The effects of topical glycolic acid and all-trans retinoic acid on stratum corneum barrier function and hydration of human skin were investigated in 6 healthy volunteers utilizing non-invasive techniques. In addition, changes in stratum corneum turnover time induced by the substances were examined using the dansyl chloride fluorescence test. Twelve percent glycolic acid in water and 0.1% retinoic acid in ethanol, respectively, were applied for 60 min once daily, over a period of 2 weeks (5 consecutive days weekly) on dansyl chloride-labelled skin and on untreated skin.

During a 10-day application period, both glycolic acid and retinoic acid similarly induced a significant increase in TEWL. However, after discontinuing treatment, TEWL in retinoic acid-exposed skin remained increased. Glycolic acid significantly reduced stratum corneum hydration from day 11 to day 18 (p<0.05), while retinoic acid induced skin dryness after 9 days of treatment, which persisted until day 18 (p<0.005). Whereas glycolic acid rapidly induced an intense erythema implying a direct non-specific inflammatory response, the retinoic acid-exposed skin gradually developed erythema. Retinoic acid caused scaling to a greater extent than did glycolic acid, even after treatment cessation. Both glycolic acid and retinoic acid significantly decreased stratum corneum turnover time and stratum corneum turnover time90 (the time in days from labelling until approximately 50% of fluorescence disappeared), compared with the vehicle controls. However, glycolic acid shortened stratum corneum turnover time (12.8±0.9 days) as well as stratum corneum turnover time90 (7.3±0.7 d) significantly more than did retinoic acid (15.8±0.7 d and 9±0.8 d, respectively). While ethanol (vehicle of retinoic acid) slightly but significantly decreased stratum corneum turnover time (p<0.05), water (vehicle of glycolic acid) did not.

This study showed that both glycolic acid and retinoic acid induced certain functional changes in stratum corneum, mirroring their irritation potential. However, changes at retinoic acid-exposed sites appeared longer-lasting, implying a distinct mode of action. An increase in stratum corneum turnover induced by the substances may be, in part, linked with their irritation properties. Key words: alpha hydroxy acid; tretinoin; stratum corneum turnover; transepidermal water loss; stratum corneum hydration.

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The mode of action of alpha hydroxy acids in various cosmetic and dermatologic conditions is not fully understood (1–4). Van Scott & Yu (2) suggested that the acids exert their desquamative effects by diminishing cornocyte cohesion at the innermost levels of stratum corneum. Alternatively, alpha hydroxy acids as acids may possess irritant properties which stimulate stratum corneum renewal and increase skin thickness. Some alpha hydroxy acids, however, seem effective without detectable clinical and histological signs of irritation (5). Currently, glycolic acid (GA) represents a widely used alpha hydroxy acid as chemical peeling agent and as a major component of skin care products (5).

Topical all-trans retinoic acid (RA) improves photodamaged skin (6–8). The precise mechanism by which improvement occurs remains unknown. The RA signal is thought to be transduced by nuclear receptors (the RAR and RXR families), which activate the expression of target genes via cis-acting transcriptional enhancer elements responsible for its biological effects (9, 10). However, the irritation property of RA could be, in part, accountable for some beneficial effects (11, 12).

Thus, GA and RA, two structurally unrelated compounds, seem to produce some relatively similar beneficial effects on certain dermatologic conditions (2). Whether the (similar or different) irritant properties of both acids are partly responsible for the effects has not been established. This study investigates and compares the effect of GA on water barrier function, hydration, and cell renewal time of human stratum corneum, using non-invasive bioengineering techniques and dansyl chloride fluorescence technique, with that of RA.

MATERIAL AND METHODS

Chemicals

GA (hydroxyacetic acid), all-trans RA (tretinoin), and dansyl chloride (5-dimethylaminol-naphthalenesulphophyll chloride) were obtained from Sigma Chemical Co. (St. Louis, MO, USA). RA was stored under protection from UV light. Ethanol (ethyl alcohol denaturated) was from Fisher Scientific (Pittsburgh, PA, USA). Deionized water and ethanol served as vehicle controls.

Subjects and test procedure

Six healthy volunteers (3 females and 3 males, age range 28 to 40 years) provided informed consent.

Prior to treatment the stratum corneum was labelled with fluorescent dansyl chloride according to the method described by Jansen et al. (13). Briefly, dansyl chloride was finely triturated into white petrolatum at 5% (w/w) and applied to one volar forearm of the volunteers under semi-occlusive dressing for 24 h. Subsequently, after removal of any excess material with soft tissue paper, test substances were applied. The clearance of the fluorescence was examined daily under UV illumination. Stratum corneum turnover time (SCTT) was the time in days between staining (day 0) and fluorescence disappearance.

