

Successful Combination Treatment of Severe Nodulocystic Acne with Scarring Using Low-Dose Isotretinoin and a Unique Multi-Acid Chemical Peel

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Background:

Nodulocystic acne in adolescents is a physically and emotionally burdensome condition often leading to persistent erythema and scarring. Oral isotretinoin remains the gold standard for severe acne, though its use may be limited by dose-dependent side effects.

Case description:

A 16-year-old boy presented with severe, treatment-resistant nodulocystic acne associated with diffuse erythema and early scarring. Due to intolerance at higher doses, he was treated with a 12-month course of low-dose oral isotretinoin (up to 20 mg daily). To optimise clinical response and address background redness and textural irregularities, he underwent serial chemical peels at 8-week intervals. The peel used was a unique combination of kojic acid, mandelic acid, and trichloroacetic acid (TCA), beginning at 12% TCA and gradually increased to 20%.

Results:

The patient achieved complete clearance of inflammatory acne. Importantly, there was also substantial improvement in post-inflammatory erythema and scarring. The treatment was well tolerated, and pre- and post-treatment photographs demonstrate a dramatic aesthetic improvement.

Acne

Revypeel LOW - Revypeel HIGH



Conclusion:

This case highlights the synergistic benefits of combining low-dose isotretinoin with a multi-acid chemical peel for the management of severe nodulocystic acne. The approach proved effective not only for active lesions but also for residual erythema and scarring, offering a valuable treatment strategy in cases where isotretinoin monotherapy is limited by tolerability.

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