



Common skin diseases

Study material of
Department of Dermatology,
Faculty of medicine siriraj hospital

Acne-Introduction



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- affects about 85% of teenagers
- may persist into the 40s, especially in women
- Acne lesions usually occur on the face, neck, back, chest, and shoulders.

How Does Acne Develop?



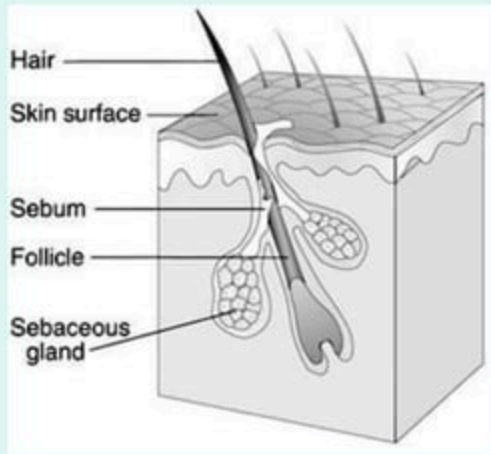
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- Acne is a disorder resulting from the action of hormones + sebaceous glands + hair follicles.
- Acne is multifactorial
- genetic predisposition
- relating to the number, size and activity of sebaceous glands-Sebum production

How Does Acne Develop?



- microcomedo is an accumulation of sebum beneath a bottleneck formed by sticky shed keratinocytes blocking the proximal portion of the follicle





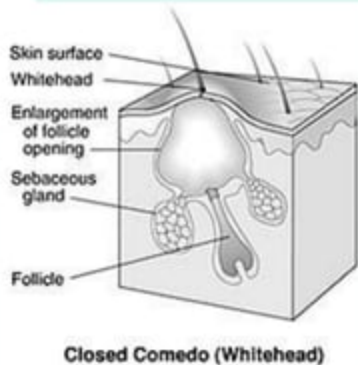
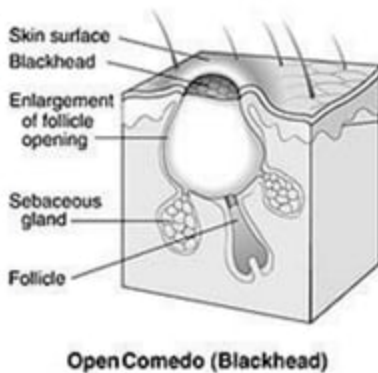
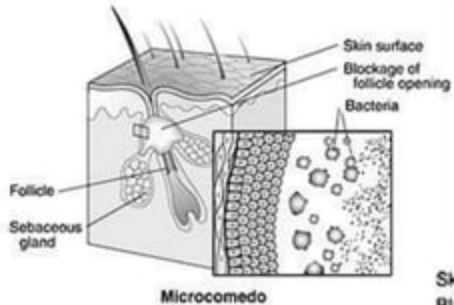
The hair+sebum+ keratinocytes fill the narrow follicle → a plug

The plug prevents sebum from reaching the surface of the skin through a pore.

The mixture of oil and cells allows bacteria *Propionibacterium acnes* (*P. acnes*) to grow in the plugged follicles.

These bacteria produce chemicals and enzymes and attract white blood cells that cause inflammation.

When the wall of the plugged follicle breaks down, it spills sebum, shed skin cells, and bacteria – leading to lesions or pimples.

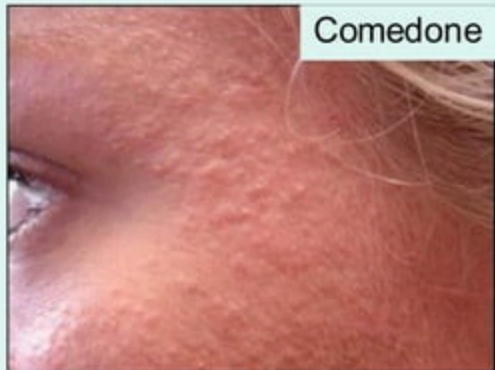


Acne- *Type of lesions*



- **Papules** – inflamed lesions that usually appear as small, pink bumps on the skin and can be tender to the touch
- **Pustules** – papules topped by white or yellow pus-filled lesions that may be red at the base
- **Nodules** – large, painful, solid lesions that are lodged deep within the skin
- **Cysts** – deep, painful, pus-filled lesions that can cause scarring.

