BEAUTY

Can You Spot Hormonal Acne?

The useful pattern is not simply where spots appear, but when they change, what they look like and what else is happening.

The mirror gives you only part of the story

A cluster of spots appears, and the internet supplies a verdict: if it is on your chin or jaw, it must be hormonal. That sounds satisfyingly precise. The evidence supplied here does not support diagnosing "hormonal acne" from a facial map, however. Location alone cannot tell you what is driving a breakout.

Acne commonly appears on the face, but it can also affect the neck, back, chest and shoulders. It develops when hair follicles become clogged by sebum-the oil that keeps skin from drying out-and dead skin cells. Bacteria can grow inside the plugged follicle, contributing to inflammation, redness, swelling and pain.

Hormones can be part of that process. Rising androgens, often described as male sex hormones but present in boys and girls, enlarge the sebaceous glands and increase sebum production during puberty. Hormonal changes related to pregnancy can also cause acne. In adulthood, persistent acne is more common in women.

That still does not make every adult breakout hormonal or give one patch of skin a single explanation. Family history, age and certain medicines-including those containing hormones, corticosteroids and lithium-can affect acne risk. Stress does not cause acne, but it can make it worse. The honest clue is therefore not "jawline equals hormones." It is change over time.

Look for timing, not a face map

The most useful pattern is a repeated relationship between your acne and hormonal events. If you have menstrual cycles, a clinician may ask about them while assessing acne. They may also ask when the acne began, how long it has lasted, what medicines you take and which ones you recently stopped. Those questions matter because context can reveal more than location.

One breakout around a menstrual period cannot prove a hormonal cause. A pattern becomes more informative when the same change seems to recur, or when acne begins alongside pregnancy, puberty or a change in medication. Even then, you have spotted an association rather than made a diagnosis.

The lesions themselves add another layer. Acne can include whiteheads beneath the skin, open blackheads, small inflamed papules, pus-filled pimples and large, painful nodules lodged deeper in the skin. Severe nodular acne can be deep, painful and pus-filled. Blackheads look dark because air discolours the sebum, not because your skin is dirty.

That distinction matters when you are tempted to scrub the pattern away. Dirty skin does not cause blackheads or pimples, and scrubbing too hard can worsen acne. Gentle cleansing is more useful than trying to scour out a process happening inside a follicle.

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Some bumps are telling a different story

Not everything called "hormonal acne" online is acne. Painful, boil-like lumps in places where skin rubs together-particularly the armpits or groin-may be hidradenitis suppurativa (HS), a chronic skin disease that can resemble pimples or acne in its early stages.

HS lumps can enlarge, become inflamed and break open, producing abscesses that drain fluid or pus. They may return over time, heal slowly and leave scars or tunnels under the skin. Hormonal factors may play a role in HS, but its follicle blockages are not caused by poor hygiene, and the condition cannot spread to other people.

Recurring lumps that break open, drain or scar need a clinician's assessment rather than another acne product. There is no single test for HS; a health professional considers the history, examines the skin and may test a sample of skin or pus. A dermatologist can help establish the diagnosis and guide care.

Ordinary acne also deserves medical attention when it is deep or severe, leaves scars, fails to improve or keeps worsening. Acne can cause embarrassment, anxiety or shyness, and psychosocial burden is not a cosmetic footnote. A 2024 evidence-based guideline strongly recommends oral isotretinoin when acne is severe, causes scarring or psychosocial burden, or has not responded to standard topical or oral therapy.

Hormonal does not mean untreatable

Calling acne hormonal can make it sound as though surface treatments are pointless. They are not. Acne still involves blocked follicles, sebum, bacteria and inflammation, and treatments can target those processes even when hormones contribute.

The 2024 guideline made strong recommendations for benzoyl peroxide, topical retinoids, topical antibiotics and oral doxycycline. It conditionally recommended salicylic acid and azelaic

acid, as well as hormonal options including combined oral contraceptive pills and spironolactone. A conditional recommendation reflects less certainty or a treatment choice that depends more heavily on individual circumstances.

Hormone therapy is used primarily in women and works by reducing androgen effects on the sebaceous gland. That is a clinician-led option, not something a facial pattern can prescribe. Isotretinoin is also a medical treatment for severe or treatment-resistant acne, and a 2025 systematic review found that its range of adverse effects requires careful consideration.

Meanwhile, be cautious about the promise that food alone will "balance" the problem. A 2022 systematic review of 34 studies found a modest but significant association between acne and diets with a high glycaemic index or load. Evidence on dairy was mixed and appeared to vary by sex, ethnicity and dietary culture. Diet may influence acne, but the evidence does not turn a breakout into a simple food verdict.

The same restraint applies to natural remedies. There is not enough rigorous research to recommend topical tea tree oil or bee venom therapy for acne. "Natural" does not mean safe, and supplements can cause side effects or interact with medicines.

Track the pattern with a notebook

For the next week, do not inspect your face for a mythical hormonal zone. Start a short acne record using a notebook and pen. Write down where lesions appear, whether they are whiteheads, inflamed spots or deep painful lumps, and whether they are improving, worsening or leaving marks.

Add the context a clinician is likely to ask about: when the breakout began, how long it has lasted, any menstrual-cycle relationship that applies to you, pregnancy-related changes, and medicines you currently take or recently stopped. Do not stop prescribed medicine on the strength of the record; its purpose is to make the pattern visible and the next conversation more useful.

Keep skin care unremarkable while you observe. Clean gently with a mild cleanser, rinse with lukewarm water and avoid strong soaps, rough scrub pads, squeezing and picking. Choose oil-free, noncomedogenic cosmetics and hair products, although even these can worsen acne for some people. Use sunscreen outdoors, particularly because many acne medicines make skin more prone to sunburn.

At the end of the week, look for repetition rather than perfection. If you see deep painful lesions, scarring, worsening acne, recurring draining lumps or a pattern that is affecting how you feel, take the notebook to a primary care clinician or dermatologist. The page will not

diagnose hormonal acne. It will give you something better than a face map: a record of what your skin is actually doing.

Where this comes from

- Acne

  MedlinePlus, U.S. National Library of Medicine · https://medlineplus.gov/acne.html
- Hidradenitis Suppurativa

  MedlinePlus, U.S. National Library of Medicine · https://medlineplus.gov/hidradenitissuppurativa.html
- Acne

  National Institute of Arthritis and Musculoskeletal and Skin Diseases · https://www.niams.nih.gov/health-topics/acne
- Acne: Diagnosis, Treatment, and Steps to Take

  National Institute of Arthritis and Musculoskeletal and Skin Diseases · https://www.niams.nih.gov/health-topics/acne/diagnosis-treatment-and-steps-to-take
- Skin Conditions at a Glance

  National Center for Complementary and Integrative Health · https://www.nccih.nih.gov/health/skin-conditions-at-a-glance
- Guidelines of care for the management of acne vulgaris.

  Journal of the American Academy of Dermatology, 2024 · https://pubmed.ncbi.nlm.nih.gov/38300170/
- Diet and acne: A systematic review.

  JAAD international, 2022 · https://pubmed.ncbi.nlm.nih.gov/35373155/
- Side Effects of Treating Acne Vulgaris With Isotretinoin: A Systematic Review.

  Cureus, 2025 · https://pubmed.ncbi.nlm.nih.gov/38601403/