

Acne Scars

Acne can be a devastating disorder – not only is it frustrating to have active acne in the form of spots, redness and pustules, these lesions can leave their mark in the form of scars and dark spots.

Before we talk about acne scarring, let's address the difference between scarring and dark spots. When people call our clinic they will ask me about their acne "scarring", but **quite often what they really mean is the dark spots left over from an acne breakout.** This is not "scarring", this is actually called hyperpigmentation - also called post-inflammatory hyperpigmentation. It is often abbreviated to PIH.

When we talk about scarring, we mean marks on the skin where it is pitted or depressed. There are several types of acne scars.

Icepick: Looks like an ice pick has been pressed into the skin. It is generally small in diameter, but can be shallow or deep.

Boxcar: Looks somewhat like a chicken pox scar with more rounded edges. It can be small or large in diameter and is fairly deep, though not usually as deep as icepick scars.

Rolling: Looks like a smooth indentation in the skin. These scars can be deep or shallow, but are generally shallower.

Macules: These are most common on the back, chest and arms. They are small areas of hairless scar tissue that will initially be red but will usually fade to pale ivory within 1-2 years. They can be raised (hypertrophic) or indented (atrophic).

Treating these types of scars usually take a more aggressive medical modality.

Acne Scar Treatments done by a physician:

Laser Resurfacing: Lasers such as Carbon Dioxide (CO2), Smoothbeam, CoolTouch and others, can assist in improving active acne and acne scarring. This procedure literally involves the lasering off of the top layers of skin. Depending upon the depth of the procedure, there will always be some amount of weeping and redness, with risks of hyper- and hypopigmentation.

Punch Graft: Punch graft treatments are reserved for severe acne scarring, usually not including hyperpigmentations. Punch grafts are more appropriate for ice pick type acne scars which are very deep and experience no improvement after conventional procedures. The process actually removes the acne scar by excision and the wound is sutured closed.

Subcision: Subcision procedures are reserved for acne scars which are dented due to scar tissue bands pulling downwards on the skin. This procedure involves a needle insertion and breaking up the scar from underneath to allow the release of skin. Some scars will require the addition of an injectable filler as well (see below).

Injectable Fillers: Injectable fillers are for scars which are dented. These fillers, which may be collagen, hyaluronic acid, or synthetic products, are injected into the acne scar both to fill out the area of the dent and to trigger collagen formation. It is advised to go very slow with injectable fillers as your own rate of collagen formation is very different from the next patient and it is always best to under correct than over correct.

Dermabrasion: Dermabrasion can be a harsh procedure and requires considerable down time. Recovery methods have improved however in the form of chitosan masks or hyaluronic gels. This procedure literally involves the sanding off of the top layers of skin. Depending upon the depth of the procedure, there will always be some amount of weeping and redness, with risks of hyper- and hypopigmentation.

Dermaplaning: Dermaplaning is the act of removing layers of skin using a sharp razor like instrument. This can be done on its own or before chemical peels to give deeper penetration of the chemicals.

Skin Lifting: If the scars are shallow, yet numerous, minor face lifting and tightening procedures can assist in lessening the appearance of scarring. If you can slightly tug at your skin to the outside of your face and you notice improvement and you don't have ice pick scarring, you may be a candidate for this if all other treatments have not produced satisfactory results.