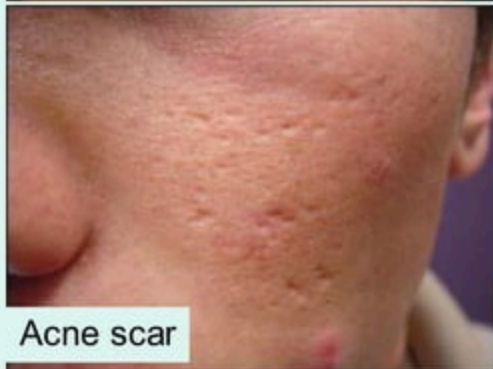
Comedone



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Inflam papules



Acne scar

Acne at back



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Factors That Can Make Acne Worse



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- Hormone levels
- Oil from skin products or grease from the work environment
- Hard scrubbing of the skin
- Stress
- เครื่องแต่งกายที่รัดแน่น หมวกกันน็อค
- สิ่งแวดล้อม เช่นมลภาวะ ความชื้น
- แคะ บีบ ลิว

How Is Acne Treated?



- Goals of treatment
 - to heal existing lesions
 - To stop new lesions
 - to prevent scarring
 - to minimize the psychological stress and embarrassment
- Drug treatment is aimed at reducing
 - abnormal clumping of cells in the follicles
 - oil production
 - bacteria
 - inflammation

Acne treatments



- **Benzoyl peroxide** – destroys *P. acnes*, and reduce oil production
- **Resorcinol** – can break down blackheads and whiteheads
- **Salicylic acid** –break down blackheads, whiteheads and cut down the shedding of cells lining the hair follicles
- **Sulfur** –break down blackheads and whiteheads
- **Antibiotics** –stop or slow the growth of bacteria and reduce inflammation
- **Vitamin A derivatives (retinoids)** – unplug existing comedones, decrease the formation of comedones



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Corn

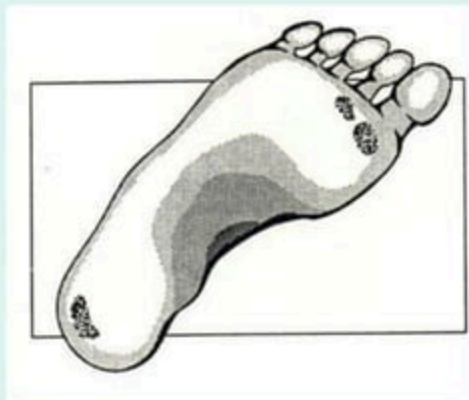
Callous

Callus

Corn



- are caused by pressure on the skin from the underlying bone.
- This may be caused by the bones having shifted, excessive weight, friction or pressure.
- The body to protect itself, allows the skin to thicken to protect the area.
- In some cases it presses on the bone or nerves and causes pain.



Treatment



- aimed at reducing symptoms such as pain and discomfort with walking
- the etiology of the foot pressure irregularity is determined
- use of orthotics and conservative footwear with extra toe space
- paring
- use of keratolytic agents, such as ureas, alpha-hydroxy acid, salicylic acid
 - self-adhesive pads
 - 10-17% salicylic acid compounds
 - A carbon dioxide laser can be used to pare deep lesions



