

# Severe Cystic Acne While Breastfeeding

## A Case Report

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*With her first baby, while breastfeeding at 2 weeks postpartum, the skin on Amanda's (not her real name) face, trunk, and back became marred with subcutaneous cysts. She described the cysts as quarter-sized blisters that would weep yellow fluid and then scab over. She consulted her obstetrician, dermatologist, and acupuncturist, but none were able to find a treatment solution. I met her 2 days after the birth of her second baby. She was worried her skin eruptions would happen again. After discharge from the hospital, we communicated via email. Her skin did develop cysts, although not as severe as with her first baby. Although advised to see an endocrinologist, she declined. She weaned her baby well before her breastfeeding goal was reached.*

**Keywords:** cystic acne, hormones of lactation, dermatologist, prolactin allergy

I met patient, Amanda (not her real name), at an urban academic center in Northeastern United States, postpartum, with her 2-day-old infant son. She was breastfeeding and expressed that things were going well, but she was worried about what was “below the surface.” During her prior breastfeeding experience, she had developed severe cystic acne, and now, she was starting to feel that cysts were beginning to erupt (Figures 1-4).

Six years ago, while breastfeeding her first baby, the skin on Amanda's face, trunk, and back became marred with subcutaneous cysts which started at 2 weeks postpartum. She described the cysts as quarter-sized blisters that would weep yellow fluid and then scab over. The cysts were extremely painful, and they caused her clothing to stick to her back after sleeping. They were unsightly, and she began to avoid leaving the house for fear of people staring at her. She developed feelings of hopelessness and despair and believes she suffered postpartum depression related to this condition.

At her request, her obstetrician did blood work to check her hormone levels, and she was told her testosterone levels were elevated. Her physician ruled out polycystic ovarian syndrome (PCOS), and no further hormone testing was suggested. She tried alternative therapies in hope that anything would help. For example, she saw an acupuncturist who provided needle treatment and prescribed daily doses of Chinese herbal remedies. She

describes the information and recommendations from physicians as follows:

*I had a pretty disappointing experience with a dermatologist after my first pregnancy. She wanted to get me on isotretinoin [Accutane, Hoffmann-La Roche] immediately, without even trying to first just stop nursing, or using some less severe options to see if that would improve my skin. I had heard horror stories about Accutane's side effects, so I did not take her advice. Instead, I went on an antibiotic that is used sometimes for less severe acne than I had, and I used a retinol cream she prescribed called tazarotene [Tazorac, Allergan]. I stopped nursing when I began using the Tazorac, and taking the antibiotics [tetracycline]. After about a week, I saw a mild improvement. Then after another week, I stopped getting new pimples. It was almost like a switch was shut off. I attribute that switch to a change in hormones from no longer nursing, but of course, I really can't say that with certainty.*

She looked to the internet for information. Per “mommy blogs,” Amanda considered the theory that it was a “prolactin allergy.” Her obstetrician also theorized it was related to hormones of lactation.

*This time, at my 6-week check-up, my OB/GYN and I talked about it a bit, and she said she thought it was a reaction to high levels of progesterone or prolactin. Since my progesterone levels would have been elevated throughout my entire pregnancy, she thinks it's most likely related to the prolactin, or I would have experienced the acne before the baby was born.*

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Figure 1. Photographs from Oct 9, 2015, at 3 weeks postpartum.



With her first baby, symptoms began to subside once breastfeeding ceased. She stopped breastfeeding around 2 months, and it took about another 6 weeks for her skin to clear and new lesions to stop appearing. Her doctor prescribed tetracycline and tazarotene cream (Tazorac, Allergan) and began ethinyl estradiol and norgestimate oral contraceptives (Ortho Tri Cyclen, McNeil-Janssen Pharmaceuticals, Inc.) to help regulate her hormones.

