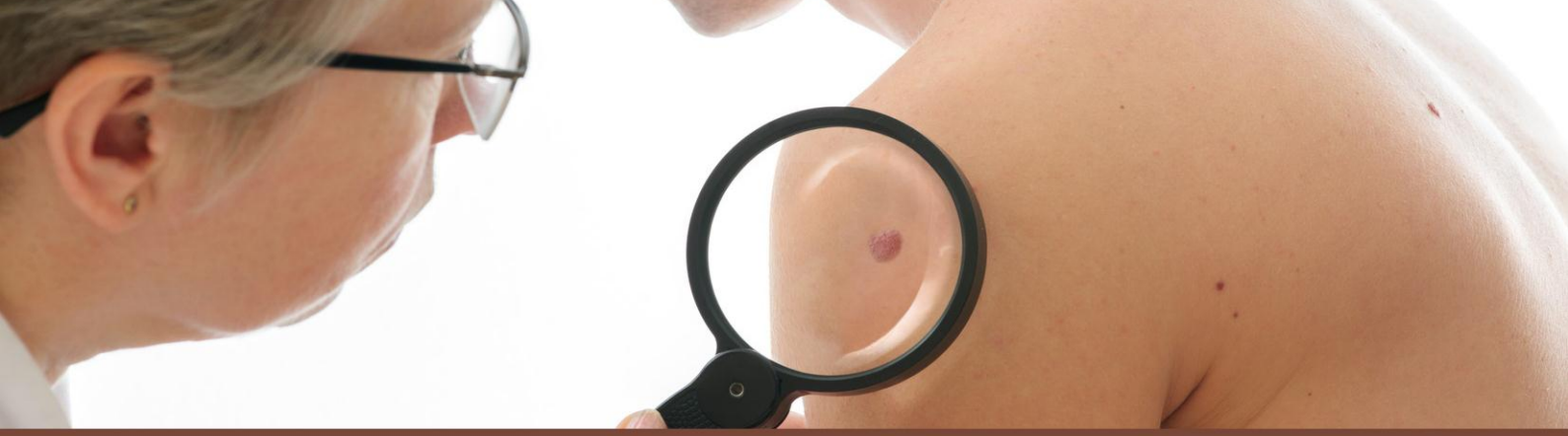

433 Teams

DERMATOLOGY

Lecture (2)

Acne Related Disorders

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Objectives:

Color index:	slides,	doctor notes,	432 notes

Rosacea:

- facial flushing
- erythema
- telangiectasia
- coarseness of skin
- inflammatory papulopustular eruption resembling acne

type:

- Erythematotelangiectatic type
- Papulopustular
- Phymatous
- Ocular

Erythematotelangiectatic type:

- Central facial flushing, often accompanied by burning or stinging
- Redness usually spares the periocular skin
- Skin typically has a fine texture that lacks a sebaceous quality characteristic of other subtypes
- Erythematous areas of the face at times appear rough with scale, likely due to chronic, low-grade dermatitis
- Frequent triggers to flushing include acutely felt emotional stress, hot drinks, alcohol, spicy foods, exercise, cold or hot weather, and hot baths and showers
- Patients report that the burning or stinging is exacerbated when topical agents are applied

Papulopustular rosacea:

This is the classic presentation of rosacea; features include the following:

- Patients are typically women of middle age
- Patients usually present with a red central portion of the face containing small erythematous papules surmounted by pinpoint pustules
- Patient may describe a history of flushing
- Telangiectasias are likely present but may be difficult to distinguish from the erythematous background in which they exist

Phymatous rosacea:

- Marked skin thickenings and irregular surface nodularities of the nose, chin, forehead, 1 or both ears, and/or the eyelids

Ocular rosacea:

- Blepharitis
- Conjunctivitis
- Inflammation of the lids and meibomian glands
- Interpalpebral conjunctival hyperemia
- Conjunctival telangiectasias

Treatment:

- control triggers
- First line : Topical metronidazole
- Topical azelaic acid
- sulfacetamide products
- topical acne medications
- Topical and oral antibiotics

Neonatal Acne:

- First four weeks of life
- Develops a few days after birth
- Facial papules or pustul (inflammatory Comedones on nose and cheeks)
- Cases that persist beyond 4 weeks or have an onset after
- R/O acne cosmetic ,acne venenata ,drug-induced acne

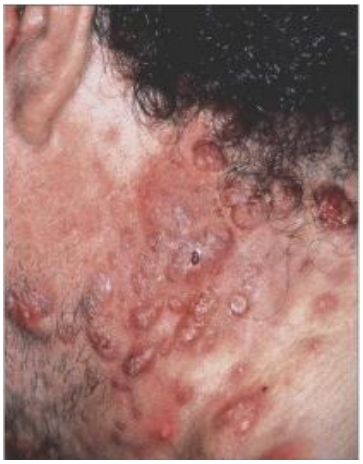
SAPHO Syndrome:

- **S**ynovitis**, A**cne ,**P**ustulosis ,**H**yperostosis, and **O**steomyelitis
- Acne fulminans ,acne conglobata ,pustular psoriasis, and palmoplantar pustulosis
- Chest wall is most site of musculoskeletal complaints.

Nothing specific expect a combination of all these conditions at the same time.