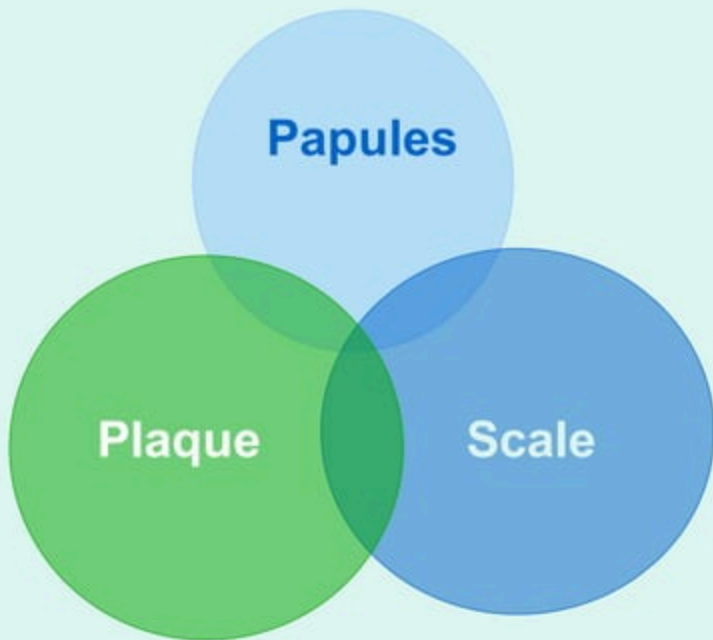
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Papulosquamous diseases

Papulosquamous Diseases



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Papulosquamous Diseases



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- โรคที่พบบ่อยได้แก่
 1. Psoriasis
 2. Pityriasis rosea
 3. Lichen planus
 4. Lichen nitidus
 5. Lichen striatus
 6. Exfoliative dermatitis



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1. Psoriasis

Psoriasis



- Chronic relapsing disease
- World wide distribution
- Adult onset (22-55 yrs)
- Equally common in males and females
- Many clinical patterns
 - Plaque type (Psoriasis vulgaris) – most common
 - Guttate type
 - Pustular type
 - Erythrodermic type

Plaque type



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Psoriasis vulgaris-scalp lesion
- erythema and scaling
- normal hair, no alopecia



Psoriasis vulgaris-nail lesion

- pitting nail
- onychodystrophy with subungual hyperkeratosis

Psoriasis arthritis



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- 5-8% joint involvement in all type of psoriasis
- Peripheral joint involvement : symmetric and asymmetric
- Axial joint involvement :spine and sacroiliac
- Associated features :tenosynovitis



Guttate Psoriasis



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- Eruption of multiple, small (0.5-1.5 cm) lesions
- Frequently occur in young adult
- Preceded by “Trigger Factors”
Such as:
 - Bacterial infection
 - Aggressive local therapy
 - Etc.



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Guttate psoriasis

Pustular psoriasis



- Generalized type (severe)
 - Preceded by “Trigger Factors”
 - » Non-pregnant: steroid withdrawal
 - » Pregnancy
- Localized type
 - Palms & soles
 - Tips of fingers and toes lead to nail loss and severe atrophy



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Reiter's syndrome

Reiter's syndrome



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- Skin and joint symptoms
- Immunological response
- Develops several weeks after the gut or urinary tract infections with certain microorganisms

Reiter's syndrome



- Young male
- HLA-B27
- Skin and mucosal involvement
 - Mouth ulcer (aphthous-like)
 - Conjunctivitis
 - Circinated, sicca balanitis
 - Keratoderma blenorrhagica (resemble pustular psoriasis)
- Onychodystrophy
- Acute oligoarthritis (knee and ankle)



21 100





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2. Pityriasis Rosea

Pityriasis Rosea



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- Acute, self-limiting eruption
- Adolescent (10-35 yrs)
- Herald patch 1-2 weeks before generalized lesions
- Duration of disease 10-12 weeks
- Recurrent rate – 3%



Herald patch



- Christmas tree distribution at trunk
- “T-shirt and shorts” area of involvement



