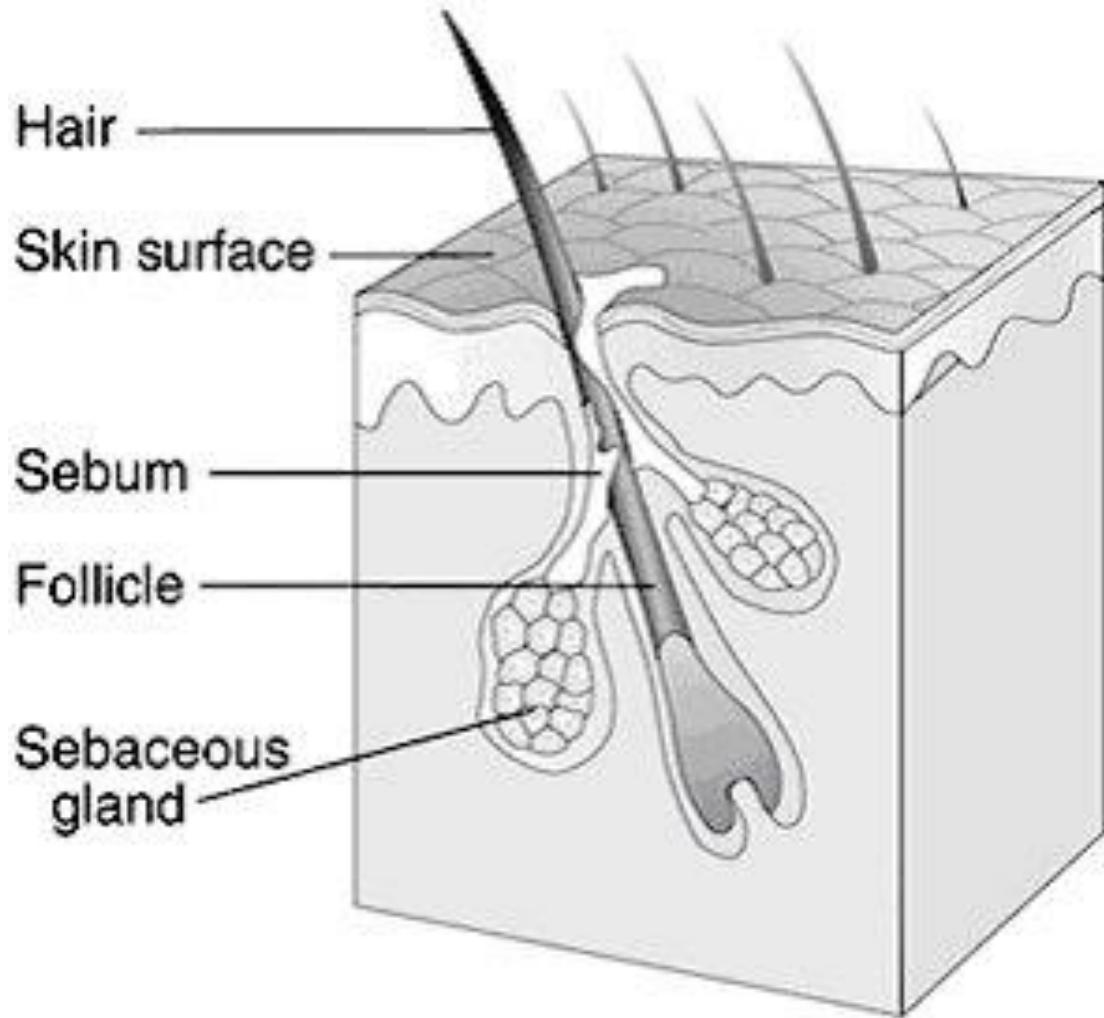


# **Disorders of Sebaceous Glands**

**Dr. Amal Alerebi**

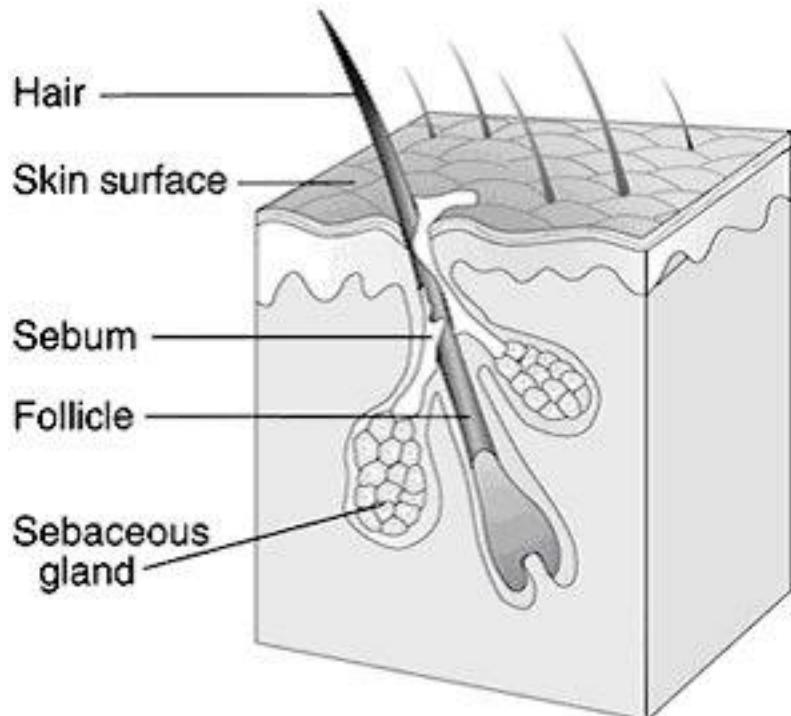
# **Disorders of Sebaceous Glands**

- 1. Acne.**
- 2. Rosacea.**



# Acne vulgaris

**Acne Vulgaris** is  
a disorder of  
pilosebaceous follicles .  
Characterized by  
polymorphic eruption  
including papules,  
nodules, pustules and  
cysts.

