

Treatment of Acne scars

Essay

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venereology*

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لَقَدْ خَلَقْنَا الْإِنْسَانَ فِي أَحْسَنِ تَقْوِيمٍ

سورة التين
الآية (٤)



First, thanks to **Allah** the most merciful for guiding me and giving me the strength to complete this work the way it is.

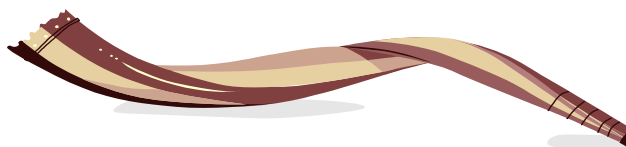
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Introduction

Acne is the most prevalent skin condition, affecting to some degree 85% of the population aged 11 to 30 years .It is not a life-threatening condition; however, it lasts for years and can cause physical and emotional scars. Despite the high prevalence of acne vulgaris in adolescents, several studies found that overall knowledge about the causes, natural course, and therapy was very low, not only among patients but also among final year medical students and even among family physicians and nurses (*Yap, 2012*).

Considered the most common skin disorder, acne vulgaris can be a challenging condition to treat. It is estimated that, in the United States, this disease affects approximately 25 million adults and 40 million adolescents. Although numbers can vary, some estimate that up to 85% of all adolescents will be afflicted with this disease. In one study, 12% of women at least 25 years old had acne, and this percentage did not diminish until after age 44 years. Acne accounts for nearly 30% of patient visits to dermatologists and affects areas of the body with large numbers of sebaceous follicles such as the face, neck, chest, and back. This, however, is not only a cutaneous problem; acne can lead to social phobia, lowered self image, and even depression. For most people, acne typically decreases or clears with time, and they are only affected by flares of inflammatory (papules, pustules and nodules) lesions with or without concomitant non inflammatory lesions (open

and closed comedones). But for others, acne can leave permanently disfiguring scars. With such high prevalence and important social implications, there is a need for therapies that are effective, noninvasive, cost efficient, and convenient (*Nouri; et al., 2009*).

Although physically scarring acne accounts for less than 20% yet, the burden of this condition on adolescent's life and mental status can be life long and hard to heal (*Barankin & DeKoven, 2002*).

Adolescent stage is a complex life cycle characterized by many striking biological, psychological, physical and social changes (*Dalgard; et al., 2008*).

It is a labile stage where most self-esteem development occurs (*Huang, 2010*).

High self-esteem is especially significant in late adolescence, when major life choices are made (e.g., new work, new relationships). Experiencing high self-esteem serves as a protective factor in coping with new life changes. Whereas low self esteem is associated with anxiety, depression, and increased reports of general psychiatric morbidities (*Adams & Berzonsky, 2006*).

According to the statistics, nearly 85% of people aged 12–25 years old, approximately 8% of adults aged 25–34 years old, and 3% of adults aged 35–44 years old experience some degree of acne (*Adams & Berzonsky, 2006*).

Acne is a disease of the pilosebaceous unit & hair follicles in the skin that are associated with an oil gland. The clinical features of acne

include: seborrhoea (excess grease), non-inflammatory lesions (open and closed comedones), inflammatory lesions (papules and pustules), and various degrees of scarring. The distribution of acne corresponds to the highest density of pilosebaceous units (face, neck, upper chest, shoulders, and back). Nodules and cysts comprise severe nodulocystic acne (*Nouri; et al., 2009*).