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TYPES AND VARIANTS OF ACNE



Dermatology

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ABSTRACT

Acne occur when pores of skin are blocked with oil, dead skin, or bacteria. It can occur when excessive oil is produced by follicles, bacteria build up in pores, and dead skin cells accumulate in pores. All these problem contribute in development of pimple. Acne are majorly seen among teenagers but they can also occur in adults. There are varying from of acne, and their varying treatment.

KEYWORDS

1.INTRODUCTION

Acne is linked to the change in hormone level during puberty. Acne is a disorder that is seen worldwide. Acne is a disease of the teenagers but can be seen even in newborn children and also adults. Age and gender also play a very important role in onset of acne. Acne most commonly occur between the ages of 10-13 years. Girls have an earlier onset which easily contribute to the onset of puberty in girls than in boys. The disease severity in more in boys during the late adolescence. Acne mostly develops on areas of skin that have abundant oil glands, like the face, chest, back and shoulders. It builds up in the sebaceous gland. Thought hormones are the primary cause of acne, environmental factors also play an important role in eruption of acne. Various aspects of acne are also influenced by genetics.

2.BODY

Clinical manifestation of acne is so variable due to various other associated factors. Many varieties of acne and acne-like disorders have been studied. The various types of acne are listed below.

2.1Adult onset acne (Acne Tarda)

Adult onset acne or late onset acne is defined as acne lesions developing for the first time after the age of 25 years. It affects up to 15% of women and is less common in men. Drugs are known to induced acne is adulthood. Face is the predominant site affected in women, and the role of cosmetics in the induction of clinical disease has been clearly excluded by studies.

3.2 Acne Conglobata

Acne conglobate is a relatively rare but not uncommon type of severe acne. The word conglobate refers to rounded mass. Boys are commonly affected than girls. The onset of acne conglobata is during is during the teens but the lesions tends to continue and extend into adulthood. The disease involve face, neck and trunk and in severe cases may extend to the things and arms.

Features	Chloracne	Acne vulgaris
History	Exposure to chloracne genes	Family history of acne
Age of onset	Any age depending on exposure	Adolescent
	Malar, mandibular Temporal and retroauricular	Midfacial (T-zone)

3.3 Acne Fulminans

Acne fulminans is also called as acne maligna. This is the most severe form of acne with systemic symptoms mostly seen in males. Unlike other forms of acne, here trunk is more severely affected than face. It was Plewig and Kligman, who emphasized that sudden onset,

Acne Varieties			
1)Late/adult onset acne	8) Tropical acne		
2)Acne conglobate	9) Acne aestivalis		
3)Acne fulminans	10) Psudoacne of the nasal crease		
4)Occupational acne	11) Acne cosmetica		
5)Acne mechanica	12) Pomade acne		
6)Gram-negative folliculitis	13) Drug-induced acne		
7)Radiation acne	14) Steroid acne		

severe lesions, and systemic upset are characteristic features of acne fulminans.

Acne fulminans has been found to be associated diseases, such as

pyogenic arthritis, pyoderma gangrenosum, and acne (PAPA) syndromes.

3.4 Occupational Acne

Occupational acne is defined as development of acne-like lesions after exposure to occupational agents in persons not prone to develop acne and who have not had acne before engaging in the said occupation. Occupational acne is also referred to as chemical acne and chloracne. The following variants are included under occupational acne:

ulcerative colitis and Crohn's disease and syndromes, such as

synovitis, acne, pustulosis, hyperostosis, and osteitis (SAPHO) and

- Chloracne
- · Pomade/oil acne
- · Coal/pitch acne.

Differentiating features between chloracne and acne vulgaris

3.5 Acne Mechanica

As the name implies, these are lesions that result from prolonged mechanical trauma to the skin. Occlusion, pressure, and friction are common physical insults resulting in acne mechanica. In certain occupations where facemasks and other occlusive clothing, including straps and belts are used, acne mechanica is a common problem. The eruptions are inflammatory papules and pustules and occasionally deep-seated nodules appearing in crops.