Acne Conglobata:

- Conglobate :shaped in a rounded mass or ball
- Severe form of acne **characterized by: numerous comedones ,large abscesses with sinuses ,grouped inflammatory nodules**(found on the chest,the shoulders, the back, the buttocks, the upper arms, the thighs, and the face)
- Suppuration
- Cysts on forehead, cheeks, and neck.
- Occurs most frequently in young men
- Follicular Occlusion Triad :acne conglobata , hiradenitis suppurva ,cellulitis of the scalp
- Heals with scarring



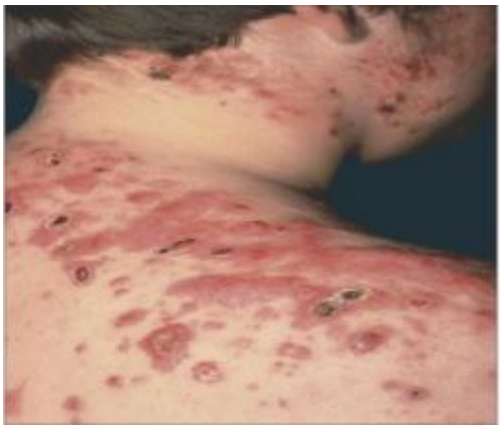
Treatment:

- **<u>oral isotretinoin for 5 month.</u>**
- Systemic STEROIDS if systemic symptoms are evident.

Acne conglobate :sever cystic acne with more involvement of the trunk than the face .Coalescing nodules,cyst,abscess,and ulceration.occurs also on buttocks

Acne Fulminans:

- Rare form of extremely severe cystic acne Teenage boys, chest and back.
- Rapid degeneration of nodules leaving ulceration.
- Fever, leukocytosis ,arthralgias are common.



Treatment: <u>oral steroids, isotretinoin</u>.

- The primary Features of this disease include SUDDEN ONSET, severe and often ulcerating acne, fever, polyarthritis, and failure to respond to antibacterial therapy.

Tropical Acne:

- Nodular, cystic, and pustular lesions on back, buttocks, and thighs
- Face is spared
- Young adult military stationed in tropics.
- Tropical acne arises in tropical climates because of heat, humidity, sun and sweat. Sometimes called summer acne.
- Tropical acne with sever folliculitis,inflammatory,nodules,drainig cyst on trunk and buttocks in tropical climates. Secondary infection with **staph.aures**

Acne Venenata:

- Contact with acnegenic chemicals can produce comedones (Chlorinated hydrocarbons, cutting oils, petroleum oil, coal tar)
- **Radiation therapy**

Acne Detergicans:

- Patients wash face with comedogenic soaps **Closed** comedones
- **Treatment:** wash only once or twice a day with non-comedogenic soap.

Acne Cosmetica:

- Closed comedones and papulopustules on the chin and cheeks
- triggered by the use of cosmetics e.g makeup.
- May take months to clear after stopping cosmetic product
- Pomade Acne ;blacks, males, due to greases or oils applied to hair.
- When a cosmetic product accumulates within the follicle, the pore becomes blocked. Excess skin oil builds up, clogging the pore and creating an acne .

Acne Aestivalis:

- Aka ;Mallorca acne
- Rare, females 25-40 yrs
- Starts in spring, resolves by fall
- Small papules on cheeks, neck ,upper body
- Comedones and pustules are sparse or absent.
- **Treatment:** retinoic acid ,antibiotics don't help

Excoriated Acne:

- Aka ;picker's acne
- Girls, minute or trivial primary lesions are made worse by squeezing
- Crusts, scarring, and atrophy
- **Treatment:** eliminate magnifying mirror, r/o depression.
- When a person spends hours in front of a mirror squeezing and picking at every blemish, the condition is termed "excoriated acne." Usually leads to permanent scarring.

Acneiform Eruptions:

- Originate from skin exposure to various industrial chemicals
- Papules and pustules not confined to usual sites of acne vulgaris
- Chlorinated hydrocarbons, oils ,coal tar
- Oral medications ;iodides, bromides, lithium, steroids (steroid acne).Usually lack comedones clinically.

Gram Negative Folliculitis:

- Occurs in patients treated with antibiotics for acne over a long-term

Enterobactor ,Klebsiella ,Proteus Anterior nares colonized

- **Treatment:** isotretinoin, Augmentin.
  - May occur as a complication in patients with acne vulgaris.

Acne Keloidalis:

- Folliculitis of the deep levels of the hair follicle that progresses into a perifolliculitis
- Occurs at nuchal area in blacks or Asian men
- Not associated with acne vulgaris
- Hypertrophic connective tissue becomes sclerotic, free hairs trapped in the dermis contribute to inflammation
- **Treatment:** intralesional Kenalog, (Intralesional steroid injection involves a corticosteroid, such as triamcinolone acetonide or betamethasone suspension, which is injected directly into a lesion on or immediately below theskin) surgery.

Hiradenitis Suppurativa:

- Disease of th**e apocrine gland**
- Axillae, groin, buttocks, also areola
- Obesity and genetic tendency to acne
- Tender red nodules become fluctuant and painful
- Rupture, suppuration, formation of sinus tracts
- Most frequently axillae of young women
- Men usually groin and perianal area
- Follicular keratinization with plugging of the apocrine duct; dilation and inflammation
- Oral antibiotics, culture S .aureus, gram-negatives
- Intralesional steroids, surgery
- Isotretinoin helpful in some cases

Dissecting cellulitis of the scalp:

- Uncommon suppurative disease
- Nodules suppurate and undermine to form sinuses
- Scarring and alopecia
- Adult black men most common ,vertex and occiput
- **Treatment:** intralesional steroids, isotretinoin, oral abx ,surgical incision and drainage.

Pyoderma Faciale:

- **Postadolescent girls**, reddish cyanotic erythema with abscesses and cysts
- Distinguished from acne by absence of comedones ,rapid onset, fulminant course and absence of acne on the back and chest
- **Treatment:** oral steroids followed by isotretinoin.

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