

Maintenance Acne Treatment With Topical Tazarotene After Oral Isotretinoin: Overview and Case Reports

Shanna M. Miranti, MPAS, PA-C¹

¹Riverchase Dermatology & Cosmetic Surgery

SYNOPSIS

- Acne vulgaris is a common dermatologic disorder that may require treatment over months or years^{1,2}
 - Acne negatively impacts quality of life, and acne of any severity can lead to long-term sequelae such as scarring³⁻⁶
- Common treatments for severe/nodulocystic acne include oral isotretinoin, an oral antibiotic combined with a topical (benzoyl peroxide or a retinoid), an oral combined contraceptive, or oral spironolactone (females)¹
- Though oral antibiotics and isotretinoin are not recommended for long-term treatment,¹ there is scarce guidance or published research on maintenance therapy⁷
- Topical retinoids—a mainstay of initial acne treatment—may be prescribed for maintenance once initial oral treatments are complete^{1,8}
 - Additionally, some retinoids such as tretinoin and tazarotene are indicated for the treatment of fine wrinkles and certain pigmentation disorders,⁹⁻¹² and some studies have shown that formulations containing adapalene and tazarotene may also reduce acne-induced scarring¹³⁻¹⁷
- Tazarotene 0.045% polymeric emulsion lotion is a well-tolerated retinoid that has demonstrated efficacy in acne treatment and may reduce acne-induced post-inflammatory hyperpigmentation (PIH) and melasma^{12,18,19}
 - Further, tazarotene lotion provides rapid and sustained improvements in skin barrier function/moisturization²⁰

OBJECTIVE

- To present a case series report of patients with acne who received maintenance treatment with topical tazarotene 0.045% lotion after an initial course of oral isotretinoin

METHODS

- Patients from a single center with severe recalcitrant acne vulgaris were treated with once daily oral isotretinoin for at least 20 weeks until deemed clinically clear
 - All patients received 40 mg isotretinoin once daily for the first 30 days
 - The dosage was then increased to 1 mg/kg of bodyweight (treatment naïve) or 1.5 mg/kg (repeat treatment)
 - After 20 weeks, patients who achieved clinically clear skin initiated once-daily topical tazarotene 0.045% lotion monotherapy on the day of their last isotretinoin dose
- Follow up visits occurred at 6 months and 1-year post-isotretinoin treatment

RESULTS

- A summary of the case series patients is shown in **Figure 1**
- Patients (n=12) had a mean age of 17.8 years (standard deviation [SD]: 3.8) and the majority were female (58.3%) and White (66.7%)
- Oral isotretinoin was used for an average of 24.3 weeks (SD: 6.7), with a mean cumulative dose of 184.6 mg/kg (SD: 75.1)
 - One patient required a repeat course of isotretinoin prior to tazarotene initiation
- Post-isotretinoin, patients received tazarotene 0.045% lotion for an average of 13.0 months (SD: 6.7)
- No patients relapsed and all showed subjective visual improvements in acne-related scarring with tazarotene maintenance treatment
- None discontinued tazarotene lotion due to adverse events
- Representative photographs of patients before and after tazarotene lotion maintenance treatment are shown in **Figure 2**

FIGURE 1. Case Series Patients and Outcomes Following Maintenance Treatment With Tazarotene 0.045% Lotion

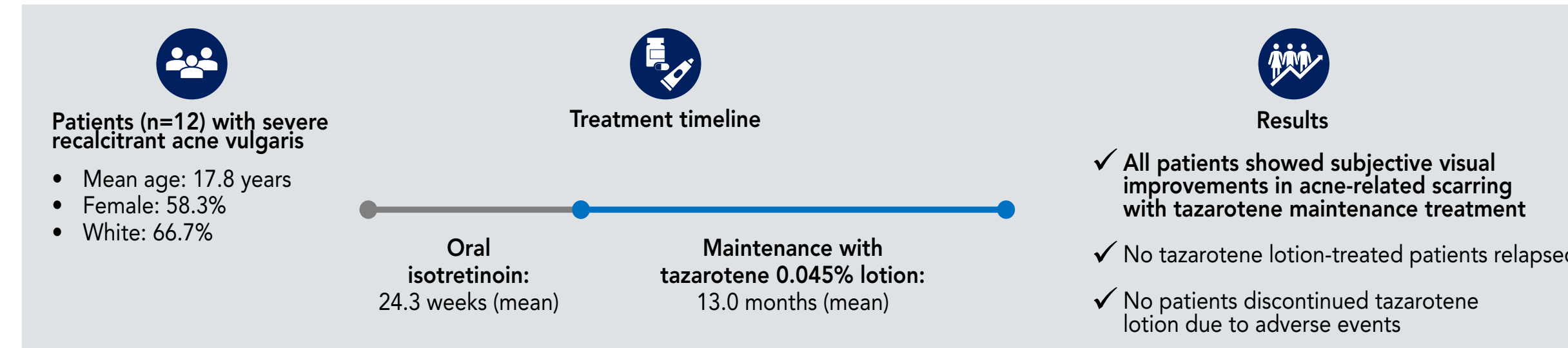


FIGURE 2. Improvements with Initial Oral Isotretinoin Treatment and Maintenance Treatment with Tazarotene 0.045% Lotion



CONCLUSIONS

- There is little guidance or research published on acne maintenance treatment after initial oral isotretinoin or other treatments are complete
- Topical tazarotene 0.045% polymeric emulsion lotion has previously demonstrated good efficacy, safety, and tolerability with acne and PIH reductions in patients with moderate-to-severe acne, as well as dyspigmentation reductions in patients with melasma and/or PIH^{12,18,19}
- The case reports presented here show that tazarotene 0.045% lotion may be an effective and safe treatment to improve scarring and prevent relapse after initial oral isotretinoin treatment for severe recalcitrant acne

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AUTHOR DISCLOSURES

Shanna Miranti has been a speaker, consultant, and/or advisory board member for Almirall, Arcutis Biotherapeutics, Dermavant, EPI Health, Galderma, Incyte, Journey, Ortho Dermatologics, Emblation Limited, and Verrica, and an editorial advisory board member for *Dermatology Times*.