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DERMATOLOGIC THERAPY WILEY

LETTER

Short contact therapy with adapalen 0.3%/benzoyl peroxide 2.5% gel for maintenance after systemic isotretinoin treatment

Dear Editor

Since isotretinoin, treatment for acne vulgaris is usually discontinued approximately 1 month after improvement of the clinical picture, topical maintenance therapy is essential to stabilize the result to our clinical experience. However, no uniform recommendation for maintenance therapy is found in current clinical guidelines for acne vulgaris.[1,2] We propose that topical retinoids should be recommended, because of their effects on the key factors of acne pathogenesis such as excess sebum production, hyperkeratinization of the pilosebaceous follicles, mixed microbial metabolites promoting inflammation.[3] However, side effects of topical retinoids such as erythema and scaling are a well-known problem and often result in a reduced

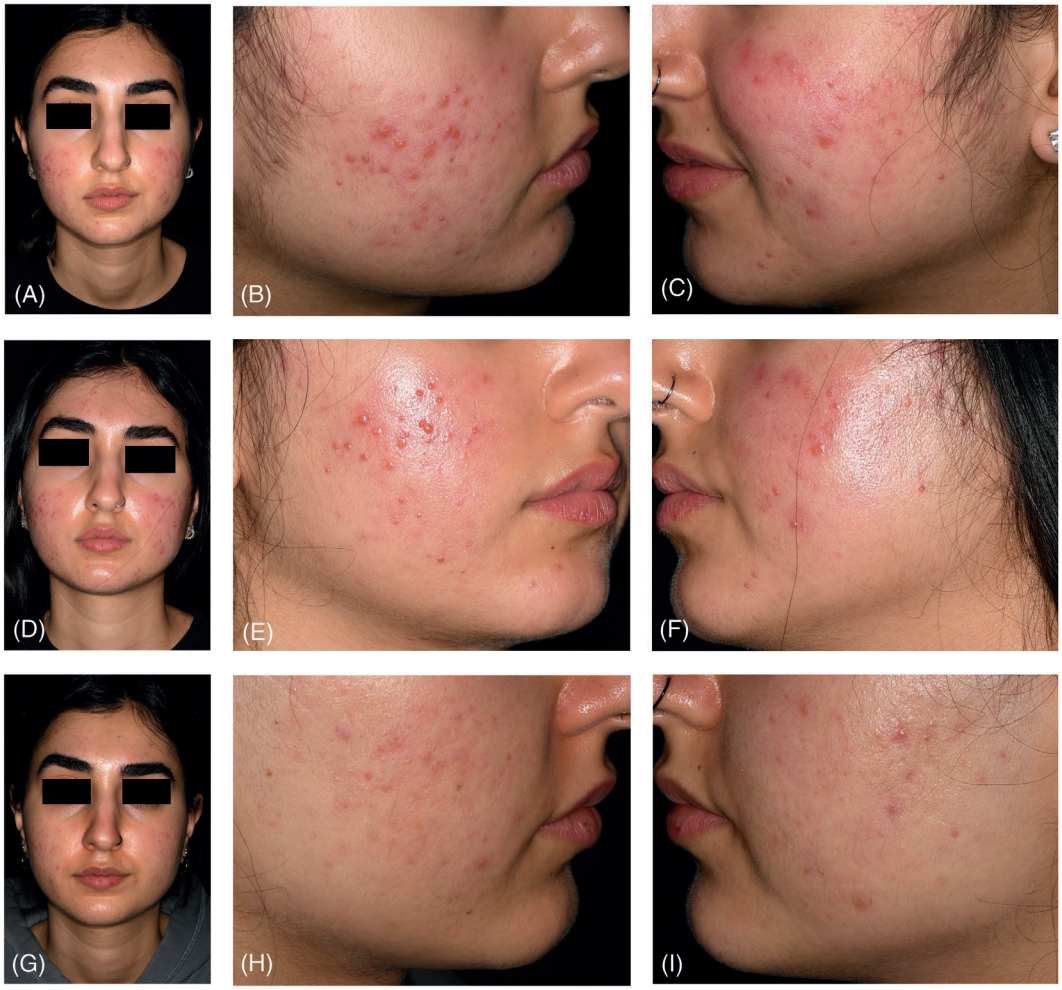

FIGURE 1 (A, B, and C) Clinical pictures before the start of the short contact therapy with adapalen 0.3%/benzoyl peroxide 2.5% gel. (D, E, and F) Clinical pictures after 4 months of the short contact therapy with adapalen 0.3%/benzoyl peroxide 2.5% gel. (G, H, and I) Clinical pictures after 9 months of the short contact therapy with adapalen 0.3%/benzoyl peroxide 2.5% gel

patients' adherence to therapy.[4] As recently reported by Bertolini et al. in issue 34 in *Dermatol Ther*, short contact therapy (SCT) for acne patients is a promising treatment modification, significantly reducing the risk of facial irritations.[5]

We report a case of a 20-year-old woman, Fitzpatrick skin type III, who consulted our acne outpatient clinic with a distinct acne papulopustolsa, persisting for 4 years. She presented with erythematous papules, and confluent pustules, as well as numerous open and closed comedones on her face, with her cheeks predominantly affected (see Figure 1A, B, and C). Clinical findings also included multiple erythematous ice pick scars and post-inflammatory hyperpigmentation. Her upper back as well as her décolleté were not affected. Various topical therapies including benzoyl peroxide/clindamycin gel did not show an improvement but lead to local irritation such as erythema and scaling. After a thorough risk–benefit analysis, systemic retinoid therapy with 20 mg isotretinoin daily was initiated under strict contraception by means of a hormonal intrauterine device (IUD). After 4 months of treatment, the patient presented with persistent CK elevation (1728 U/L; norm <169 U/L). Extensive investigations did not show other reason for the CK elevation, so informed consent was obtained from the patient to terminate isotretinoin therapy, despite the pronounced clinical appearance.

For this reason, we decided to use adapalen 0.3%/benzoyl peroxide 2.5% gel as a SCT, recommending a daily application with subsequent wash off after 15 min. The SCT with adapalen 0.3%/benzoyl peroxide 2.5% gel continued to show significant improvement in comedones, papules, post-inflammatory hyperpigmentation and scars (see Figure 1D, E, and F and Figure 1G, H, and I). Skin tolerance was excellent without erythema or scaling. Fortunately, patient's acne status still continues to improve after 9 months of SCT, with no relapses. Limitations of this case are the hormonal IUD, which can trigger acne itself, and the mild acne degree, to which improvement with the topical treatment might be related.

To conclude, the presented case supports the findings of Bertolini et al., demonstrating that SCT with adapalen 0.3%/benzoyl peroxide 2.5% gel is a promising option for maintenance therapy after systemic isotretinoin administration. Due to the effective keratolytic effect of topical retinoids, a short contact time allows penetration through the skin without causing local irritation. Moreover, adapalen 0.3%/benzoyl peroxide 2.5% gel has been approved for the for the treatment of acne scars as an adjuvant measure since 2019. Larger prospective studies on the benefits of a SCT for acne patients are needed to further elucidate this treatment strategy.

CONFLICT OF INTEREST

The authors declare no potential conflict of interest.

PATIENT CONSENT STATEMENT

The patient in this manuscript has given signed informed consent.

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available from the corresponding author upon reasonable request.

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