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- Pink oval, small plaque
- Collarette scale





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3. Lichen planus

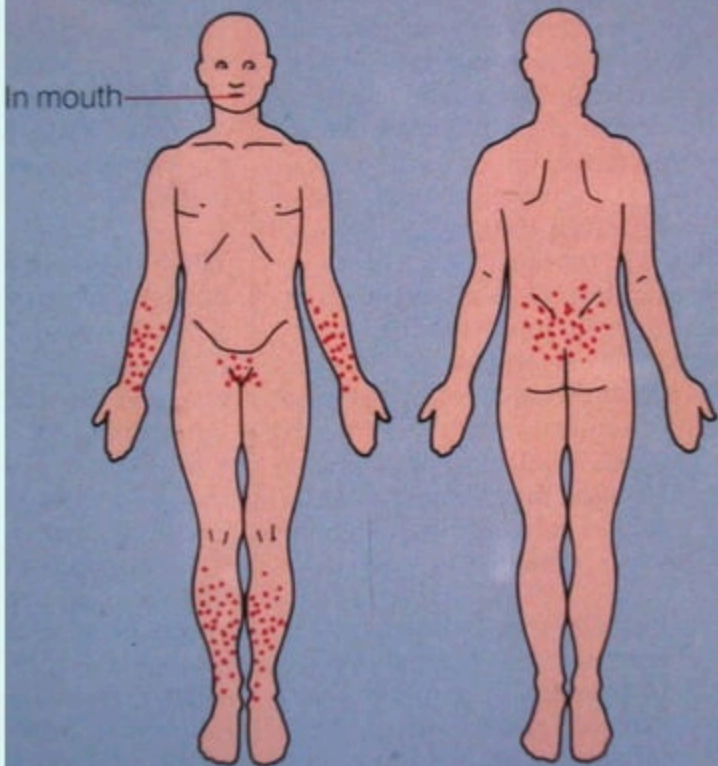
Lichen Planus(LP)



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- “The four’s P”:purple, polygonal, pruritic, papule
- Age 30-60 years
- Mucosal lesion: lace-like at buccal mucosa
- Nail involvement: 10-15% of cases

Distribution of lichen planus





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Polygonal violaceous
papules and plaques



