

DISORDERS OF SEBACEOUS GLANDS

Dermal Glands :

- *Holocrine*

- Sebaceous

- *Merocrine* - Apocrine

- Eccrine

Sweat
Glands

Sebaceous glands

Present

- Face
- Scalp
- Trunk
- Flexures

Absent

- Palm
- Soles

Special Types

- Meibomian glands
- Tyson's glands
- Fordyce Spots
- Ectopic sebaceous glands

SECRETION

Androgen Dependant

- Neonate - Maternal androgen
- Involute - Infant - Puberty
- Puberty - Maximum

SEBUM COMPOSITION

- Glycerides - FFA
- Wax Esters
- Squalene
- Cholesterol - Esters

FUNCTIONS

- Water proof Lipid film
- Bacteriostatic/Fungistatic
- Body odour

ACNE VULGARIS

Chronic Inflammation
pilosebaceous glands

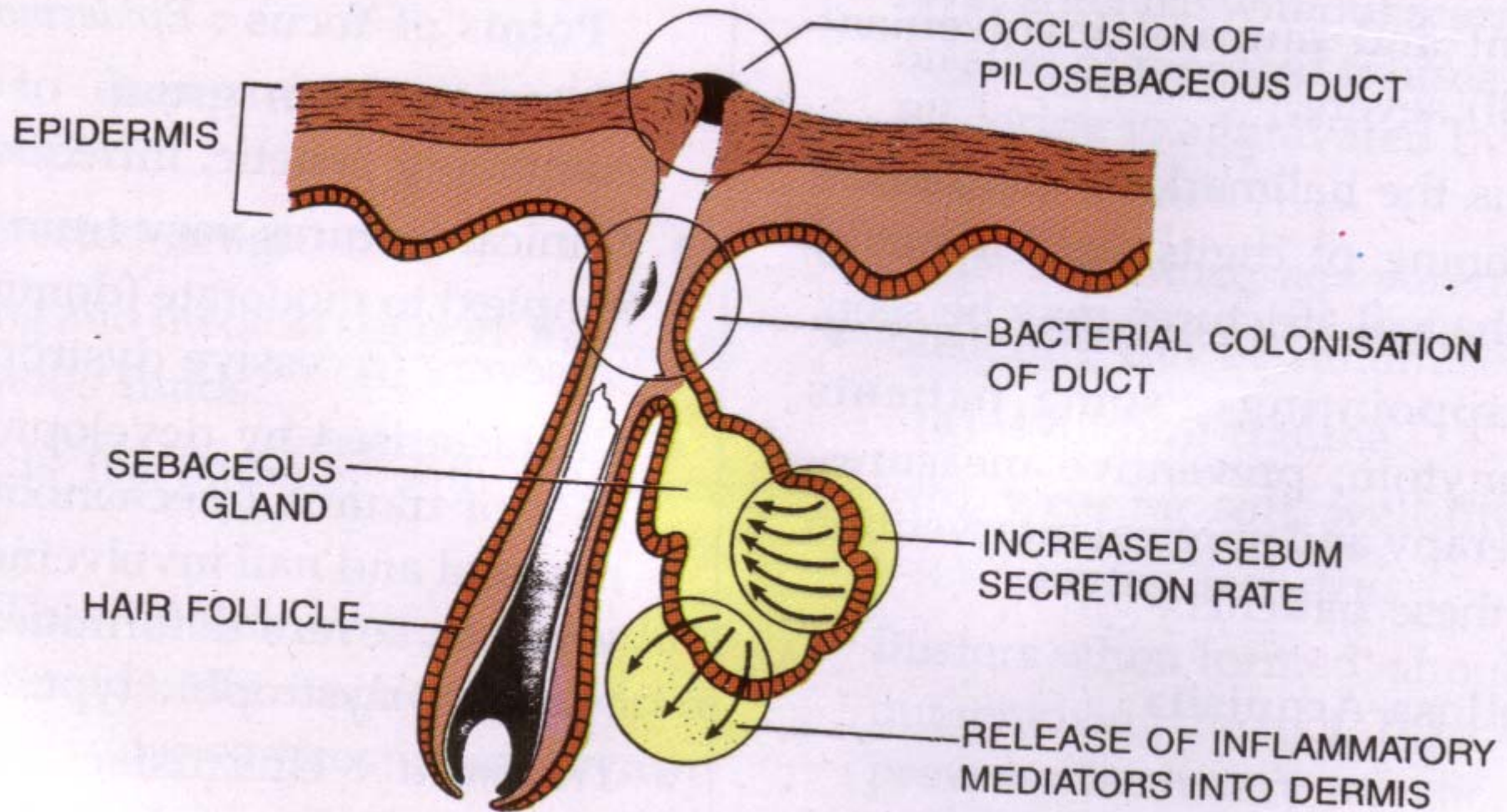
- Comedone
- Papules
- Pustules

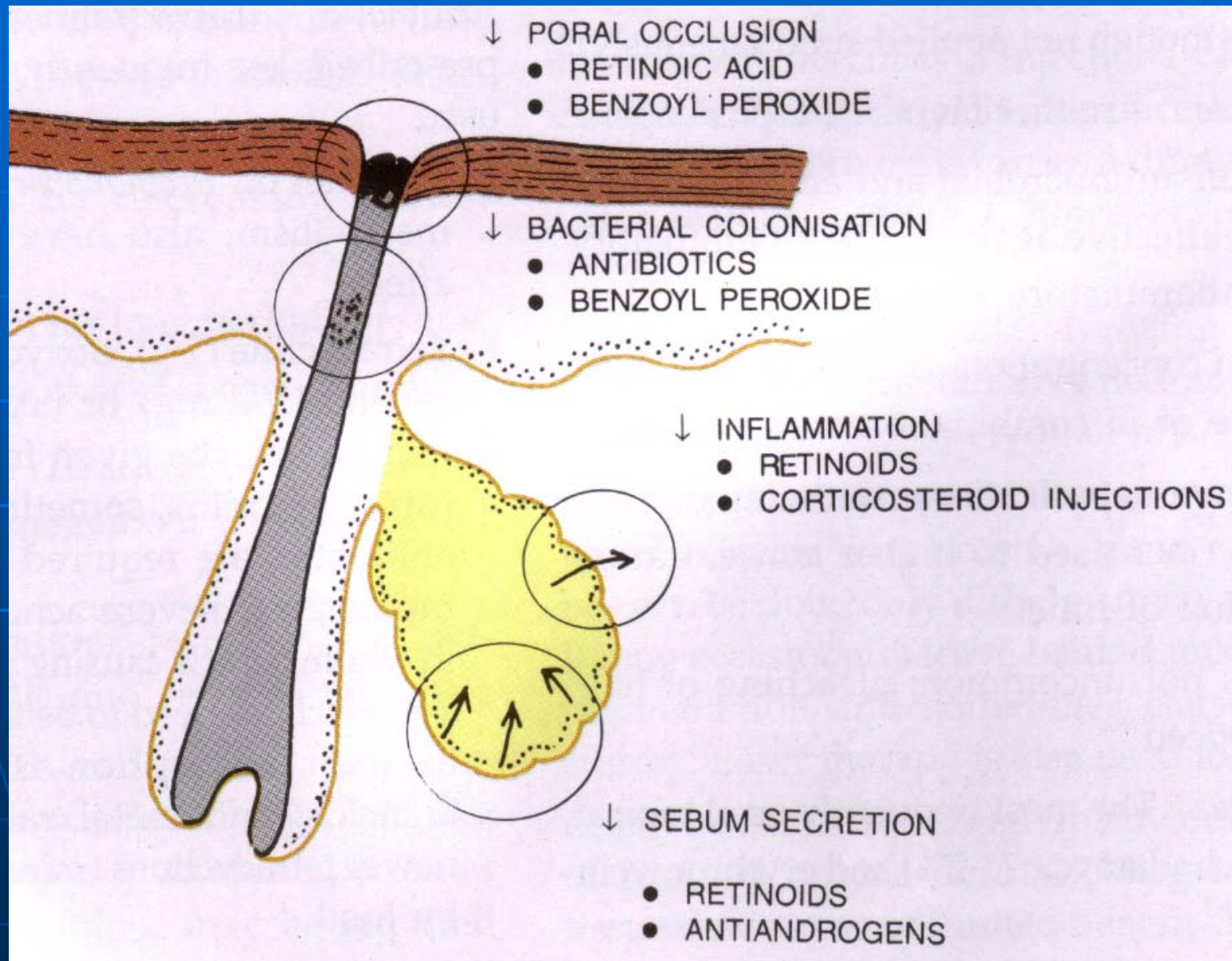


AETIOPATHOGENESIS

Four Factors

- ↑ Sebum Production
- Ductal Hypercornification
- Colonization with Bacteria
(*Propionobacterium acnes*)
- Inflammation





CLINICAL FEATURES

Face - 99%

Back- 60%

Chest



Age

- Adolescence

16-19 yrs

Severe

- Young

< 25 -40 years

Moderate



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FAMILY HISTORY

-Present

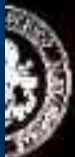
-XYY -Severe

No other Primate

