doi:10.36849/JDD.SF344618

"Vehicles Matter" in the Treatment of Truncal Acne

Leon H. Kircik MD

Among the general population and arguably among most dermatologists, the word *acne* calls to mind images of a teenager with papules and pustules on the face. Yet, we know that acne is not just a disease of adolescence, and it is not limited to the face. In fact, one survey identified that approximately half of patients with facial acne also had involvement of the trunk, while about 3% of individuals had involvement of the trunk only.[1] One population-based survey found that the incidence of chest or back acne may be as high as 80% among adolescents.[2] Involvement of the chest, back, and arms is often overlooked.

Truncal acne is not etiologically distinct from acne on the face, but there are important clinical considerations for dermatologists treating the disease. Skin of the trunk has fewer sebaceous glands and a lower pH, though the direct implications of these observations is not yet clear.[3]

Treatment of truncal acne has not been well studied in controlled trials, and, in fact, only 1 treatment has been approved by the US Food and Drug Administration specifically for treatment of truncal acne. There is a need for more studies to elucidate best practices for the management of truncal acne. For now, clinical decision-making is based on our understanding of the mechanisms of action of various available treatments, the limited data specific to truncal acne, and patient preference and probable treatment adherence. Given the large surface area of the back and chest as well as the potential difficulty in self-applying topical medications to the back, the actual use of medication is of particular concern.

Oral treatments obviate concerns associated with topical treatment application and may be considered for the treatment of truncal acne. However, not all patients have disease severe enough to warrant systemic therapy. Additionally, given our recent awareness about antibiotic resistance, patients using oral antibiotics should be using topical benzoyl peroxide simultaneously and for maintenance. Procedural interventions may also be considered, although these are not well studied and are generally not covered by patient insurance.

Generally, topical treatments are thought to confer similar benefits in the treatment of truncal acne as they do in facial acne. In a recent, open-label, 12-week pilot study of tazarotene 0.045% lotion for truncal acne in my study center, 21% of patients achieved clear/almost clear skin at week 4, and by week 12, 89% of patients achieved clear/almost clear. Additionally, there was a significant improvement in Dermatology Life Quality Index.[4]

When it comes to treatment selection, vehicles matter, and this is especially true for truncal acne. Tazarotene 0.045% lotion was developed in a unique optimized vehicle using polymeric emulsion technology where a 3-D mesh allows for a uniform distribution of tazarotene, which is oil-soluble, with water-soluble hydrating agents. As such, this formulation garners high ratings from patients in terms of ease of use, continuation of daily activities, and large surface area of application.[4]

My colleagues and I will be discussing truncal acne and the role of different topical treatment options in the next few pages with consideration of formulations optimized for patient convenience and best outcomes in mind.

Leon H. Kircik MD
Icahn School of Medicine at Mount Sinai, New York, NY
Indiana University Medical Center, Indianapolis, IN
Physicians Skin Care, PLLC, Louisville, KY
DermResearch, PLLC, Louisville, KY
Skin Sciences, PLLC, Louisville, KY

DISCLOSURES

Leon Kircik MD, has served either as an investigator, speaker, or consultant for Almirall, Cassiopea, Dr. Reddy's, Galderma, L'oreal, Ortho-Dermatologics, Pfizer, and Sun Pharma.

FUNDING

Leon Kircik MD, has received funding from JDD for his editorial support.

REFERENCES

1. Del Rosso JQ, Bikowski JB, Baum E, Smith J, Hawkes S, Benes V, Bhatia N. A closer look at truncal acne vulgaris: prevalence, severity, and clinical significance. *J Drugs Dermatol.* 2007 Jun;6(6):597-600.
2. Isaacsson VC, Almeida HL Jr, Duquia RP, Breunig Jde A, Souza PR. Dissatisfaction and acne vulgaris in male adolescents and associated factors. *An Bras Dermatol.* 2014 Jul-Aug;89(4):576-9. doi: 10.1590/abd1806-4841.20142634.
3. Tan J, Beissert S, Cook-Bolden F, Chavda R, Harper J, Hebert A, Lain E, Layton A, Rocha M, Weiss J, Dréno B. Evaluation of Psychological Wellbeing and Social Impact of Combined Facial and Truncal Acne: a Multi-national, Mixed-Methods Study. *Dermatol Ther* (Heidelb). 2022;12(8):1847-1858 . doi: 10.1007/s13555-022-00768-0.
4. Kircik L. Efficacy and Safety of Tazarotene Lotion, 0.045% in the Treatment of Truncal Acne Vulgaris. *J Drugs Dermatol.* 2022;21(7):713-716. doi: 10.36849/JDD.6967.