BEAUTY

Is It an Acne Scar or a Dark Mark?

The difference changes what may help, what may irritate your skin and when another "acne spot" needs a closer look.

One pimple, two possible legacies

The pimple is gone, but its address remains. Perhaps you see a brown or darker patch where the inflammation used to be. Perhaps the surface itself looks altered. Both are routinely called acne scars in conversation, yet the evidence treats dark marks and scars as different problems-and that distinction matters before you buy or apply anything.

A dark mark after inflammation is described in research as postinflammatory hyperpigmentation (PIH). Acne scarring, by contrast, is a persistent complication of acne. The sources here do not provide enough visual criteria for you to diagnose one from a mirror, but they do point toward a useful first question: are you mainly concerned about lingering colour, or about a lasting change you believe is a scar?

Neither reaction means you failed to keep your skin clean. Acne begins when oil and dead skin cells plug hair follicles. Bacteria can grow in the blocked follicle, prompting inflammation; when the follicle wall breaks down, bacteria, oil and skin cells spill into nearby skin and create a lesion. Blackheads are dark because air discolours the oil, not because dirt is trapped there. Scrubbing harder is not the answer.

Scars begin with the acne

Scarring is not a rare fringe outcome. A 2023 review combined 37 studies involving 24,649 people with acne and estimated that 47% had acne scars, although estimates varied with age, sex, acne severity and where participants were recruited. That number does not predict what will happen to any one blemish. It does show why preventing further inflamed acne deserves as much attention as examining what it has left behind.

Severity had the strongest relationship with scarring among the factors quantified in that review. Compared with less severe acne, moderate acne was associated with more than twice the odds of scars, while severe acne was associated with more than five times the odds. Male sex and a family history of acne were also associated with higher odds. These are associations, not guarantees-and family history and sex are not things you can change.

The practical message is early attention to active acne, not panic over every spot. Acne can include small inflamed bumps, pus-filled pimples, large painful nodules and deep painful lesions. Picking and squeezing can make acne worse, as can scrubbing too hard. Gentle cleansing and leaving blemishes alone are modest instructions, but they protect you from adding avoidable irritation while you decide whether the remaining concern is colour, scarring or still-active acne.

Your first useful decision is not which treatment to buy. It is which problem you are trying to treat.

Dark marks have different evidence

The treatment research for PIH concentrates on topical products rather than scar procedures. A 2022 systematic review included 47 studies with 1,853 participants. Retinoids, hydroxy acids, corticosteroids, thiamidol, niacinamide and plant-derived products all had high-quality studies behind them, but retinoids, hydroxy acids and broad-spectrum sunscreen were supported by the greatest number of high-quality studies.

That list is not an invitation to layer every active ingredient onto your face. The review reported peeling, burning, stinging, dryness and itching as common side effects. Inflammation may also be subtle, particularly in darker skin. If an attempt to fade a mark leaves your skin burning, itchy or visibly irritated, adding more products is not evidence-based ambition; it is more inflammation to interpret.

Sun protection is the least glamorous part of the evidence and one of the most consistent. Sunscreen with a sun protection factor (SPF) of 30 or higher was recommended in almost every study in the review. General acne advice also says to avoid the sun. Sunscreen does not make a scar and a dark mark interchangeable, but it gives you a supported step while you avoid guessing at stronger topical treatments.

Scar procedures are another lane

Microneedling belongs to the scar side of the conversation. A 2020 systematic review examined 33 reports, including randomised and nonrandomised trials, cohorts, case reports and case series. Every included article reported improvement in the appearance of acne scars after microneedling. That sounds emphatic, but the mix of study designs matters: case reports do not carry the same weight as well-run comparative trials.

The review found inconsistent evidence when microneedling alone was compared with

combined treatment or fractional laser treatment. Its authors concluded that microneedling improves acne scarring while calling for further studies comparing it with other minimally invasive options. In other words, the evidence supports it as a scar procedure, but it does not settle which procedure is best or whether combining treatments adds worthwhile benefit.

This is where the label on your concern starts to carry consequences. The better-supported options for PIH include topical agents and broad-spectrum sunscreen. The evidence supplied for scars concerns a procedure. A product marketed vaguely for "post-acne skin" can blur that difference, but the research does not. Colour and persistent scarring should not automatically be sent down the same treatment path.

Make the next choice smaller

Some marks deserve a different conversation entirely. Painful boil-like lumps in the armpits, groin or other places where skin rubs together-especially when they recur, break open, drain or leave scars and tunnels-can fit hidradenitis suppurativa (HS), a chronic skin disease that may resemble acne early on. A health professional may need to examine the lumps and, in some cases, test a sample of skin or drainage.

A clinician can also help when you cannot tell whether you are seeing PIH, a scar or continuing inflammation. That distinction determines whether the relevant evidence concerns fading pigment, managing active acne or discussing a procedure. It is particularly worth moving beyond self-experimentation when lesions are deep and painful or when new acne continues to form while you focus on old marks.

For the next week, stop treating every leftover spot as the same problem. Clean gently, do not pick, and protect exposed skin with a broad-spectrum sunscreen labelled SPF 30 or higher. That takes a gentle cleanser and a broad-spectrum sunscreen-not a shelf of acids, masks and scar remedies. Your first useful decision is not which treatment to buy. It is which problem you are trying to treat.

Where this comes from

- Acne

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- Hidradenitis Suppurativa

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