

Acne



Disease

Acne Vulgaris

Acne Fulminans

Acne Conglobata

Presentation

1. Closed comedone
2. Open comedone
3. Papulopustular
4. Nodular

Nodules, friable plaques, erosions, and ulcers

Nodular, large, draining lesions, severe scarring, paired blackheads

Location

Areas of the body with large, hormonally responsive sebaceous glands, including the face, neck, chest, upper back, and upper arms

Lesions usually involve the trunk but may be present elsewhere

Most prominent on the back, chest, and buttocks, but can also appear on the face or other sites

Comorbidities

May be present with increased sinus infections, asthma, non-asthmatic lung disease, abdominal pain, nausea and food allergies, and psychiatric disorders

May occur with systemic symptoms (e.g., fever, malaise, bone pain, arthralgias), erythema nodosum, and laboratory and radiologic abnormalities

Associated with hidradenitis suppurativa


Population

Most frequent in adolescents and young adults. Often begins in the preadolescent periods (7-12 years old)

Typical onset in adolescence

Most common in young adults. Rarely seen in children and older adults

Acne Continued

Disease	Acne Vulgaris	Acne Fulminans	Acne Conglobata
Causes	Inflammatory disorder of the pilosebaceous unit	Pathogenesis is unclear	Deep burrowing abscesses interconnect with each other via sinus tracts
Treatments	<p>Mild: Topical benzoyl peroxide +/- topical antibiotic OR topical retinoid + topical antibiotic combinations</p> <p>Moderate: Oral antibiotic +/- topical retinoid +/- benzoyl peroxide OR topical retinoid +/- benzoyl peroxide +/- topical antibiotic</p> <p>Severe: Oral antibiotic + topical/oral retinoid +/- benzoyl peroxide OR oral isotretinoin</p>	<p>Oral glucocorticoids (typically, prednisone 0.5 to 1 mg/kg per day) and oral isotretinoin</p> <p>For patients with isotretinoin-induced acne fulminans (with or without systemic symptoms), discontinue isotretinoin immediately and treat similarly to patients without isotretinoin-induced disease</p>	<p>Oral isotretinoin OR low initial doses of isotretinoin (0.5 mg/kg per day or less)</p> <p>+ systemic glucocorticoids before or during isotretinoin therapy</p>
Additional Images	 <p style="text-align: right;">4</p>	 <p style="text-align: right;">5</p>	 <p style="text-align: right;">6</p>

References

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Image Citations

1. Oakley, A., Morrison, C., & Ngan, V. (2014, June). Acne vulgaris. Acne Vulgaris: Features, Types, and Treatments - DermNet. <https://dermnetnz.org/topics/acne-vulgaris>
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6. Schwartz, R., & Zaba, R. (2022, May 10). Acne Conglobata Clinical Presentation. History, Physical Examination. <https://emedicine.medscape.com/article/1072716-clinical?form=fpf>