

Acne Variants

Kurt Gebauer

Freemantle, Western Australia, Australia

Acne vulgaris is easily diagnosed and satisfying to treat, and it usually responds to simple therapies. In contrast, the management of uncommon acne variants is often much more complex.



Fig. 1. This young boy with infantile acne presented at the age of 3 months with lesions that had been present since birth. A biopsy taken by a plastic surgeon had confirmed cystic acne. There were no systemic symptoms. General examination and review by a pediatrician indicated that the infant was otherwise normal. His condition resolved very slowly with systemic erythromycin and benzoyl peroxide. There was some residual scarring. All the lesions had resolved by the age of 12 months.



Fig. 2. This 35-year-old male with acne conglobata had had acne for most of his life. The lesions had not improved with any previous therapy, and he required isotretinoin for eventual control, although this was not achieved without consequent severe scarring. The patient was nevertheless satisfied to have most of his lesions resolved and accepted the scarring.

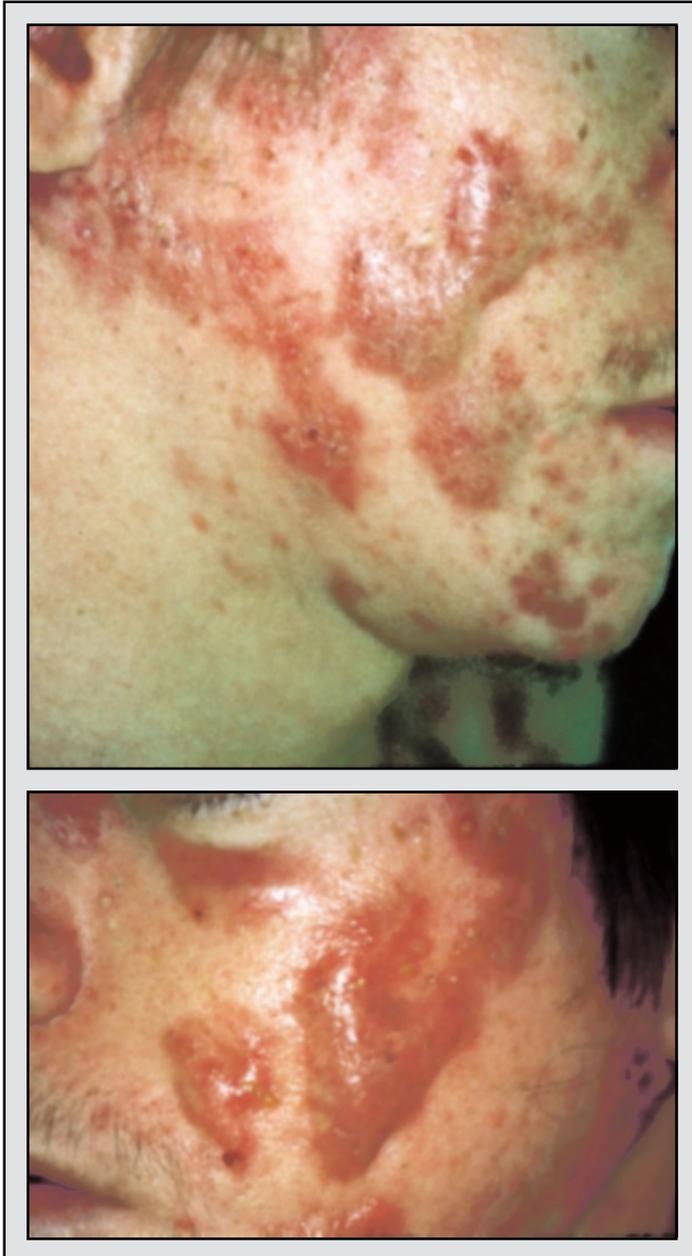


Fig. 3. This 14-year-old schoolboy suddenly developed severe cystic acne, high fever, arthralgias and elevated white blood cell count. He had commenced treatment with isotretinoin 2 months previously for moderate cystic acne, and it appeared that this had precipitated this episode of acne fulminans. All the lesions shown appeared over a 2-week period. His management was complicated by depression as well as refusal to attend school. There was significant post-treatment scarring, which required dermabrasion as well as more complex surgical procedures for improvement.



Fig. 4. This young Thai oil-refinery worker had chlor-acne. He was contaminated by organochlorides in a fire at his refinery. There are no systemic changes and the lesions have been present for some years (courtesy of Dr Tom Delaney).



Fig. 5. This 24-year-old woman with pyoderma faciale had an uneventful pregnancy 5 months previously. After delivering a normal baby girl by spontaneous vaginal delivery, she developed sudden explosive acne. When this photograph was taken, her lesions had been present for about 2 months. She was managed with isotretinoin. Patients who have developed pyoderma faciale are often subject to recurrences and may have significant scarring.



Fig. 6. This 23-year-old Asian woman previously had minimal acne. She presented shortly after her final university exams and was due to return home to Malaysia after 6 years of post-graduate studies in Australia. She had been extremely stressed about the outcome of her examinations as well as about her impending return to her previous home life and culture. Her condition is a variant of acne excoriée des jeunes filles. This is characterized by excoriation of acne lesions and usually occurs in female patients. She was treated and her condition resolved rapidly with low dose oral antibacterial therapy, in this case minomycin 50mg twice daily, and azelaic acid cream. Patients with acne excoriée des jeunes filles are very difficult to treat. Aggressive standard acne therapies are appropriate for patients such as the woman in this case. This will reduce the severity and number of lesions so that few are left to excoriate. For those patients with the variant seen in figure 7, treatment of the underlying psychological or psychiatric condition is paramount. These patients need to be seen frequently and rapport established for successful management.



Fig. 7. This 34-year-old office worker has an excoriated weeping ulcer on her right ear which had failed to heal over more than 4 months. This is an uncommon form of acne excoriée des jeunes filles that involves patients who have considerable personality or psychiatric problems, most commonly an obsessive disorder. Biopsy revealed granulation tissue only. Severe trauma had been inflicted on the facial tissue, leaving significant linear scarring. She has an extensive psychiatric history and has not improved with a course of isotretinoin. At present she has no lesions, but continues to develop ulcerated areas on her face and scalp. Her prognosis is poor.