One hundred μl of 12% GA in water (pH 7.0) and 0.1% RA in ethanol (pH 7.3), respectively, were applied to both dansyl chloride-labelled and untreated volar forearms using polypropylene chambers (19 mm diameter, Hilltop Laboratories, Cincinnati, OH, USA) on paper adhesive tape (Scapmor, Norgesplaster, Norway) for 60 min once daily (5 consecutive days weekly for 2 weeks). Occlusive application was necessary to avoid spread of the solutions into the adjacent skin. Patches with an erythema score of 3.0 or greater (see below) were not reapplied (further erythema score was arbitrarily assigned a
3.0). Deionized water and ethanol, respectively, served as vehicle controls. The distribution of the chambers was randomized between panelists. Untreated skin served as a control site.

**Instrumental measurements**

Before and during the exposure period, each site was examined prior to reaplication of test substances on days 0, 2, 4, 9 and 11, and after discontinuing treatment, on days 16 and 18. TEWL, as an indicator of stratum corneum integrity, was measured with an evaporimeter (Servo Med, Stockholm, Sweden). TEWL measurements were conducted at ambient conditions (45%–65% relative humidity; 20°C–22°C); volunteers rested at least 15 min before measurements (14). Electrical capacitance as an indicator of stratum corneum hydration (15) was measured in duplicate with a capacitance meter (Corneometer CMS820 PC, Courage & Khazaka, Cologne, Germany).

**Clinical scoring**

With the same time schedule as noted above, each test site on the unexposed forearm was examined and graded for erythema and scaling by the same investigator according to a visual scoring system (16). Erythema: 0 = no erythema; 0.5 = equivocal reaction; 1 = slight erythema, either spotty or diffuse; 2 = moderate, uniform erythema; 3 = intense erythema; 4 = fiery redness with edema. Scoring: 0 = no scale; 1 = minimal, fine; 2 = moderate; 3 = large flake, intense peeling.

The level of fluorescence on the stained forearm was assessed daily in the dark under UV illumination using an arbitrary scale of 0-10, where 10 = brightest fluorescent subsequently after staining (100%) and 0 = no longer fluorescent visibly (0%). SCTT represents the time in days between staining (day 0) and fluorescence disappearance, whereas “SCTT90” describes the time in days from labelling until the level of remaining fluorescence of approximately 50%.

**Statistical analysis**

Differences in clinical scores, TEWL, electrical capacitance, SCTT, and SCTT90 between the treatments were examined for statistical significance using the non-parametric Friedman test. This test affords a two-way analysis of variance by ranks for matched samples. When the Friedman test revealed significant differences between the treatments, multiple comparisons of all groups were conducted by the Wilcoxon-Wilcox tests.

**RESULTS**

**Erythema and scaling**

GA caused a considerable increase in erythema from day 4 to day 11 as compared to its vehicle (p < 0.005); RA significantly produced more erythema than did ethanol (vehicle) from day 9 to day 18 (p < 0.005) (Fig. 1A). GA markedly induced more erythema than did RA from day 9 to day 11 only (p < 0.005). Noteworthy, GA induced few follicular erosions with edema after 5–6 days of exposure in all volunteers. The vehicle controls had no significant influence on erythema.

RA produced scaling to a greater extent than GA from day 9 to day 18 (p < 0.005) (Fig. 1B). At day 18 scaling tended to increase at RA-treated sites. The vehicles alone did not produce significant scaling.

**TEWL**

Comparable to visual scores obtained, TEWL at RA-treated skin remained increased after treatment cessation (Fig. 2). RA markedly increased TEWL more than did GA on days 16 and 18 (p < 0.005). At day 18, TEWL at the exposed sites maintained significantly higher levels than that of untreated skin (p < 0.005), implying that water barrier function of stratum corneum was not yet recovered 7 days after discontinuing treatment. The vehicles had no significant effect on TEWL, although cumulative application of ethanol tended toward elevated TEWL.

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**Fig. 1.** Visual scoring after cumulative application of GA and RA, respectively, compared to the vehicle controls (water and ethanol).

**Fig. 2.** Transepidermal water loss (TEWL) as an indicator of stratum corneum integrity.
Capacitance

GA initially elevated stratum corneum hydration on day 4 but significantly caused skin dryness from day 11 to day 18 \((p < 0.05)\) (Fig. 3). RA reduced stratum corneum hydration more than did ethanol (vehicle) after 9 days of exposure only \((p < 0.05)\) but continued to decrease until day 18 \((p < 0.005)\). However, cumulative application of ethanol caused a significant decrease in stratum corneum hydration on day 11 \((p < 0.05)\), whereas water did not at all stages compared with the untreated skin (control site).