With this baby, John, born September 19, 2015, she states,

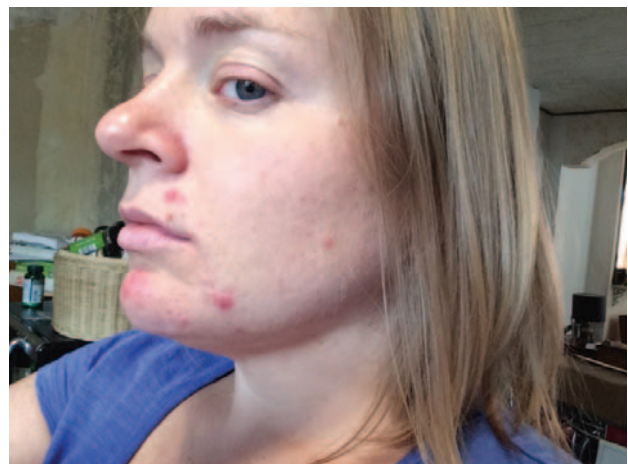
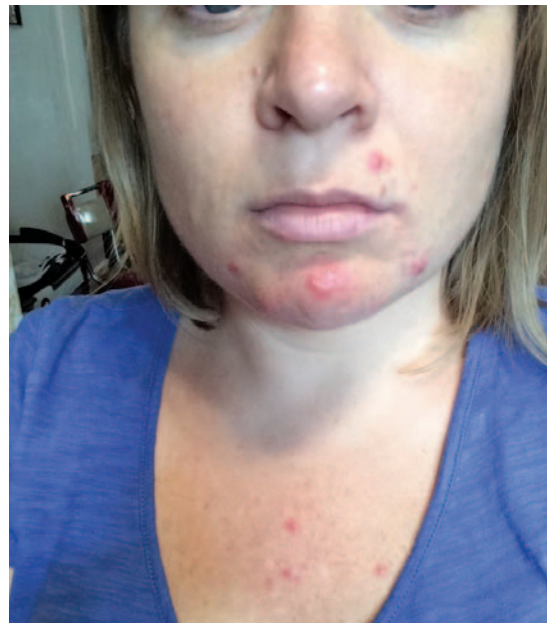
*I wanted to wait a couple of weeks to connect, because last time, my skin issues started up 2 weeks after I started nursing. And lo and behold, this past Saturday, I started getting some cysts on my chin and jawline, right*

*on schedule with last time. And I've been getting smaller pimples on my chest and upper back.*

*I'm still nursing for now. I'm going to wait a bit longer, maybe another week, and see how things go. So far, the cysts don't seem to be as large as last time, but I'm not sure if that's just because I'm still in the early phases. They did get progressively worse last time. Or, it could be that I'm using some more effective topical stuff. I've been using a tea tree oil face wash to control the more general acne I get during pregnancy, and that seems to be helping, along with a clay sulfur mask at night to dry the cysts out.*

She stopped breastfeeding at 6 weeks and expressed sadness, stating that they both really enjoyed it. Although

Figure 2. Photographs from Oct 16, 2015, at 4 weeks postpartum.



advised to see an endocrinologist, she declined. She described weaning as a gradual, 3-week transition with breastfeeding and giving formula bottles. At 8 weeks postpartum, she was still having new lesions, but smaller, about a half inch in size and less cystic. She said the cysts were considerably worse with her first baby than her second and that they got progressively worse the longer she breastfed. She weaned before that could happen again.

### Review of Literature

I searched for evidence of similar cases on PubMed, Cochrane Library, CINAHL, Wiley Library, and Google Scholar using keywords (*breastfeeding* and) *acne vulgaris*, *cystic acne*, *skin problems*, and *endocrine problems*. Published research on medication safety and efficacy during pregnancy and lactation were found. In 2014, the American Academy of Dermatology published a table



Figure 3. Photographs from Oct 26, 2015, about 5 weeks postpartum.



Note. Amanda was still breastfeeding but only about 2–3 times per day. The cyst behind her ear was particularly painful. She said that it appeared in the exact same spot while breastfeeding both babies. When she felt it erupting the second time, she knew she would have to wean.

outlining possible treatment for acne during pregnancy and lactation. (Murase, Heller, & Butler, 2014). One medication that Amanda was prescribed, tazarotene, is listed there as L3 (moderately safe). In 2013, the National Skin Centre in Singapore published a review of the literature over a 35-year period. Their suggested therapies include topical treatments, including antibiotics, benzoyl peroxide, azelaic acid, and salicylic acid as a first-line treatment (Kong & Tey, 2013). In addition, they discuss zinc salts as an alternative to antibiotic treatment and phototherapy (light-based treatment consisting of blue-violet and red light phototherapy) alone or in combination with topical and/or oral therapies.

### Conclusion

No prior case report of severe cystic acne while breastfeeding has been published. Amanda agreed to her story being published because she hopes that it will encourage discourse and research to aid in finding a solution for other women. Questions to consider for further research: What hormones were responsible for Amanda's skin condition? Was her acne a result of hormones specific to lactation or of pregnancy? Was there a link between her elevated testosterone level and her skin condition? What other treatments could be helpful to women experiencing cystic acne while desiring to breastfeed?

Figure 4. Photographs from Nov 17, 2015, at 8 weeks postpartum.



Note. 2 weeks after she had stopped breastfeeding. “These photos of my back are from yesterday. Tough to see from the photos but these guys are pretty huge. I have a few more like them on my chest, and then some scattered on my upper arms and shoulders. The skin on my face is starting to clear up though. I have only two cysts that are going away, and don’t feel any new ones brewing under my skin.”—Amanda

## References

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