

Daily Shaving Is Best Treatment for Razor Bumps

BY GREG MUIRHEAD
Contributing Writer

HONOLULU — Although many black men with pseudofolliculitis barbae, otherwise known as “razor bumps,” may express horror at the idea of shaving every day, this may be their best option, said Dr. Milton Moore at the annual meeting of the National Medical Association.

“You’d be surprised at how many African American men, when you talk about shaving with razors, [say,] ‘Oh no, I can’t do that!’” said Dr. Moore, who is in private practice in Houston. “Many of them don’t even know that they can shave. They know Dad couldn’t, and Dad didn’t, and Dad didn’t show them how to shave with razors, so they assume that they will have a problem if they use a razor.”

As a result, these men may not be getting the best results in managing pseudofolliculitis barbae (PFB), he said. “The razor is the best shave.”

The quality of the blade can make a big difference in treatment, he noted. “Some of the lesser expensive blades are very ineffective in shaving for someone with PFB,” because they can get dull before the shaving process is finished. “You’re already causing a problem by dragging and pulling the hair when trying to cut these hairs.”

“The more expensive blades are more expensive because they are coated with different ingredients that harden the blade,” he said. They also are made with a better grade of steel.

“I find that you can use a good razor for anywhere between five to seven shaves before you have to discard it,” said Dr. Moore. While there are many blades on the market, the brands that have three to five blades with a lubricating strip are the best.

He disclosed that he has a patent for the Moore Technique Shaving System for treatment of PFB.

PFB affects about 60% of young black men, and 10%-15% of white men. In PFB, hair has grown out from the skin, curled over, and then pierced and reentered the skin. In the treatment of this condition, it is important to prevent this reentrance to the skin. Symptoms range widely in severity, from two or three papules in some white men to a great many found in black men. Shaving of the papules can result in bleeding. And because the papules are present, many men start shaving less frequently to avoid discomfort or they grow beards instead.

By lifting the hair before shaving, and by shaving every day, the hair doesn’t grow long enough to curl back and pierce and reenter the skin, he explained. “That is why it is essential that a person shave daily, or every other day in someone who has very slow-growing hair.”

To help with shaving, an exfoliant may be used, especially one that focuses on the beard area but not to the extent that discoloration and irritation occur.

An antibacterial preparation also may be needed because of infection in PFB. Products commonly used include “sulfur salicylic acid, which causes exfoliation and does have antibacterial activity,” he said. Other antibacterials that have been used

include clindamycin and benzoyl peroxide. Using a combination of these products in a patient with both PFB and acne can help treat both problems. “But antibacterial agents alone are not sufficient to control PFB,” because hair does still grow and is trapped in the skin, he noted.

Dr. Moore has found that the optimal PFB treatment may differ between people, but most individuals can get good results. Helpful agents soften the hair, and cause “some exfoliation around the hair follicle.”

Depilatories have been the mainstay of reducing razor bumps, he said. These products dissolve hair. But many people have found this treatment inadequate. Depilatories can irritate the skin and may not allow men to be clean shaven every day. “They may have to shave every 2 or 3 days,” he added. Their appearance may not be good between shaves.

As with the use of depilatories, the use of clippers can be “somewhat effective,” he said, in reducing the number of hairs

that are trapped beneath the skin. But clippers don’t cut the hair very short.

Another common technique is to use tweezers to pluck out the hairs that are trapped, but this can make the condition worse because the plucked hair is typically broken off at the core of the follicle. As it grows back, the result can be more papule formation.

Lastly, while laser hair-removal treatments may be helpful, these can be expensive, he concluded. ■



Powerful lesion reduction. Proven tolerability.

- ✦ Nearly 70% reduction in the number of AK lesions after 1 week of treatment¹
- ✦ Greater than 90% reduction in the number of AK lesions after 4 weeks of treatment¹
- ✦ Rapid decline of irritation below baseline within 2 weeks* post-treatment²
- ✦ 90% of patients in a randomized study chose to be re-treated with Carac^{®3}

*Carac[®] should be applied up to 4 weeks as tolerated.

Important Safety Information: Carac[®] is contraindicated in women who are or may become pregnant, in patients with dihydropyrimidine dehydrogenase (DPD) enzyme deficiency, and in patients with known hypersensitivity to any of its components.

In clinical trials, the most common drug-related adverse event was application site reaction (94.6%), which included: erythema, dryness, burning, erosion, pain, and edema. Some patients also experienced eye irritation (5.4%), including stinging and burning.

once-a-day
Carac[®]
fluorouracil cream 0.5%

Put your patients in the clear

Please see brief summary of full prescribing information on next page.

References: 1. Jorizzo J, Stewart D, Bucko A, et al. Randomized trial evaluating a new 0.5% fluorouracil formulation demonstrates efficacy after 1-, 2-, or 4-week treatment in patients with actinic keratosis. *Cutis*. 2002;70:335-339. 2. Carac[®] Prescribing Information, Dermik Laboratories, 2006. 3. Loven K, Stein L, Furst K, Levy S. Evolution of the efficacy and tolerability of 0.5% fluorouracil cream and 5% fluorouracil cream applied to each side of the face in patients with actinic keratosis. *Clin Ther*. 2002;24:990-1000.

DERMIK[®]
© 2007 sanofi-aventis U.S. LLC


sanofi aventis
Because health matters

US.FLU.07.05.009