ACNE & RELATED DISORDERS

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Disclosures

• We do not have any relevant disclosures.
Cleveland before June 2016
Cleveland after June 2016
Overview

• Acne Vulgaris
  – Pathogenesis
  – Clinical Features
    • Variants
  – Treatments
• Rosacea
  – Pathogenesis
  – Classification & clinical features
    • Rosacea-like disorders
  – Treatment

• Folliculitis & other follicular disorders
Acne vulgaris

• Pathogenesis
  • Multifactorial
    • Genetics – role remains uncertain
    • Sebum – hormonal stimulation
    • Comedo
    • Inflammatory response
    • Propionibacterium acnes
    • Hormonal influences
    • Diet

Acne vulgaris

• Clinical Features
  • Face & upper trunk
  • Non-inflammatory lesions
    • Open & closed comedones
  • Inflammatory lesions
    • Pustules, nodules & cysts
  • Post-inflammatory hyperpigmentation
  • Scarring
    • Pitted or hypertrophic
Acne variants

• Acne fulminans
• Acne conglobata
  • PAPA syndrome
• Solid facial edema
• Acne mechanica
• Acne excoriée
• Drug-induced
Acne variants

- Occupational
- Chloracne
- Neonatal acne (neonatal cephalic pustulosis)
- Infantile acne
- Endocrinological abnormalities
- Apert syndrome
Acne variants

• Acneiform eruptions
• Tropical acne
• Radiation acne
• “Pseudoacne” of the transverse nasal crease
• Idiopathic facial aseptic granuloma
• Childhood flexural comedones
## Treatment

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<th>Mild</th>
<th>Moderate</th>
<th>Severe</th>
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<tbody>
<tr>
<td><strong>1st Line Treatment</strong></td>
<td>Benzoyl Peroxide (BP) or Topical Retinoid or Topical Combination Therapy** or BP + Antibiotic or Retinoid + BP or Retinoid + BP + Antibiotic</td>
<td>Topical Combination Therapy** or BP + Antibiotic or Retinoid + BP or Retinoid + BP + Antibiotic -or- Oral Antibiotic + Topical Retinoid + BP -or- Oral Antibiotic + Topical Retinoid + BP + Topical Antibiotic</td>
<td>Oral Antibiotic + Topical Combination Therapy** or BP + Antibiotic or Retinoid + BP or Retinoid + BP + Antibiotic -or- Oral Isotretinoin</td>
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<tr>
<td><strong>Alternative Treatment</strong></td>
<td>Add Topical Retinoid or BP (if not on already) or Consider Alternate Retinoid or Consider Topical Dapsone</td>
<td>Consider Alternate Combination Therapy -or- Consider Change in Oral Antibiotic -or- Add Combined Oral Contraceptive or Oral Spironolactone (Females) -or- Consider Oral Isotretinoin</td>
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Zaenglein et al. JAAD. 2016.
Rosacea

• Pathogenesis
  • Unknown and remains controversial
  • Dysregulation of the innate immune system
    • Increased expression cathelicidiin (LL-37), AMP, kallikrein 5 (KLK5)
  • Microorganisms
    • Demodex folliculorum, Staphylococcus epidermidis, Helicobacter pylori, Baccilus oleronius
  • UV light radiation
  • Neurogenic dysregulation
  • Abnormal barrier function
Rosacea

• Classification & clinical features
  • Erythematotelangiectatic (ETR)
  • Papulopustular (PPR)
  • Phymatous
  • Ocular
Rosacea-like disorders

- Lupus miliaris disseminata facei
- Roscea fulminans
- Morbihan’s disease
- Periorificial dermatitis
- Rosaceiform dermatitis
- Steroid-induced rosacea
- Pityriasis folliculorum
- Haber’s syndrome

Treatment

• Educate patient on the chronic and intermittently flaring nature of this skin condition

• Based on subtype and severity
  • ETR
  • PPR
  • Phymatous
  • Ocular
Treatment of rosacea-like disorders

- Morbihan’s Disease
- Periorificial dermatitis
- Rosaceiform dermatitis
- Steroid-induced rosacea
- Pityriasis folliculorum
Folliculitis

- Superficial folliculitis
- Eosinophilic folliculitis
- AIDS-associated eosinophilic folliculitis
- Eosinophilic pustular folliculitis of infancy
- Disseminated and recurrent infundibulofolliculitis
Treatment

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Folliculitis

- Deep folliculitis
  - Sycosis
  - Pseudofolliculitis barbae
  - Acne keloidalis
  - Follicular occlusion tetrad
  - Hidradenitis suppurativa
Treatment

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Other follicular disorders

- Disorders of follicular keratinization
  - Erythromelanosis follicularis faciei
  - Keratosis pilaris atrophicans
  - Lichen spinulosus
  - Phrynoderma
- Trichostasis spinulosa
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Resources


