

DERMATOLOGY WAIVERS

CONDITION: ACNE (ICD9 706.1)

Revised January 2003

AEROMEDICAL CONCERNS: Severe active cystic acne can produce lesions, which prevent proper or comfortable fit of a helmet, can impede proper harness or equipment fit, or act as a distraction in the aviation environment. If severe enough, cystic acne can even produce sufficient facial deformity to result in various psychological problems serious enough to impede adaptation to an aviation or military career. Treatment with certain drugs for any form of acne may be incompatible with the aviation environment.

WAIVERS:

1. Initial Applicants:

a. Class 1A/1W: Severe active cystic acne is disqualifying for aviation service and is rarely granted exception to policy. Milder forms of acne requiring oral therapy may be considered for exception to policy. Milder forms of acne requiring topical therapy only may be entered as “Information Only” as long as proper fit and wear of equipment is possible.

b. Class 2, 3, 4: Severe active cystic acne is disqualifying for aviation service and is rarely granted a waiver. Milder forms of acne requiring oral therapy may be considered for waiver. Milder forms of acne requiring topical therapy only may be entered as “Information Only” as long as proper fit and wear of equipment is possible.

2. Rated Aviation Personnel (All Classes): Most waivers of aircrew members with cystic acne are granted provided the aviator is not restricted from routine use of mask or helmet and approved drugs are used for treatment. Milder forms of acne requiring oral therapy will be routinely granted a waiver. Milder forms of acne requiring topical therapy only may be entered as “Information Only” as long as proper fit and wear of equipment is possible.

INFORMATION REQUIRED: Aeromedical Summary (AMS) with:

- Current treatment plan,
- Side effects of treatment or documented lack of side effects,
- Verification of ability to properly fit and wear equipment to include protective mask and helmet.

FOLLOW-UP: Annual update of medication treatment plan and any limitations.

TREATMENT: Use of topical agents is the initial preferred mode of treatment. Topical bacteriostatics (Benzoyl peroxide), antibiotics (topical clindamycin or erythromycin), or topical tretinoin (RETIN A), or adapalene (DIFFERIN) are all acceptable forms of treatment and do not normally require waiver. Systemic antibiotic treatment using tetracycline, erythromycin, or

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doxycycline if used chronically must be reviewed and will be filed as Information Only; a waiver is usually not required. Initial use of oral antibiotics, Oral Contraceptives in females, or topical tazarotene should always be preceded by a period of observation for adverse effects prior to return to full flight status. Minocycline (MINOCIN), Sulfonamides, Dapsone, Spirinolactone, Prednisone, and Isotretinoin (ACCUTANE) are considered non-waiverable.

DISCUSSION: Topical absorption of Tazarotene is generally minimal in acne patients, but special precautions must be taken in females of childbearing age. Oral contraceptives containing low androgenicity (desogestrel/gestodene/ortho-Tri-Cyclen) are an acceptable alternative for females with acne.

Minocycline is not acceptable because of the risk of CNS side effects such as light-headedness, dizziness, and vertigo. The incidence of dizziness with minocycline use has been reported as high as 17 percent; however, this is dose-related and the actual risk is only 5 percent with the dosages required for acne control. Sulfonamides are rarely prescribed due to their strong association with severe drug eruptions. Dapsone has been used in the treatment of severe acne, but may cause psychosis and peripheral motor neuropathy. The most potentially serious common adverse affect of spironolactone is hyperkalemia with arrhythmia. Isotretinoin (ACCUTANE) has frequently been associated with xerosis, cheilitis, alopecia, depression, and hypertriglyceridemia, but all of these are reversible upon discontinuation of therapy. Other disturbing side effects of isotretinoin therapy include the development of vertebral hyperostoses and pseudotumor cerebri. While not recommended, it would be feasible to use isotretinoin in aircrew members who are not required to fly for any given 6-8 month period.

REFERENCE:

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