



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

THE MICROCOMEDONE-INDEX: A TOOL FOR THE FOLLOW-UP OF ACNE PATIENTS

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Background: The so-called microcomedones (MC) can be visualized on cyanoacrylate skin surface biopsy (CSSB), and are thought to be the very initial expression of the acne lesional cycle. In that sense, the number and size of these clinically invisible lesions should anticipate and correlate with ongoing and clinical status.

Objective: The aim of the study was to develop a simple tool (a MC index) in order to (i) analyse prospectively the evolution of the MC status in each patient and (ii) correlate it to current and subsequent clinical visible lesions' type and severity.

Materials and Methods: This is a single-centre observational longitudinal study, conducted under Helsinki ethical rules with written informed patient consent. Patients with acne (n=45) were followed for a mean of 62 weeks (from 33 to 138 weeks). CSSB was performed at each visit. The MC index was calculated as (% of hair follicles with MC) x (mean-size of MC on a 0-4 scale). Clinical acne severity was evaluated at each visit by Physician Global Assessment and lesions counts.

Results: There was a high correlation between the clinical data and the MC index, the best correlation being as expected the number of non-inflammatory lesions. Importantly, an increase in MC index was observed before clinical outbreak. The ratio [MC index/total clinical lesions] was lower during active clinical periods than during remissions, which may indicate a level of ongoing relapse potential.

Conclusions: The microcomedone-index should be part of the follow-up in acne patients.

