



“My complexion bothers me”

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A 22-year-old male presents with a five-year history of erythematous papules and nodules predominantly on his face. His shoulders, chest and back are affected to a lesser degree. He has tried various over-the-counter products with little success. He has a history of asthma and hayfever and occasionally takes antihistamines.



1. What is the most likely diagnosis?

- a) Rosacea
- b) Perioral dermatitis
- c) Folliculitis
- d) Acne vulgaris

2. Which of the following are thought to be etiopathogenic factors in this condition?

- a) Excessive sebum
- b) Follicular plugging secondary to androgens
- c) Inflammation
- d) *Propionibacterium acnes* bacteria
- e) All of the above

3. Which of the following treatments would you not try?


- a) Gentle cryotherapy to nodules
- b) Topical benzoyl peroxide
- c) Topical steroids
- d) Isotretinoin
- e) Doxycycline

Acne vulgaris is a common condition which will affect most people at some point in their lives; men are more commonly and more severely affected in adolescence, while women are more commonly affected in adulthood. The face is most

frequently affected, followed by the upper back and chest, with inflammatory papules, pustules and nodules or open (blackheads) and closed (whiteheads) comedones. Acne lesions can be tender and can cause scarring and post-inflammatory hyperpigmentation, so they are best treated early and aggressively. Along with the cosmetic concern, there are significant psychosocial effects.

Along with proper use of cleansers, treatment options include topical therapies such as retinoids, topical antibiotics and benzoyl peroxide. Topical therapy is used sparingly daily or twice per day.

The frequency and duration of applications depend on the patient's skin-type and sensitivity. Systemic treatment options include the tetracycline family, trimethoprim with or without sulfonamides and erythromycin. Isotretinoin is a very strong and effective medication for difficult-to-manage or severe disease. In women, oral spironolactone and certain oral contraceptive pills are also effective, particularly in those with polycystic ovarian syndrome, adult acne and acne aggravated by menses.

Finally, chemical peels, intralesional steroid injections, gentle cryotherapy and phototherapy or photodynamic therapy can be effective, depending on the type of acne. 

Dr. Barankin is a Dermatologist practicing in Toronto, Ontario.

Answers: 1-d; 2-e; 3-c