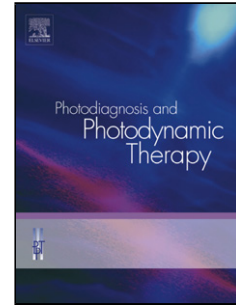


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Severe Acne in Monozygotic Twins Treated with Photodynamic Therapy

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Abstract:

Acne is a common skin disease in adolescence. It is a chronic inflammatory disease of the pilosebaceous units, which mainly occurs on the face and upper parts of the trunk. Based on severity of the lesions, acne can be mild, moderate or severe. Severe acne is usually featured with a protracted course and residual scars. Photodynamic therapy (PDT) has been demonstrated to be effective in severe acne recently. We report a case of monozygotic twins with severe acne who were successfully treated with PDT.

Key word: Severe acne; Monozygotic Twins; Photodynamic therapy

Case report

18-year-old identical male twins attended our clinic in March, 2014 because of acne vulgaris, primarily affecting their face. Both the individuals had suffered from acne vulgaris for one year. In the past, they were treated with oral retinoids, antibiotics, physical therapy and so on, which was less effective. Physical examination revealed severe nodulocystic lesions over forehead, nose and cheek. The lesions were characterized by follicular papules, pustules, nodules and several large cysts accompanied with ulcer and blood scab. According to Pillsbury criteria^[1], the twins were classified as having grade IV acne. (Figure 1). Blood tests show that their androgen levels are normal.

The main treatment options for severe acne include oral retinoids, antibiotics, physical therapy and so on. In our previous study^[2], we compared the effectiveness of oral retinoids and ALA-PDT for the treatment of moderate to severe acne, which showed that ALA-PDT is superior to systemic retinoids in terms of efficacy and long-term control. Seeing the adverse effects like dry mouth and teratogenicity, long treatment course for oral retinoids and the psychological concerns of women on reproductive age, ALA-PDT has been proved to be a simple, safe and effective therapeutic option for severe acne. Owing to the persistence of refractory cutaneous lesions, and to the poor response to traditional treatment, ALA-PDT was considered for these patients. Our research data^[3] suggested that 3 hours was needed to generate stable levels of PpIX in acne lesions and 3, 5, or 10% ALA showed similar PpIX levels and efficacy. From the economical and practical application point of view, the most suitable concentration of ALA is 3%. Freshly prepared 3% ALA cream (Shanghai Fudan Zhang jiang Bio-Pharmaceutical Co. Ltd., Shanghai, China) was applied to acne lesions and covered with a black cloth for light protection. After 3 hours of

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