

## Pimple Popper, MD

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Dermatologists were honored to be the focus of a memorable *Seinfeld* television episode several years ago. In this show, George convinces Jerry that Jerry's rash is a result of his girlfriend-of-the-week, who is "just a dermatologist." George also goads Jerry into a confrontation with her on their next date, in which Jerry declares to her, "I call you Pimple Popper, MD." Conveying a long popular view of the lay public (as well as many other physicians), this statement reflects a traditional simplistic view toward dermatology. In the era of lasers, biologic therapies, and novel facial fillers, it is odd to encounter such sentiments. Considering such views, however, serves to remind dermatologists of our progress as a specialty.

As we mark the annual acne/rosacea focus issue of *Cutis*<sup>®</sup>, even the ways we are approaching and treating acne vulgaris are evolving. Recently, several investigators presented studies in which light of particular wavelengths was used to treat acne.<sup>1</sup> The clinical improvement may relate to activation of endogenous porphyrins produced by *Propionibacterium acnes*. The theory is that visible light activates the porphyrins and induces a photodynamic reaction that subsequently kills the pathogenic bacteria. In 2003, Ashkenazi et al<sup>2</sup> reported on the efficacy of a high intensity narrowband blue-light source. Twenty-five patients with moderate papulopustular acne were given 8 treatments over 4 weeks (cumulative dose, 288 J/cm<sup>2</sup>). The number of lesions decreased by 67%. The researchers concluded that a narrowband system with a highly specific wavelength targeting the porphyrins produced by *P acnes* maximized treatment efficacy and that the ability to provide doses at high fluences over very short periods protected unintended targets.

Another recent study may shed further light on the activity and mechanism of oral antibiotics in the treatment of acne. Skidmore et al<sup>3</sup> performed a trial to determine if treatment with subantimicrobial-dose doxycycline hyclate (20-mg tablets taken twice

daily) improved clinical outcome, had any detectable effect on skin flora, or resulted in an increase in antibiotic resistance by the surface skin microflora in patients with moderate acne compared with placebo. Forty patients completed 6 months of treatment. At 6 months, the doxycycline group had a significantly greater percentage reduction in the number of comedones ( $P < .01$ ), inflammatory and noninflammatory lesions combined ( $P < .01$ ), and total inflammatory lesions ( $P < .05$ ) than did the placebo group. The treatment was well tolerated, had no detectable antimicrobial effect on the skin flora, and did not result in any increase in the number or severity of resistant organisms.<sup>3</sup>

According to a recent review by Zouboulis and Piquero-Martin,<sup>4</sup> additional new developments and future trends in acne therapy include low-dose long-term isotretinoin regimens, new isotretinoin formulations (micronized isotretinoin), isotretinoin metabolites, combination treatments to reduce toxicity, insulin-sensitizing agents, 5- $\alpha$ -reductase type-1 inhibitors, antisense oligonucleotide molecules, and new anti-inflammatory agents, such as lipoxygenase inhibitors.

Only after calling his girlfriend "just a dermatologist" and "Pimple Popper, MD" does Jerry Seinfeld realize that dermatologists also handle major health problems—a patient of hers thanks her for treating his skin cancer. Hopefully, everyone else is getting the message.

### REFERENCES

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