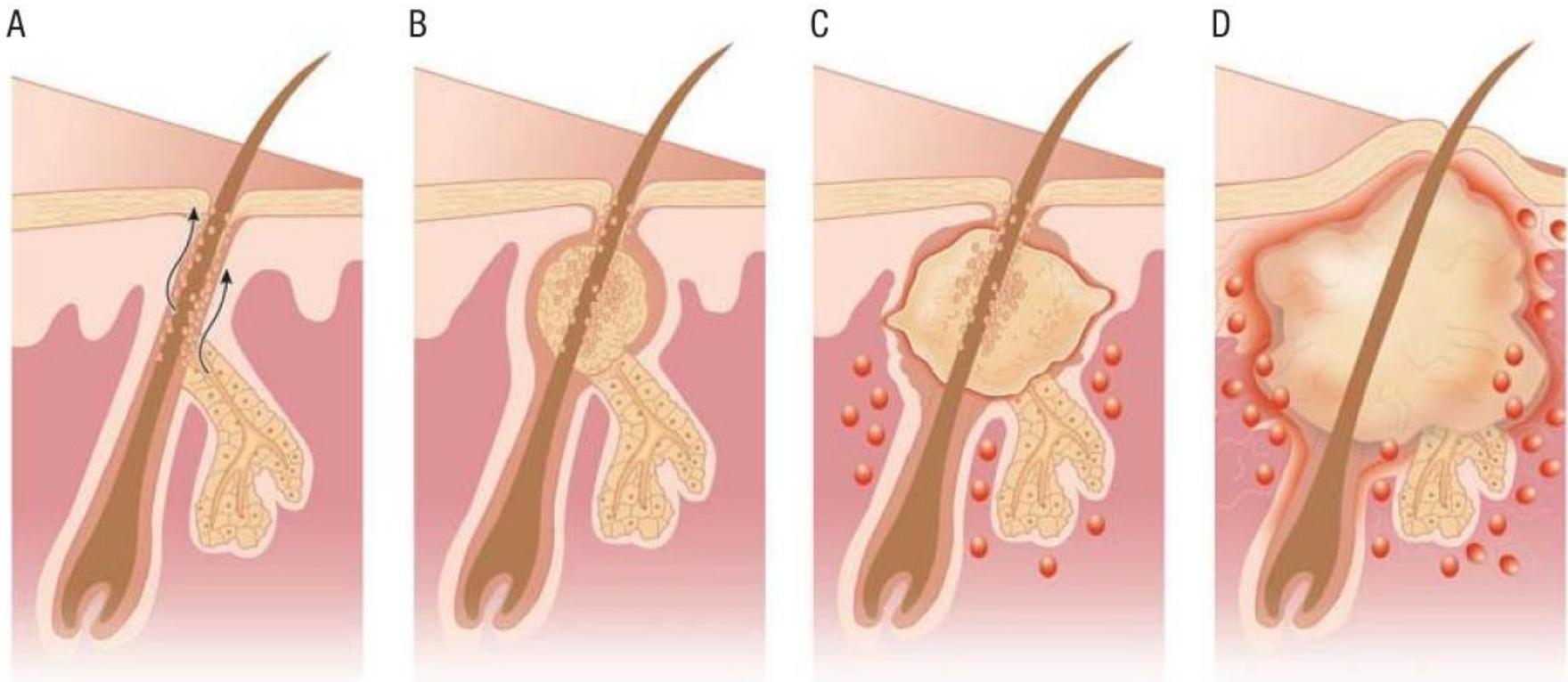


- It classically seen during adolescence , affects the skin of face and upper part of trunk.
- Pathognomonic skin lesion of acne is comedones

# Acne Etiopathogenesis

1. Increased sebum production.
2. Propinobacterium acne.
