



ACNE, ROSACEA, AND RELATED DISORDERS (INCLUDING HIDRADENITIS SUPPURATIVA)

CLINICAL EFFICACY WITH TOPICAL bFGF FOR THE TREATMENT FOR EROSION AND ATROPHIC SCAR IN ACNE VULGARIS

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Introduction: Erosion are sometimes observed in acne vulgaris. However, erosion has not been paid attention too much in acne vulgaris. Atrophic scar is refractory complication in acne vulgaris, and is associated with erosion. Because erosion is usually re-epithelized as postinflammatory hyperpigmentation (PIH) with or without atrophic scar.

Objective: To elucidate the clinical effects by bFGF on erosion and atrophic scar in acne vulgaris, bFGF was applied to erosion and atrophic scar with acne vulgaris.

Methods: Clinical efficacy were evaluated by applying topical basic Fibroblast Growth Factor (bFGF) (100µg/ml of Trafermin (recombinant)) to erosion and atrophic scar in acne vulgaris in 8 cases.

Clinical evaluations were performed to erosion, atrophic scar, atrophic scar, postinflammatory hyperpigmentation (PIH), and postinflammatory erythema (PIE).

Results: Erosion was re-epithelized as postinflammatory hyperpigmentation (PIH) without atrophic scar after the treatment. Atrophic scars were reduced in number and in size after the treatment. Atrophic scars were superficial after the treatment. Remarkable improvement with bFGF for erosion and atrophic scar in acne vulgaris was observed in all cases after the treatment. Adverse reactions were not observed.

Conclusions: bFGF can be one of invasive conservative available alternative treatment for erosion to avoid formation of atrophic scars and reduction in number and in size and in depth for atrophic scar in acne vulgaris.

