

# Letters to the Editor

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## Topical Antibiotics and Benzoyl Peroxide for Treatment of Acne

**Original Article:** Diagnosis and Treatment of Acne

**Issue Date:** October 15, 2012

**Available at:** <http://www.aaafp.org/afp/2012/1015/p734.html>

TO THE EDITOR: I found this review to be well written and informative. The authors have nicely summarized the differential diagnosis and included the latest treatments for acne. However, the implication that topical retinoids are the best treatment for simple comedones and mild acne is a little overstated.

An estimated 45 million persons in the United States have acne vulgaris, with a prevalence of approximately 85% in persons 15 to 24 years of age.<sup>1</sup> The average cost of single or combination topical acne therapy ranges from \$21 to \$208 per patient per year, and the direct cost of acne may exceed \$1 billion per year in the United States.<sup>1</sup> As a physician serving predominantly Medicaid-insured and uninsured patients, I have observed that successful and cost-effective treatment is achievable with the use of combined topical antibiotics and benzoyl peroxide, especially in patients with comedones and mild inflammatory acne.

Guidelines from the American Academy of Dermatology (AAD) and the Agency for Healthcare Research and Quality (AHRQ) found that most topical acne treatments are equally effective.<sup>1,2</sup> Several meta-analyses and randomized controlled trials have confirmed this fact.<sup>3</sup> There are also questions about the safety of topical retinoids during pregnancy.<sup>3</sup> Therefore, I would be reluctant to use a topical retinoid as a first-line treatment in my patients with comedones or mild acne.

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## REFERENCES

1. Strauss JS, Krowchuk DP, Leyden JJ, et al.; American Academy of Dermatology/American Academy of Dermatology Association. Guidelines of care for acne vulgaris management. *J Am Acad Dermatol*. 2007;56(4):651-663.
2. Agency for Healthcare Research and Quality. Management of acne: summary. <http://archive.ahrq.gov/clinic/epcsums/acnesum.htm>. Accessed December 10, 2011.
3. Whitney KM, Ditre CM. Management strategies for acne vulgaris. *Clin Cosmet Investig Dermatol*. 2011;4:41-53.

IN REPLY: I appreciate Dr. Thomas' comments regarding cost-effectiveness, and the references to the AAD guidelines for the treatment of acne<sup>1</sup> and the AHRQ review of the management of acne.<sup>2</sup>

In 2009, the AAD published further guidance on the treatment of acne.<sup>3</sup> Across the spectrum of acne disorders, it consistently recommends topical retinoids, except in cases of severe nodular acne that necessitates the use of oral isotretinoin. This includes using topical retinoids alone for mild comedonal acne.<sup>3</sup> The AAD found strong evidence from a systematic review of multiple randomized controlled trials to support the use of combination retinoid-based treatments as first-line therapy.<sup>3</sup>

Of the existing studies on the treatment of acne, AHRQ stated: "the literature is extremely heterogeneous, severely limiting the number of meaningful conclusions that can be drawn."<sup>2</sup> It also found no evidence regarding quality-of-life outcomes or cost-effectiveness.<sup>2</sup> Therefore, we should keep in mind the specific concerns of the populations we treat. It is always appropriate to tailor treatment regimens to the individual patient's circumstances.

Lastly, I share Dr. Thomas' sentiment regarding the cautious use of retinoids in pregnant women, which is why pregnancy categories were included in the treatment tables in the article.

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as official, or as reflecting the views of the U.S. Army Medical Corps or the U.S. Army at large.

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1. Strauss JS, Krowchuk DP, Leyden JJ, et al.; American Academy of Dermatology/American Academy of Dermatology Association. Guidelines of care for acne vulgaris management. *J Am Acad Dermatol*. 2007;56(4):651-663.
2. Agency for Healthcare Research and Quality. Management of acne: summary. <http://archive.ahrq.gov/clinic/epcsums/acnesum.htm>. Accessed February 22, 2013.
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### Clarification

**Clarification to WHO criteria for tachypnea.** The article “Community-Acquired Pneumonia in Children” (October 1, 2012, p. 661) contained several errors in Table 2 (p. 662). The table title should have more clearly indicated that the table provides tachypnea thresholds for diagnosing pneumonia in the presence of cough, rather than age-based thresholds for tachypnea. Thus, the corrected table title is “World Health Organization Tachypnea Thresholds for Diagnosing Pneumonia in the Presence of Cough.” Also, the World Health Organization (WHO) does not provide tachypnea criteria for children older than five years; therefore, criteria for this age group should not have been listed. The online version of this table has been corrected, and the corrected table is reprinted below.

### Correction

**Error in infertility statistics and incorrect reference.** The article “Evaluation and Treatment of Endometriosis” (January 15,

**Table 2. World Health Organization Tachypnea Thresholds for Diagnosing Pneumonia in the Presence of Cough**

Age	Normal respiratory rate (breaths per minute)	Tachypnea threshold (breaths per minute)
2 to 12 months	25 to 40	50
1 to 5 years	20 to 30	40

Information from reference 18.

2013, p. 107) contained errors in the abstract (p. 107), in the text under the “Epidemiology” header (p. 108), and in reference 14 (p. 112). In the second sentence of the abstract, the percentages of women with pelvic pain and infertility diagnosed with endometriosis were inadvertently switched, and the percentage for women with infertility was incorrect. The sentence should have read: “It [endometriosis] is more common in women with pelvic pain or infertility (70 to 90 percent and 21 to 40 percent, respectively).” In the fourth sentence under the “Epidemiology” header, the percentage of women with infertility also diagnosed with endometriosis was incorrect. The sentence should have read, “Endometriosis is diagnosed in 21 to 40 percent of women with infertility...” Also, reference 14 in the reference list was incorrect, and should have been: Ozawa Y, Murakami T, Terada Y, et al. Management of the pain associated with endometriosis: an update of the painful problems. *Tohoku J Exp Med*. 2006;210(3):175-188. The online version of the article has been corrected. ■