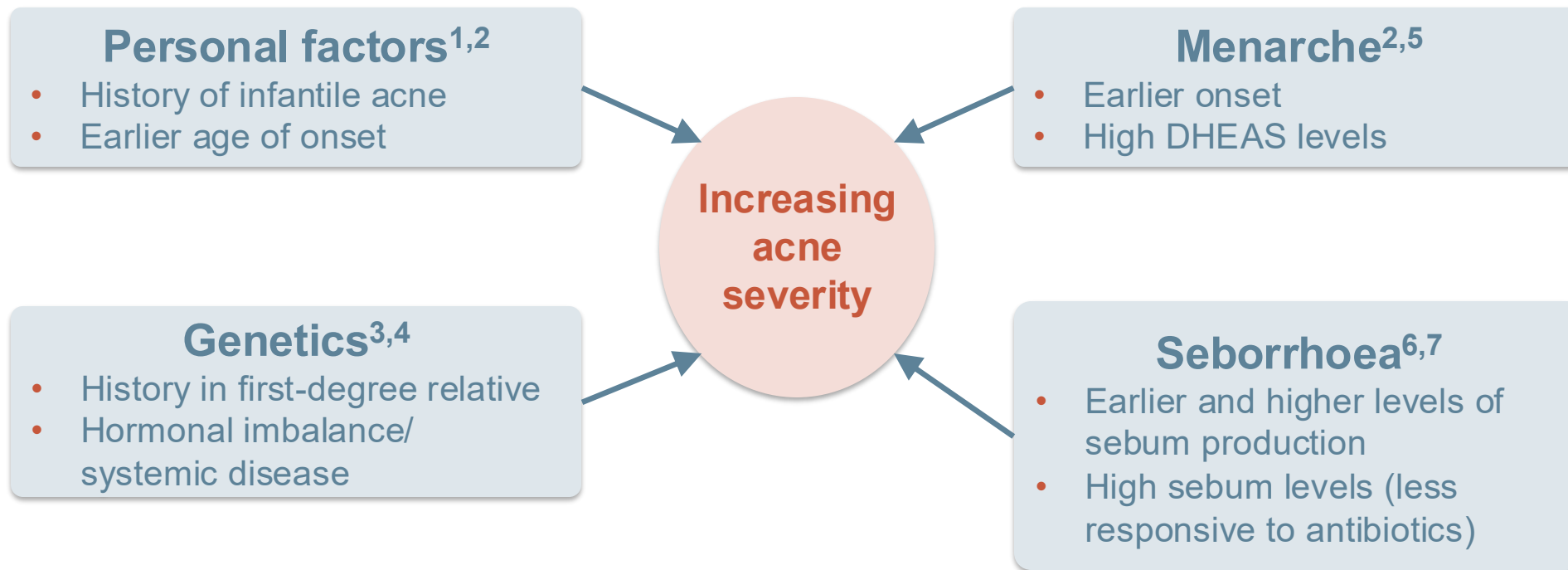
of young people suffer from moderate-to-severe acne² and need adequate treatment

1. National Institute for Health and Care Excellence. Acne vulgaris: management NICE guideline [NG198]. Available at: www.nice.org;

2. Bhate K, Williams HC. Br J Dermatol. 2013;168(3):474-85

PATIENT ASSESSMENT

FACTORS POTENTIALLY INFLUENCING SEVERITY



DHEAS, dehydroepiandrosterone sulfate

1. Chew EW, et al. Clin Exp Dermatol. 1990;15(5):376-7; 2. Lucky, AW, et al. J Pediatr. 1997;130:30-9; 3. Sutaria AH, et al. Acne Vulgaris. [Updated 2023 Aug 17]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2025 Jan-. Available [here](#) (accessed June 2025); 4. Lolis MS, et al. Med Clin North Am. 2009;93:1161-81; 5. Lucky AW. Dermatology. 1998;196:95-7; 6. Del Rosso JQ, Kircik L. J Dermatolog Treat. 2024;35(1):2296855; 7. Mourelatos K, et al. Br J Dermatol. 2007;156:22-31;