3. Hyperkeratinization of PS duct.
4. Inflammation.

# Acne Etiopathogenesis



1. Increased sebum.
2. *Propionibacterium acne*.
3. Hyperkeratinization of PS duct.
4. Inflammation.

# Clinical features

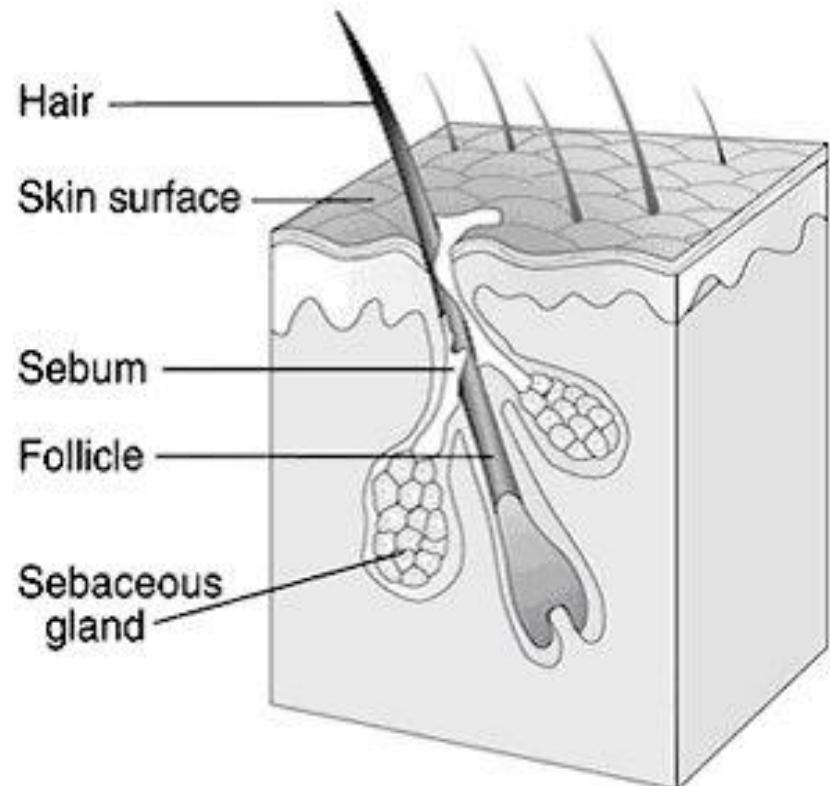
## ❑ Non-inflammatory skin lesion.