SCCT

Both GA and RA significantly reduced SCCT \((12.8 \pm 0.9 \text{ days and } 15.8 \pm 0.7 \text{ days, respectively})\) more than did their vehicles (water: \(18 \pm 1 \text{ d} \); ethanol: \(17.1 \pm 1.3 \text{ d} \)) \((p < 0.005 \text{ and } p < 0.05, \text{ respectively})\). However, GA shortened SCCT more than did RA \((p < 0.005)\) (Fig. 4). While daily application of water did not alter SCCT \((18 \pm 1 \text{ d})\), cumulative application of ethanol \((17.1 \pm 1.3 \text{ d})\) slightly but significantly reduced SCCT when compared with that of untreated skin (control site) \((18.3 \pm 0.9 \text{ d})\) \((p < 0.05)\).

SCCT\(_{50}\) values did not absolutely match half of the SCCT (Fig. 4), suggesting a different velocity of fluorescence removal at early time points. GA decreased SCCT\(_{50}\), more than did RA \((p < 0.05)\). SCCT\(_{50}\) at water-exposed skin \((10.5 \pm 0.8 \text{ d})\) and ethanol-exposed sites \((10.3 \pm 0.5 \text{ d})\) did not differ significantly from that of untreated skin \((10.7 \pm 0.7 \text{ d})\).

DISCUSSION

This study investigated variances in functional changes in stratum corneum between GA-exposed and RA-exposed sites. The frequently used concentrations of alpha hydroxy acids range from 5% to 15% (3). The chosen dose of 12% (w/v) GA approximates the highest suggested effective alpha hydroxy acid concentration for dry skin and analogous conditions (3). 0.1% RA corresponds to the therapeutic concentration used in practice (17). However, note that the ethanol formulation—which was necessitated due to the poor aqueous solubility of RA—may enhance the percutaneous absorption of RA over the cream commonly employed in clinical practice. Hence, this circumstance should be taken into account when comparing and interpreting the results.

GA, like RA, gradually impaired stratum corneum water barrier function when applied cumulatively. Hence, GA seems to hold a similar ability to alter stratum corneum as RA does. RA-induced changes in TEWL obtained during the exposure period were consistent with the findings of Tagami et al. (18). However, the present study revealed that after discontinuing treatment TEWL in RA-exposed skin continued to increase, suggesting an extended disruption of stratum corneum barrier. Similarly, RA persisted in a declined stratum corneum hydration. Thus, the lengthened increase in TEWL, as well as the long-lasting decrease in stratum corneum hydration induced by RA, may reflect a secondary, delayed cutaneous reaction. This phenomenon suggests a distinct mechanism of action between GA and RA.

The rapidly developing intense erythema and, particularly, follicular erosions with edema followed by GA demonstrated its strong irritancy potential. Whether the aqueous vehicle may be responsible for the convincing reactions is not yet clear. An intense scaling induced by RA is comparable to the effect associated with topical RA in acne therapy (17). Perhaps, the profound scaling provides an RA-specific effect on the skin.

The SCCT of untreated skin \((18.3 \pm 0.9 \text{ days})\) observed here accords with other studies (see 19 for ref.). A significantly shortened SCCT induced by GA and RA indicates that both acids have a substantial influence on stratum corneum cell renewal. However, cumulative application of ethanol also markedly decreased SCCT, indicating that changes in stratum corneum turnover may be, in part, irritant-specific (19, 20). Since SCCT in GA-exposed skin was markedly shorter than that at RA-exposed sites, GA seems to be a convincing accelerator of stratum corneum cell renewal. Either increasing concentration (from 0.1% to 10%) or decreasing pH (from pH 9 to pH 3) of GA may enhance its ability to stimulate cell renewal (21). Nonetheless, it was not clear in the report whether or not the possible distinct irritant effects observed in the two different groups were related to the cell renewal rates.

The SCCT\(_{50}\) revealed a rapid fluorescence elimination induced by GA and RA at the early period. Since differences
in SCTT_{50} between the vehicle controls were statistically insignificant, it is intriguing to hypothesize that substances with a strong irritation potential may only have a crucial influence on SCTT_{50}. However, the mode of action leading to the data of SCTT_{50} remains to be determined.

Interestingly, since GA produced less scaling than did RA, scaling as a visible desquamative or exfoliative effect may not necessarily be associated with an increase in stratum corneum cell renewal. However, the results cannot be compared with the studies by Smith (21) reporting a corresponding increased number of corneocytes, since the study designs were different. Whether objective measurements of squamae or number of corneocytes under similar conditions would result in a similar outcome needs further study.

Taken together, in this assay both GA and RA exhibited irritation. However, RA-induced functional changes in stratum corneum lasted even after discontinuing treatment, suggesting a different mechanism. The irritation properties of the compounds may be, in part, responsible for an increase in stratum corneum cell renewal. Nevertheless, the data from the forearm may not extrapolate to the face – the typical application site of both substances.

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