3.6 Gram-negative Folliculitis

Treatment of acne with continuous long-term administration of oral antibiotics may lead a condition called Gram-negative folliculitis. The commonly reported antibiotic causing Gram-negative folliculitis is oral tetracycline.

3.7 Radiation Acne

Both UV radiation and ionizing radiation can induce acneiform eruptions. Following acute face radiation, dermatitis, comedo-like papules develop over the sites of external beam radiation therapy. Favre-Racouchot syndrome is seen in old people who have had excessive exposure to sunlight.

3.8 Tropical Acne

Persons working in extreme heat and those working in the tropical climates develop follicular lesions which may really be disabling. Tropical acne is common in those working in the furnace where they have to work in scorching heat or those who work in tropical zones with thick clothing.

3.9 Acne Aestivalis

Acne aestivalis is also known as Mallorca acne as it was reported from Mallorca in Europe. The lesions start as monomorphous eruption consisting of erythematous papules of uniform size occurring soon after exposure to sun.

3.10 Pseudoacne of the Nasal Crease

Development of acneiform papules over the transverse nasal crease is common in the pre-adolescent children.

3.11 Acne Cosmetica

The term acne cosmetica is used in the broader sense to refer to any acneiform eruption resulting from the use of cosmetics. This will encompass both comedogenic and acneigenic products.

3.12 Acne Associated with Psychological Problems

Acne is one of the common psychocutaneous disorder. Though acne vulgaris is seen in as high as 85% of teens, not all have psychological problem. Acne excoriee is a classic example of acne associated with psychological problem.

3.13 Acne Excoriee

Acne excoriee is seen predominantly in adolescent girls. Acne excoriee is frequently associated with stress and considered as a selfinflicted condition. The affected individual is said to be compulsively picking acne lesions.

EATING DISORDER

It has been reported that acne and anorexia nervosa are associated. These two conditions can complement each other adversely.

3.14 Granulomatous Acne

Granulomatous acne also referred to as acne agminata is commonly seen in young adults though any age can be affected. Clinically, acne agminata is characterized by the presence of deep-seated nodules commonly involving the cheeks.

3.15 Drug-induced Acne

The most common of all drug-induced acne, "steroid acne" tops the list. The other drugs causing acneiform eruptions are given in table given below.

Dr	Drug-inducing acneiform eruptions				
•	Anticonvulsants	•	Antimalarial		
1.	Carbamazepine	2.	Quinine		
•	Antidepressants	•	Vitamin B ₁₂		
3.	Lithium				
4.	Sertraline				
•	Antitubercular				
1.	Isoniazid				

3.16 Steroid Acne

Prolonged treatment with corticosteroid both topically applied and systemically taken including oral, nasal, and parenteral routes of administration ends up in acneiform eruption. Steroid acne is much more common with usage of potent topical steroids used with occlusion.

3.CONCLUSION

The three drugs which have been prove effective in treating acne are: antibiotics, benzoyl peroxide, and retinoids.

A.Benzoyl peroxide: target bacteria present on the surface. Can cause irritation, one of the most common side effect.

- it kills bacteria
- Works quickly
- Prevent antibiotic resistance
- It's a great first line treatment of acne.

B.Retinoids: these are derivatives of vitamin A. It helps in the production of new collagen. It not only kill the acne and reduce its occurrence but also helps in removing the acne scars. Retinoid pills treat oil production, bacteria that causes acne and inflammation. It's majorly causes Redness, swelling, crusting, or blistering.

C.Antibiotics: Oral antibiotics are best used with topical retinoids and benzoyl peroxide. It helps by reducing oil production, speeding up skin cell turnover, fighting bacterial infection or reducing inflammation which helps prevent scarring. It can take many months or years for your acne to clear up completely. Examples: clindamycin with benzoyl peroxide (Benzaclin, Duac, Acanya) and erythromycin with benzoyl peroxide (Benzamycin).

Many other therapies are used like:

- a) Lasers and photodynamic therapy.
- b) Chemical peel.
- Extraction of whiteheads and blackheads. c)
- Steroid injection.

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