



Follow-up interview with Dr. Jaliman

Always up on the latest research, Dr. Jaliman contacted me recently because she wanted to give me an update on some of her latest favorite acne treatments to hit the market. We spoke for about 45 minutes and ended up covering more than just new treatments. It was an enlightening conversation. Below is a summary of what we talked about:

New Treatments

- **Dapsone® - topical anti-inflammatory**

Dapsone is a new anti-inflammatory acne treatment on the market. It is a clear topical gel which can be used alone or in conjunction with benzoyl peroxide. Most previous acne treatments have focused on killing bacteria or shedding skin cells. Dapsone, in concentrating on the inflammation component of acne, is a new tool at our disposal. Also, unlike with some retinoid treatments, acne does not worsen before it starts to improve on Dapsone. Dr. Jaliman said it usually takes about 12-14 weeks to see results, but that improvement was impressive when patients remained...well...patient. She said 80% of people "love it."

- **Acanya® - topical 2.5% benzoyl peroxide plus 1.2% clindamycin**

If you have been around Acne.org for long, you know that 2.5% benzoyl peroxide is the way to go. Higher percentages do not work any better and can irritate the skin. Acanya is a new 2.5% benzoyl peroxide which incorporates a topical antibiotic, clindamycin, as well.

- **Evoclin® - Clindamycin foam (mix with shaving cream)**

Dr. Jaliman encourages some of her male patients to mix some antibiotic Evoclin into their shaving cream.

- **Atralin® - .05% tretinoin plus hyaluronic acid**

If you've tried tretinoin (Retin-A®) you know it can be drying. Atralin attempts to mediate the dryness with the addition of hyaluronic acid, a natural moisturizing ingredient.

Polycystic ovary syndrome

Dr. Jaliman feels that polycystic ovaries are a more common cause of acne symptoms than we realize.

Polycystic ovaries can cause menstrual irregularities, as well as hirsutism (excess hair growth). Dr. Jaliman says if you have a family history of endocrine (hormone) problems, such as diabetes or thyroid disease, that you may wish to look into this as a potential cause of your acne. She often prescribes Yaz® (drospirenone & ethinyl estradiol), an oral contraceptive, for such patients.

Cyst treatment

Dermatologists often treat cysts and nodules with cortisone injections. Dr. Jaliman also employs another, less invasive method. She sometimes prescribes a topical steroid with clindamycin.

Exfoliation

Overproduction of skin cells leads to clogged pores, which leads to acne. So, theoretically, if we exfoliate the skin enough, there can be no acne. Dr. Jaliman is a big believer in the power of exfoliation, and recommends prescription strength salicylic pads which she has her patients wipe on the skin and then wash off. She also recommends glycolic acid once a week to some of her patients. She will use up to 20% glycolic acid, have her patient leave it on for one minute, and then wash it off. Dr. Jaliman mentioned that exfoliation is even more important in the summer months.

New scar treatments

Dr. Jaliman mentioned the Medlite 1064 YAG laser and injectable filler named Sculptra® as something potentially useful new tools. However, her bottom line remains the same. She reiterated that for scar treatment, what is important is to find a good dermatologist who is versed in the latest scar treatments. Do your homework and find an experienced, capable doctor.