BEAUTY

The Least Bad Way to Pop a Spot

There is no evidence-backed popping technique, but you can calm the urge, limit damage and know when a lump needs medical care.

Step 1: Stop before you squeeze

The spot has arrived just before a photograph, a meeting or a night out. It looks as though one decisive squeeze could settle the matter. The least bad way to pop it, however, is not a clever angle or a special tool. It is to stop. The evidence supplied here does not establish a safe home-popping technique, while clinical guidance specifically warns that squeezing and picking can cause scars or dark blotches.

That warning makes sense when you look beneath the visible tip. A pimple begins in a hair follicle clogged with oil and dead skin cells. Bacteria can grow in the plug and contribute to inflammation. If the follicle wall breaks down, bacteria, oil and skin cells spill into the surrounding skin. A spot is not simply unwanted material sitting neatly on the surface, waiting to be emptied.

Squeezing or picking can make acne worse. It can also turn a temporary blemish into a more persistent mark. People of colour may develop skin discolouration after acne heals, and acne itself can cause scarring. The quick fix is therefore a gamble: you may change the spot, but not in the direction you wanted.

First, look without pressing. A whitehead is a plugged follicle beneath the skin. A blackhead is an open plugged follicle; its dark colour comes from air changing the sebum, not dirt. A tender pink bump is an inflamed papule, while a pustule has visible white or yellow pus. A large, painful lesion deep in the skin may be a nodule or severe nodular acne. None becomes safer to squeeze because you have named it.

For this pause, you need a mirror and enough distance from it to keep inspection from becoming picking. If touching is automatic, move away from the mirror once you have checked what you are dealing with. The aim is not perfect restraint forever. It is to avoid making one inflamed follicle into injured surrounding skin.

Step 2: Clean gently, not aggressively

Once you have decided not to pop, the next temptation is to scrub. That is not the answer

either. Blackheads and pimples are not caused by dirty skin, and scrubbing too hard can worsen acne. Use a mild cleanser and lukewarm water rather than strong soap, an astringent or a rough scrub pad. You are cleaning the surface, not trying to scour a plug out of a pore.

Gentle care can feel unsatisfying because it lacks drama. There is no sting, scrape or sudden before-and-after moment. But acne is an inflammatory disorder, and rough treatment adds another source of irritation. Clinical advice is to avoid rubbing and touching lesions. If topical acne medicines already leave your skin irritated, burning or red, more friction is especially unlikely to be helpful.

Food guilt is another distraction. Chocolate and greasy foods are often blamed, but general acne information says there is little evidence that food affects acne in most people. A 2022 systematic review found a more complicated picture: high glycaemic index and greater glycaemic load had a modest association with acne, while evidence concerning dairy was mixed and may differ by population. None of that offers a way to flatten tonight's spot.

Stress does not cause acne, although it may make it worse. Hormones, family history, certain medicines, excess oil, dead-cell buildup and bacterial growth in a plugged follicle can all be relevant. That matters because it takes the moral charge out of the mirror. The spot is not proof that you failed to wash properly, ate the wrong snack or lacked discipline.

This step takes a mild cleanser, lukewarm water and a soft towel. Clean without rough rubbing, then leave the lesion alone. Toners, harsh scrubs and improvised remedies are not supported by the evidence provided here. There is also not enough rigorous research to recommend topical tea tree oil or bee venom therapy for acne. "Natural" does not make a remedy proven or harmless.

The most useful thing you can hold is not an extractor.

Step 3: Treat acne, not the emergency

If the spot belongs to a wider pattern of acne, the useful move is to treat that pattern rather than stage a rescue operation on one lesion. The goals of acne care are to heal existing lesions, reduce new ones and prevent scarring. That is slower and less theatrical than popping, but it addresses the processes that keep producing spots.

A 2024 evidence-based guideline made strong recommendations for benzoyl peroxide and topical retinoids, as well as for topical antibiotics and oral doxycycline in appropriate care. It conditionally recommended salicylic acid and azelaic acid. Benzoyl peroxide acts against bacteria and may reduce oil production; salicylic acid helps break down blackheads and whiteheads and reduces the shedding of cells lining follicles. Topical retinoids can treat lesions,

reduce inflammation and help prevent new acne.

A systematic review of 54 clinical trials found that topical retinoids worked better than inactive treatment. Combining a topical retinoid with benzoyl peroxide also produced greater improvement than inactive treatment in the trials reviewed. The differences in effectiveness among individual topical retinoids appeared minor, although tolerability varied. Topical medicines can cause irritation, burning or redness, so side effects belong in a conversation with a health professional rather than being endured as proof that a product is working.

There is no need to assemble a crowded shelf. Choose an evidence-supported acne treatment that is suitable for you, with advice from a pharmacist or clinician where needed. Prescription options exist for more persistent or severe acne, including oral medicines and hormone therapy. Oral isotretinoin is strongly recommended in the 2024 guideline for severe acne, acne causing scarring or psychosocial burden, or acne that has not responded to standard topical or oral care.

Sun protection also matters. Acne medicines can make skin more prone to sunburn, and sunscreen is particularly important when treating or trying to prevent dark marks after acne. This step takes one appropriate acne treatment and a sunscreen, not a collection of masks and spot-popping tools. If a product causes troublesome irritation, burning or redness, discuss it with a clinician.

Step 4: Build a hands-off plan

Some "spots" deserve more than home care. Large, painful lesions lodged deep in the skin may be nodular acne. A clinician can assess the type of lesion and whether prescription treatment is appropriate; the 2024 guideline includes corticosteroid injections by a professional as good practice for larger acne lesions. That is a medical procedure, not an invitation to pierce or drain one yourself.

Pay particular attention to painful, boil-like lumps in the armpits, groin or other places where skin rubs together. If they recur, grow, break open, drain or heal with scars or tunnels beneath the skin, they may be hidradenitis suppurativa (HS), a chronic disease that can resemble acne early on. HS is not caused by poor hygiene and may need assessment by a dermatologist.

This also stops being a minor lifestyle question when acne is severe, is scarring, is not improving, or is making you feel embarrassed, anxious or withdrawn. A primary care clinician or dermatologist can review the kinds of lesions you have, medicines you take and whether another condition could be involved. Acne that carries a psychological burden is not "just cosmetic," and the guideline treats that burden as a reason to consider stronger care.

For the next week, put together a small hands-off kit: a mild cleanser, a soft towel, one suitable acne treatment and a sunscreen. Keep rough scrub pads, picking tools and unproven remedies out of reach. When a spot catches your attention, use the kit instead of your fingernails. If it is deep, very painful, recurrent or scarring, write down where it appears and what it does, then make a medical appointment.

The most useful thing you can hold is not an extractor. It is a simple kit that makes the safer choice easier at the exact moment squeezing feels irresistible.

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
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