INFLAMMATORY LESIONS

- Papule
- Pustules
- Nodules

NODULOCYSTIC LESIONS



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NODULOCYSTIC LESIONS



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NODULOCYSTIC LESIONS



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Erlangen,
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Comedones

Pathognomonic
Lesion

- Closed
- Open



COMEDONES



OPEN COMEDONE



COMPLICATIONS

Nodulo-cystic lesions, Abscess



PITTED SCARS



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KELOIDS



DIFFERENTIAL DIAGNOSIS

- Folliculitis
- Rosacea

TREATMENT

- Topical

- Systemic

Factors deciding treatment

1. Pathogenetic Approach

2. Severity of acne

- Mild
- Moderate
- Severe

3. Presence of Inflammatory/
Non-Inflammatory lesions

TOPICAL

Antibiotics

- 2% Erythromycin
- 1-2% Clindamycin,
Tetracycline/Chloromphenicol

PEELING AGENTS

- Benzoyl Peroxide

- 2.5 – 10%

- Tretinoin (Retinoic Acid)

- 0.025% to 0.05%

- Keratolytics

- Adapalene – New Retinoid

SYSTEMIC

- **Antibiotics**

- Tetracyclines
- Erythromycin
- Clindamycin
- Co-trimoxazole

RETINOIDS

- Isotretinoin
- Oral Estrogens
- Oral Corticosteroids