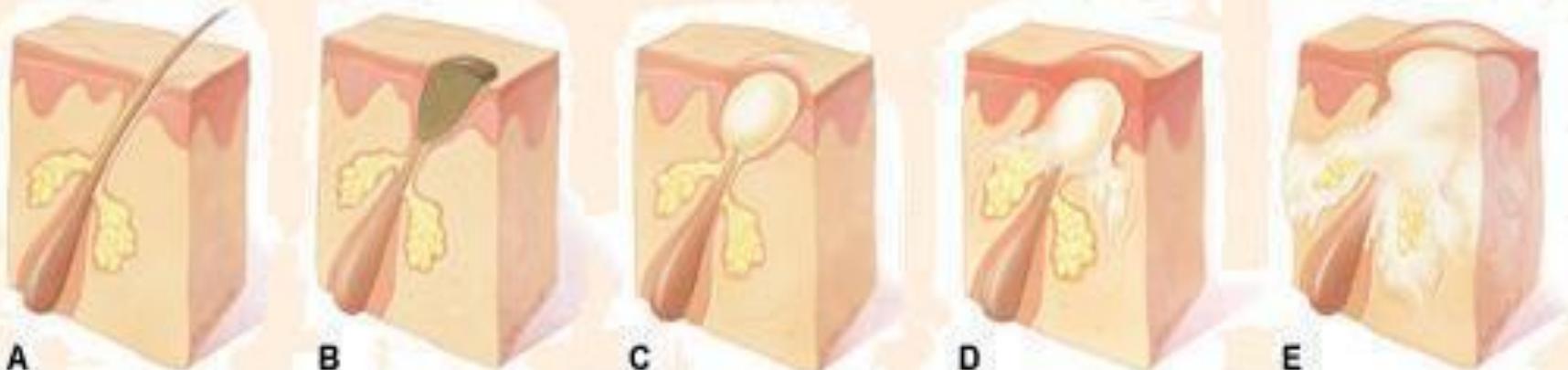
### Comedones

- open black head
- closed white head

## ❑ Inflammatory skin lesion.

- Papules.
- Pustules
- Nodules.
- Cysts.
- Scarring





(A) Normal follicle; (B) open comedone (blackhead);  
(C) closed comedone (whitehead); (D) papule; (E) pustule.

Closed comedon whitehead

Open comedon blackhead



# Clinical types of acne

1. Neonatal acne
2. Infantile acne
3. Acne fulminans
4. Acne Conglobata.
5. Acne mechanica.
6. Acne excoriée.
7. Occupational acne.
8. Acne cosmetica.
9. Tropical acne.
10. Drug-induced acne.

# Neonatal acne

appear at 2 wks of age , resolve spontaneously,  
comedons are absent.



# Infantile acne

presents at 3 – 6 months of age, comedons formation, may leads to scaring.



# Acne fulminans

ulcerative lesions, scaring, sys. Symptoms ( arthralgias, myalgia, bone pain, wt. Loss, Hsmegaly, fever, leukocytosis, high ESR )



# Acne Conglobata.

Severe nodulocystic acne, healing with keloid scar.



