For a short explanation of why the committee made this recommendation and how it might affect practice, see the rationale and impact section on physical treatments.

Full details of the evidence and the committee's discussion are in evidence review F1: management options for moderate to severe acne – network meta-analyses and evidence review F2: management options for moderate to severe acne – pairwise comparisons.

Use of intralesional corticosteroids

1.5.30 Consider treating severe inflammatory cysts with intralesional injection of triamcinolone acetonide (0.1 ml of triamcinolone acetonide per cm of cyst diameter, at 0.6 mg/ml diluted in 0.9% sodium chloride). This should be done by a member of a consultant dermatologist-led team or a nationally accredited GPwER working within a consultant dermatologist-agreed pathway.

In June 2021 this was an off-label use for triamcinolone acetonide. See NICE's information on prescribing medicines for more information.

For a short explanation of why the committee made this recommendation and how it might affect practice, see the rationale and impact section on use of intralesional corticosteroids.

Full details of the evidence and the committee's discussion are in evidence review K: intralesional corticosteroids for the treatment of individual acne vulgaris lesions.

Treatment options for people with polycystic ovary syndrome

1.5.31 For people with polycystic ovary syndrome and acne:

- treat their acne using a first-line treatment option (see recommendation 1.5.1 and table 1)
- if the chosen first-line treatment is not effective, consider adding ethinylestradiol with cyproterone acetate (co-cyprindiol) or an alternative