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Commentary

Trifarotene-based holistic management of acne

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The goals in treating acne patients are not only to control inflammation but also to inhibit disease progression and prevent scarring and inflammation-induced hyperpigmentation and erythema.

The need for a (pro)active treatment in all grades of acne is supported by studies showing that, while scarring is more common in severe acne, it can occur in acne of any grade.

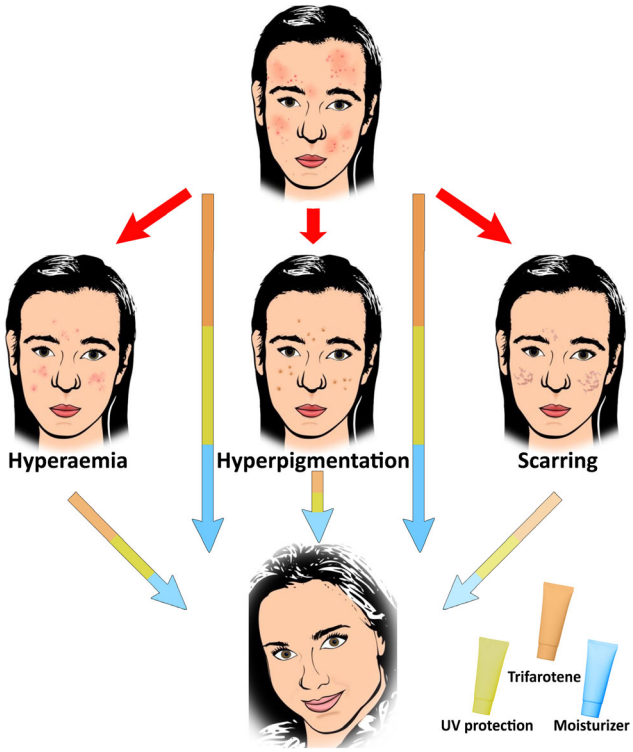

Figure 1 The complex trifarotene-based topical treatment of acne patients. Trifarotene (orange) works best in combination with UV protection (yellow) and an optimized skin care regimen (blue) to control inflammation and treat and prevent inflammation-induced erythema and hyperpigmentation. However, its effectiveness is limited in the presence of scarring (indicated by the light arrow), making its use in prevention critical

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Importantly, available recommendations for identifying patients at high risk for acne scarring are based on the presence of scarring, further highlighting the need to develop strategies for successful prevention.[1] Once scarring is present, we are already late with the treatment, and the missed opportunity can lead to lifelong psychological effects, which are observed in a significant proportion of cases.

Acne-related pigmented lesions and erythema also bring patients to see their dermatologist for aesthetic concerns, complaints of negative perceptions, and often, stigmatization. While darker skin types are more prone to acne-induced hyperpigmentation, macular erythema is more common in lighter skin types, both of which affect the majority of acne patients in some form. Therefore, prevention and specific therapies for hyperpigmentation and erythema should also be integrated into acne treatment.[2]

Although isotretinoin remains the best treatment that we have for both acne and its sequelae, targeting all pillars of acne pathogenesis,[3] its use is limited to moderate and severe forms of acne. Furthermore, the increasing caution regarding the use of antibiotics to prevent the development of antibiotic-resistant strains, not only of *Cutibacterium acnes* but of all other species that are not selectively targeted during the months of antibiotic therapy, requires even more redefinition of our strategies. The gaps left by these limitations are best filled by topical retinoids, of which trifarotene is a long-awaited novel treatment option with convincing results.

In this issue of the Journal, Alexis *et al.*[2,4] provide evidence that trifarotene is effective in the prevention and treatment of acne-related hyperpigmentation and erythema, in addition to its known effect in reducing acne severity. They also highlight the need for a holistic approach to achieving its most beneficial effects. Besides UV protection, an optimized skin care regimen in combination with trifarotene is critical to support the skin barrier, which is often impaired in both treated dry and untreated lipid-rich acne skin (Figure 1).

Also, in this issue, See *et al.*[5] bring a new perspective to acne management, focusing on topical retinoid-based treatments by highlighting factors specific to different regions of the world. Using the example of acne patients from the Asia-Pacific region, whose skin has a thinner stratum corneum, higher eccrine gland activity, and a less effective barrier to sensitizing or irritating substances, coupled with the use of region-specific skin care products and cultural preferences for a lighter skin phenotype, they suggest improving and harmonizing regional acne guidelines.

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