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## CORRECTION

## Acne vulgaris: Spironolactone dosage error

(AUGUST 2003)

“Acne vulgaris: One treatment does not fit all” by Drs. Sharon J. Longshore and Kimberly Hollandsworth (*Cleve Clin J Med* 2003; 70:670–680) contained a typographic error. In TABLE 3 the dosage of spironolactone is incorrectly listed as 500 mg daily for 2–4 weeks. It should be 50 mg. The corrected table appears here. The editors apologize for this error, and we thank reader James H. Dernberg, MD, of Tyler, Texas, for pointing it out.

TABLE 3

### Systemic acne treatments

#### Oral antibiotics

Erythromycin 333–500 mg three or four times a day  
Tetracycline 500 mg twice a day  
Minocycline 50–100 mg daily or twice a day  
Doxycycline 50–100 mg daily or twice a day

#### Antiandrogens

Oral contraceptives\*  
Norgestimate/ethinyl estradiol (Ortho Tri-Cyclen)  
Drospirenone/ethinyl estradiol (Yasmin)  
Spironolactone 50 mg daily for 2–4 weeks,  
then 100 mg daily if tolerated

#### Retinoid

Isotretinoin 0.5–2 mg/kg/day for 4–6 months  
(most common 1 mg/kg/day)

\*Ortho Tri-Cyclen is FDA-approved for treating acne vulgaris; other low-dose combination oral contraceptives with estrogen dominance are also effective

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