

DERMASCOPE

The Encyclopedia of Aesthetics & Spa Therapy

Problem and *Solutions*

CASE STUDY: A 15 year old male is scheduled for a consultation. His mother made an appointment for him because she is concerned about an acne outbreak he is experiencing. During his consultation, you immediately notice that his face is clear of any acne lesions. After trying to initiate communication with the young man, his mother steps in and explains that she became concerned when she saw him wince as he put on his backpack. As she continues to explain the situation, you notice that the client is very agitated and will not make eye contact. He is blushing and continuously rubbing the back of his neck. To draw the client into the conversation, you ask about his daily routine and if he currently plays any sports. As he talks, you find out that he does not currently take any medication; he showers every morning and evening, but not immediately after practice at school; and he has a healthy appetite which includes junk food and soft drinks. Once you have a chance to look at his back, you notice that it is inflamed and starting to carry over onto his shoulders and chest. There is evidence of papules, pustules, a few cysts, and some lesions that are very sensitive to the touch which could be nodules.

As a skin care professional, what solution do you propose to treat this case study?



Dr. Charlene DeHaven,
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SOLUTION: "This case illustrates the importance of understanding and taking in all of the client's history prior to giving recommendations. Before treatment specifics can be discussed, time should be given to further understand the client's condition. His agitation and reluctance to make eye contact are concerning. First of all, rapport with the client should be developed.... He might be willing to reveal more details about his skin problem that would be helpful and guide recommendations. Furthermore, the presence of lesions on his back and not his face raises a red flag. Certainly, acne can be present solely on the back, but the complete absence of facial lesions raises the possibility that this is more than or different from *usual* acne. Certainly acne is a probable cause of this client's rash but there are other possibilities to consider in a young athlete.... After all possibilities have been explored by talking with client, and if acne is the most likely cause of this rash, recommendations appropriate for treating acne should be made. Since this client participates in athletics and may wear protective occlusive clothing predisposing to acne, careful skin hygiene is also very important. Many previous dietary recommendations used for acne have not been proven with scientific research. However, a diet high in carbohydrates (sugars) and carbonated drink has been shown to worsen acne. This client's diet of junk food and soft drinks could likely contribute to acne development."