Whitish lace-like erosive patch at buccal mucosa



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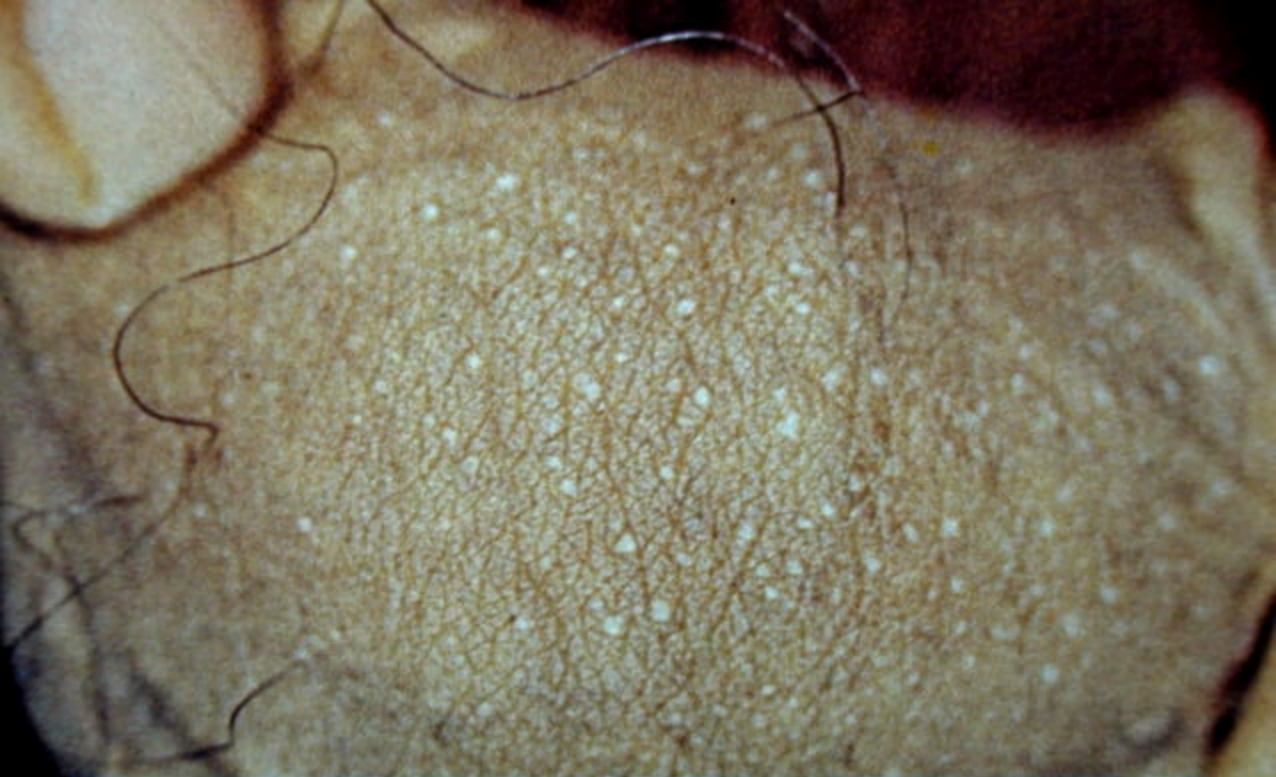
4. Lichen nitidus

Lichen nitidus

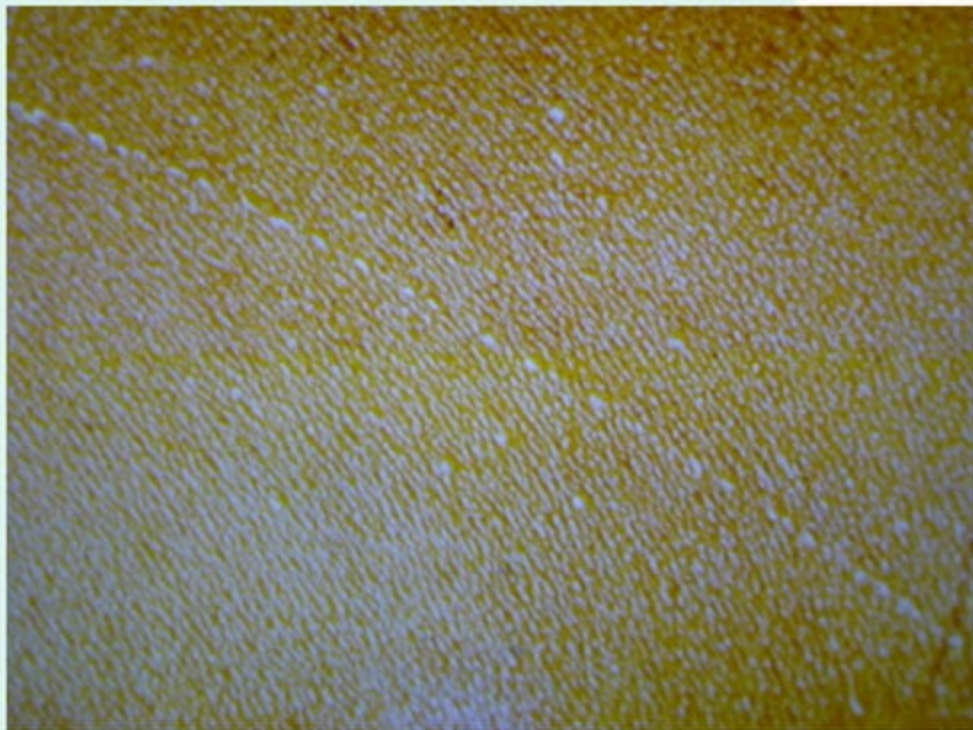


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- Asymptomatic
- Koebner phenomenon, occasionally occur
- Resolve spontaneously after a few months to a few years