# Acne mechanica.

Mechanical obstruction of PS outlet



# Acne excoriée.

Young women , ?? psych. Componant



# Occupational acne.



# Acne cosmetica.



Dermatologia Online

# Tropical acne.



# Drug-induced acne

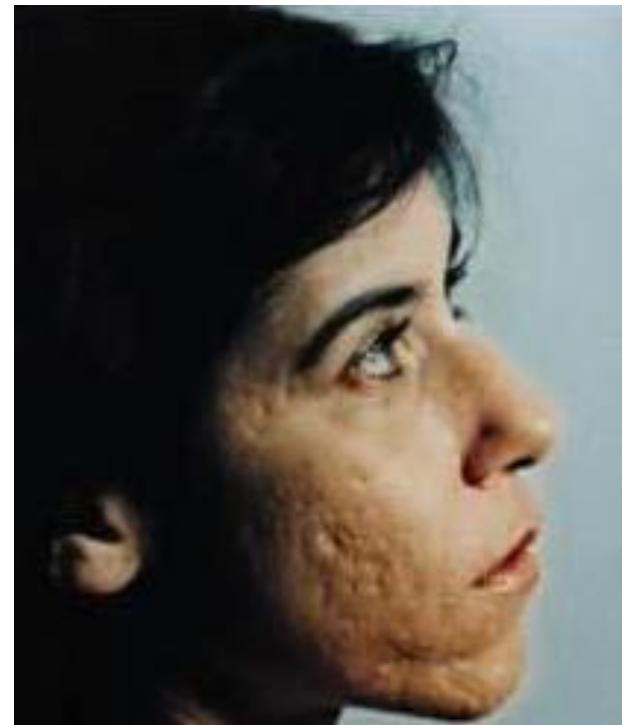
corticosteroids, anabolic steroids, iodides & bromides, phenytoin and lithium



# Nodulocystic Acne



# Acne scars



# Acne Treatment

## TOPICAL

1) Benzoyl peroxide (2.5% - 10%).

2) Topical antibiotics.

A. Erythromycin.

B. Clindamycin.

3) Topical retinoids.

A. Tretinoin ( Retin-A )

B. Isotretinoin ( Isotrex )

C. Adapalene ( Differin )

4) Azelaic acid (20%).

# SYSTEMIC

- 1) Oral Antibiotics.
- 2) Retinoids.
- 3) Hormonal

# Isotretinoin

- Synthetic derivative of vitamin A (13 cis retinoic acid )
- Indicate in nodulo-cystic acne, acne conglobata or patients who not respond to treatment
- Reduce sebum production, decrease follicular keratinization, antiinflammatory effect
- Dose 0.5-1 mg \kg\day for 4-6 months

- SIDE EFFECTS
- Teratogenicity (C\I) in women of child-bearing age
- Dryness of skin & m.m
- Arthralgia & myalgia
- Hyperlipidemia & TG
- Benign ICH

# Rosacea

- Rosacea is a chronic inflammatory disorder affecting the skin of face characterized by one or all of these lesions erythema , telangiectasia, papules, and pustules but no comedones. Rosacea more common in females but more severe in males.

# Rosacea



D@nderm

# Clinical features

There are four subtypes of rosacea:

- Erythemato-telangiectatic.
- Papulo-pustular.
- Phymatous.
- Ocular rosacea.

- Erythemato-telangiectatic
- Recurrent erythema-----permant erythema-----telangiectasias
- Alae nasi , nose &cheeks.

# Rosacea 1<sup>st</sup>. Stage.



D@nderm

## Papulo-pustular Rosacea:

- permant erythema-----telangiectasias----  
-----papules, pustules---nodules.

# Rosacea 2<sup>nd</sup>. Stage



- Phymatous Rosacea:  
Rhinophyma:  
it is bulbous swelling of nose due to  
over growth of nose soft tissues and  
hyperplasia of nasal seb. glands

# Rosacea 3<sup>rd</sup>. Stage



# Ocular Rosacea

Physical findings include,

- Blepharitis,
- Conjunctivitis,
- Keratitis,
- Styes,
- Chalazia,
- Corneal neovascularization and ulceration

## D.D OF **Rosacea**

- **Acne Vulgaris**
- **Seborrheic dermatitis**
- **Lupus erythematosus**

# Rosacea Treatment



## Topical therapy

- Topical metronidazole.
- Topical anti-acne therapy.
- Topical steroids : C / I

## Systemic therapy

- Tetracyclins.
- Erythromycine
- Retinoids

Thank You