

# My Child Has Acne: Information and a Guide to Home Care for Parents

## Information About Acne

### Isn't My Child Too Young to Have Acne?

Acne most commonly affects teenagers, but it is not just a condition of adolescence. Acne is often seen in children as young as 7 years old. In many preadolescent children, acne is the first sign of puberty (sexual development). For example, in a girl, acne may be seen before the development of breasts, pubic and underarm hair, and first menstruation (period). In a boy, acne can occur before the testicles and penis enlarge, pubic and underarm hair appear, or the voice deepens.

Occasionally, acne can even develop in babies or very young children. When this occurs, it is particularly important that the condition be evaluated by a health care provider.

### What Causes Acne?

There are four contributors to acne—the body's natural oil (sebum), clogged pores, bacteria (with the scientific name *Propionibacterium acnes*, or *P. acnes*), and the body's reaction to the above (inflammation). Here's what happens:

- 1) Sebum is produced in glands in the deeper layers of the skin and reaches the surface through the skin's pores. An increase in certain hormones occurs around the time of puberty, and these hormones trigger the oil glands to produce increased amounts of sebum.
- 2) Pores with excess oil tend to become clogged more easily.
- 3) At the same time, *P. acnes*—one of the many types of bacteria that normally live on everyone's skin—thrives in the excess oil and creates a skin reaction (inflammation).
- 4) If a pore is clogged close to the surface, there is little inflammation. The result is the formation of whiteheads (closed comedones) or blackheads (open comedones) at the surface of the skin.
- 5) A plug that extends to or forms a little deeper in the pore, or one that enlarges or ruptures, causes more inflammation. The result is red bumps (papules) and pus-filled pimples (pustules).
- 6) If plugging happens in the deepest skin layer, the inflammation is more severe, resulting in the formation of nodules or cysts.

### Does Acne Look Different in Preadolescents Than in Older Children?

In most preadolescents, acne is a milder condition. Typically, children in this age group have whiteheads and blackheads (comedones) and sometimes red pimples (papules) in the T zone of the face—across the forehead, on and along the nose, and on the chin. They may also occur on the ears. Comedones are usually small bumps and usually are not reddened (inflamed).

However, some preadolescents do have more severe acne. This may be a sign that a child will have more serious acne later on.

### Should My Child's Acne Be Treated by a Doctor?

There are a number of conditions that can look like acne, so your child should be examined and diagnosed by a health care practitioner. If a child has mild acne (comedones that are not inflamed or too numerous) and if the condition is not bothersome to your child, good skin care may be all that is needed at this point.

However, your child's health care provider will advise you whether your child needs to use an over-the-counter (OTC) or prescription medication applied to the skin (topical medication), to use an oral medication (taken by mouth), or both. There are several factors to be considered when making the decision about whether a preadolescent child needs one or more prescription medications. Certain findings would make it more appropriate to start treatment. They include the following:

- 1) Acne is more than mild (there is inflammation, or there are many comedones, whether they are inflamed or not).
- 2) There is some sign that acne scars have developed. Scarring is most common when acne is severe, but it can happen even in children with mild acne.
- 3) The child is having emotional problems because of the acne or is experiencing negative comments from other children.

### How Should the Face Be Washed?

Everyone with acne should wash twice a day—once in the morning and once in the evening. It's also important to wash the face as soon as possible after playing sports or other activities that cause a lot of sweating (such as bike riding).

Acne does not come from "dirt," and scrubbing is not necessary to get the skin clean. Dryness and irritation make it harder for the patient to tolerate acne medications and should be avoided. Use a gentle touch when washing, and use a mild soap (such as those that are labeled "for sensitive skin"), unless the health care provider advises otherwise. Avoid using deodorant soaps as well.

Many preadolescents seem to have skin that tends to become irritated or dry, so it's important to be aware of this when using a nonprescription acne "wash." Some of these over-the-counter (OTC) products contain ingredients such as salicylic acid and benzoyl peroxide that can be very helpful in reducing skin bacteria and clearing surface oil from the skin, but they may also cause irritation and dryness.

### Are Acne Treatments Safe for Preadolescents?

Most acne treatments have not been formally tested in clinical trials in pediatric patients younger than 12 years old. However, these treatments have been fully tested in adolescents and young adults and have been found to be safe and effective. These same treatments also have been used safely and effectively for many years in preadolescents.

This two-page handout developed by Lawrence F. Eichenfield, MD, Anthony J. Mancini, MD, Albert C. Yan, MD, Sheila Fallon Friedlander, MD, and Hilary E. Baldwin, MD is provided as a service from Elsevier, Inc. may—free of charge and without requesting further permission—reproduce and distribute copies of this educational material to patients and their parents.