BEAUTY

A Simple Routine for Chest and Back Acne

A four-step plan separates the treatments that matter from the scrubbing, squeezing and food rules that mostly do not.

Step 1: Wash gently with a mild cleanser

You step out of the shower, catch sight of another crop of spots across your chest or shoulders and reach for something rough. It feels logical: scrub harder, get cleaner, clear the pores. But chest and back acne is not a sign that you have failed to wash properly. Dirt does not cause blackheads or pimples, and force is not the answer.

Acne begins below the surface, when oil and dead skin cells plug a hair follicle. Bacteria can grow inside that blocked follicle, prompting inflammation. If its wall breaks down, oil, bacteria and skin cells spill into the surrounding skin, creating the tender bumps, pus-filled pimples or deeper lesions you can see and feel.

The useful first step is much less dramatic. Clean the area gently with lukewarm water and a mild cleanser, including after heavy exercise. Skip strong soaps, astringents and rough scrub pads. Scrubbing too hard can make acne worse, while gentle cleaning removes the idea that you need to punish your skin before treatment can work.

Pressure and rubbing can also aggravate acne. Tight clothing, backpacks and sports helmets are among the factors that may make it worse. That does not mean every strap or fitted shirt is responsible for every spot. It means friction is worth noticing, particularly when breakouts repeatedly follow the same edges or contact points. This step takes a mild cleanser and clothing that does not press unnecessarily on the affected skin.

Step 2: Choose one evidence-backed acne active

Cleansing supports the routine, but medication does the real treatment work. A 2024 evidence-based guideline made strong recommendations for benzoyl peroxide and topical retinoids. Benzoyl peroxide kills bacteria and may reduce oil production. Retinoids, which come from vitamin A, can treat existing lesions, reduce inflammation and help stop new acne from forming.

Other choices have evidence, though the recommendations are less certain. The same guideline conditionally recommended salicylic acid and azelaic acid. Salicylic acid helps break

down blackheads and whiteheads and reduces the shedding of cells lining follicles. That matters because abnormal clumping of cells is one of the processes acne medicines are intended to interrupt.

More products do not automatically make a stronger routine. The guideline supports combining topical therapies that work through different mechanisms, but that is not permission to pile several unfamiliar actives onto your chest and back at once. Topical medicines can cause irritation, burning or redness. If that happens, speak with a healthcare professional rather than trying to scrub through it or covering the irritation with yet another active.

Antibiotics also have a role, but not as a casual add-on. The guideline strongly recommended topical antibiotics and oral doxycycline while also advising that systemic antibiotic use be limited and combined with topical therapy. Those decisions belong with a clinician. For a simple starting routine, the essential object is one acne treatment containing an evidence-backed active-not a toner, mask or collection of overlapping products.

Acne is not a moral verdict on what you ate or how clean you are.

Step 3: Stop fighting the wrong enemy

Picking is tempting when a spot sits where a collar catches it or where you can feel it against a chair. Resist if you can. Squeezing, rubbing and touching lesions can contribute to scars or dark marks. Acne itself can also scar, which is why deep, painful lesions deserve more than an endless cycle of squeezing and hoping.

Food rules can become another form of punishment. Chocolate and greasy foods are often blamed, but there is little evidence that food has much effect for most people. A 2022 systematic review of 34 studies found a modest association between high-glycaemic diets and acne, while findings on dairy were mixed and appeared to vary among populations. The researchers said more randomised trials were needed.

That evidence does not justify blaming a particular meal for every breakout or constructing a sweeping forbidden-food list. A 2020 epidemiology review also found inconsistent results for dietary factors and smoking. Family history showed a clearer association: people with an affected parent had almost three times the odds of acne compared with those without that family history. Acne is not a moral verdict on what you ate or how clean you are.

This is also the point to check whether "body acne" accurately describes what is happening. Painful, boil-like lumps that repeatedly break open, drain fluid or pus, heal slowly, form tunnels or leave scars-especially where skin rubs together-can be hidradenitis suppurativa (HS). HS is a

chronic condition that can resemble acne early on and needs clinical assessment. It is not caused by poor hygiene and cannot spread to other people.

Step 4: Make Monday's plan with treatment and sunscreen

Some acne needs medical care rather than a more elaborate bathroom shelf. The 2024 guideline strongly recommended oral isotretinoin when acne is severe, is causing scarring or substantial psychosocial burden, or has not responded to standard topical or oral therapy. Oral medicines can have side effects and require a clinician's judgement; they are not simply stronger versions of a body wash.

Book an appointment with a primary care clinician or dermatologist if the spots are deep and painful, scarring, leaving significant discoloration, affecting how you feel, or persisting despite standard treatment. A clinician can examine the type of lesion, review medications and family history, and consider whether another condition is involved. Large lesions and established scars may require approaches that cannot be supplied by a home routine.

For skin that will be outdoors, add sunscreen and avoid sunburn or tanning. Some acne medicines can make skin more prone to sunburn, and sunscreen is particularly important when dark marks remain after acne heals. Choose oil-free, noncomedogenic cosmetics and hair products, although even these can worsen acne for some people.

On Monday, simplify. Set out a mild cleanser, one evidence-backed acne treatment and sunscreen for exposed skin. Those are the objects the routine takes. Leave rough scrub pads and squeezing out of it, and write down any deep pain, drainage, scarring or distress to discuss with a clinician. The aim is not an instant transformation. It is a routine gentle enough to continue and focused enough to show whether standard care is helping.

Where this comes from

- Acne

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

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