Multiple, discrete, skin-colored, smooth, flat, round, pin point papules



Koebner's phenomenon



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5. Lichen striatus

Lichen Striatus



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- Discrete and confluent papules
- Linear arrangement
- Arm or leg
- Adolescent
- Resolved spontaneously within a few months to a few years





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6. Exfoliative dermatitis

Exfoliative Dermatitis



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- Generalized erythroderma and scaling
- No mucosal involvement
- Dystrophic nail change
- Alopecia in 25% of patients

Exfoliative Dermatitis



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Systemic manifestation

- Lymphadenopathy (50%)
- Fever (temp \leq 38°C)
- Raised basal metabolic rate & tachycardia
- Anemia (60%), eosinophilia (35%)
- Negative nitrogen balance, hypoalbuminemia

Exfoliative Dermatitis



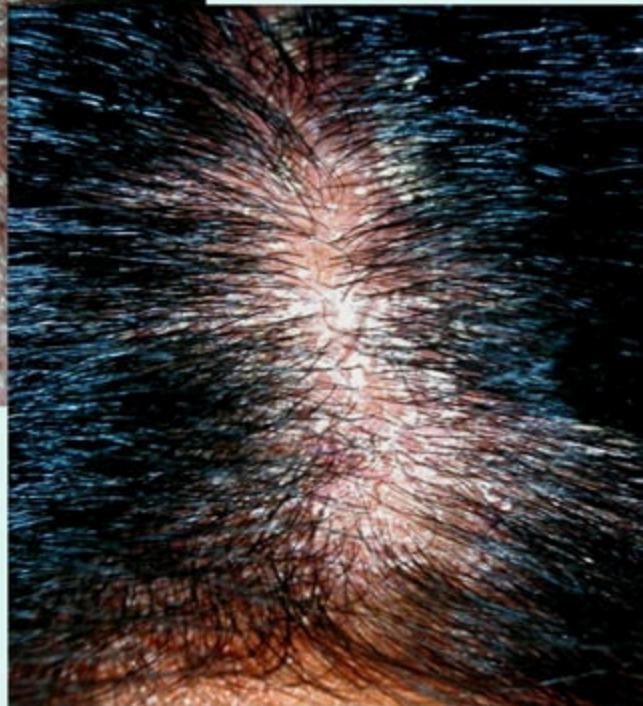
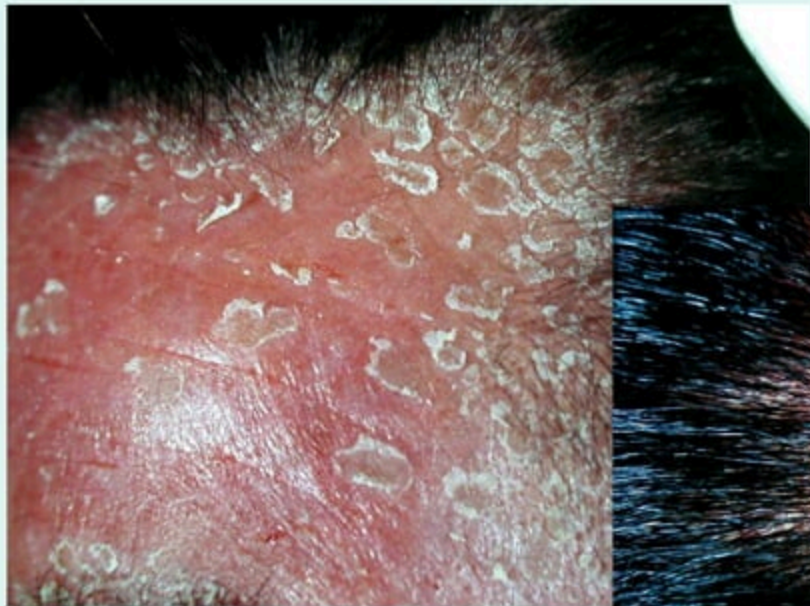
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Causes

- Exacerbation of pre-existing skin diseases
- Drugs
- Associated with underlying systemic diseases
- undetermined



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Treatments



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การรักษาโดยรวมของโรคผิวหนังกลุ่มนี้

- ลดการอักเสบใช้ steroid ในรูปทาหรือ systemic ตามความรุนแรงของโรค
- ถ้าเป็นรุนแรงอาจมีการฉายแสงอาทิตย์เทียม ยา chemotherapy or vitamine A สังเคราะห์
- ลดอาการคันใช้ยา antihistamine
- ยาอื่นๆเช่น น้ำมันมะกอก แชมพู Tar LCD เป็นต้น



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Scar

What is a Scar






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- result of the skin repairs wounds
- a natural part of the healing process
- may improve on their own over 6 to 18 months

“The more the skin is damaged and the longer it takes to heal, the greater the chance of a noticeable scar “

Classification of scar



1. Atrophic scar 
2. Hypertrophic scar 
3. Keloid 



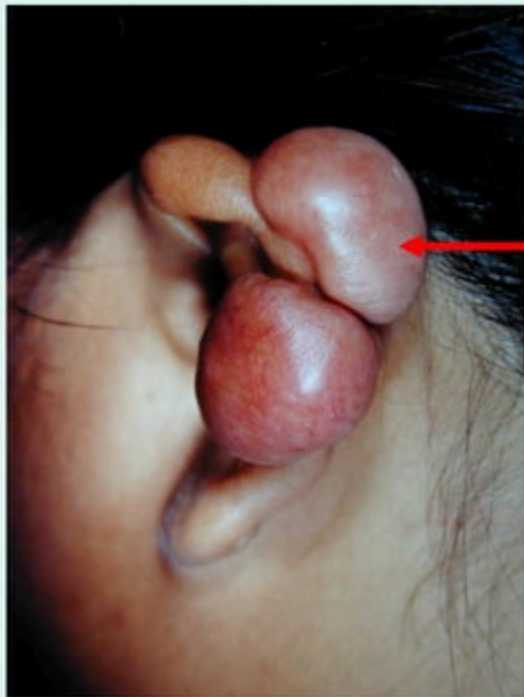
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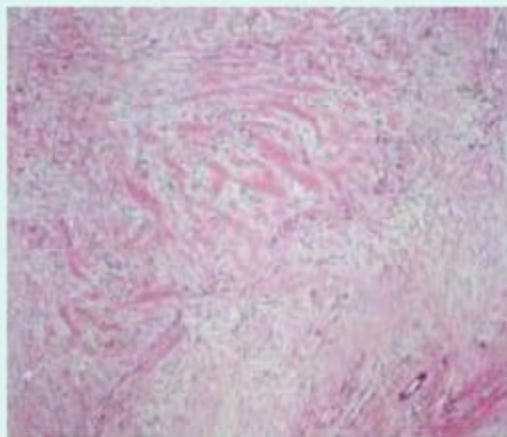
Atrophic scar



Hypertrophic scar



Keloid



Scar Treatments



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- **Cosmetics**
- **Pressure bandages and massages**
- **Silicone-containing gels, creams, and bandages**
- **Chemical Peels**
- **Dermabrasion**
- **Steroid injections**
- **Cryosurgery**
- **Surgical Scar Revision**
- **Laser Resurfacing and Pulsed Dye Laser Scar Revision**
- **Soft Tissue Fillers**



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เชิญทดสอบตนเอง
โดยทำแบบฝึกหัด
“ทบทวนบทเรียน”

