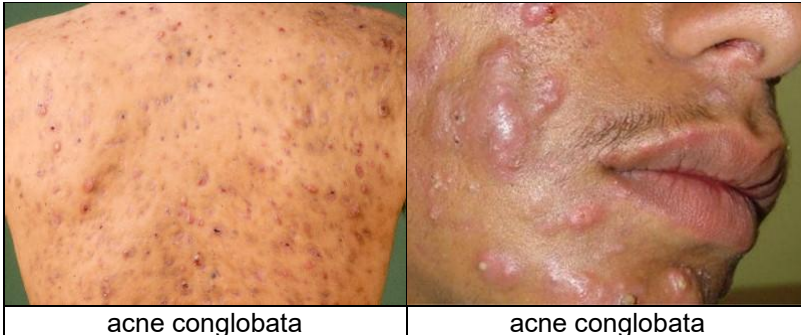

ACNE CONGLOBATA

WHAT IS ACNE CONGLOBATA?

Acne conglobata is a severe form of acne in which, in addition to pimples, large bumps, pus-filled cavities (cysts), and scars develop. It is a variant of ordinary acne, but much worse. Individual pimples and cavities can merge into large patches. It mainly occurs on the back, shoulders, chest, and face. It is also known as acne conglobata et cystica (with cysts).



WHO GETS ACNE CONGLOBATA?

Like regular acne, acne conglobata starts during puberty. It can also start in young adulthood. It can persist for a long time, up to 35-40 years of age. It is more common in men than in women, but women can also have it. It is related to the amount of testosterone in the blood.

HOW DOES ACNE CONGLOBATA DEVELOP?

Acne conglobata develops during puberty under the influence of hormones such as testosterone. These hormones have a stimulating effect on the hair follicles and sebaceous glands, resulting in hair growth and increased sebum production. Blocked hair follicles and overgrowth of skin bacteria cause pimples, which in acne conglobata turn into deep inflammations (boils, abscesses) that can also form closed cavities (medical name: cysts) filled with pus or sebum. Scarring occurs around the inflammations, which can cause bulging bumps. It is not known why some people develop this severe form of acne. It sometimes runs in families. Smoking may also play a role. Acne conglobata can also be caused by medications that disrupt hormonal balance, such as corticosteroids and the anabolic steroids sometimes used by bodybuilders, and by exposure to chlorine compounds such as agricultural pesticides.

WHAT DOES ACNE CONGLOBATA LOOK LIKE?

Acne conglobata mainly occurs on the back, shoulders, chest, and face. As with normal acne, there are pimples and white and blackheads. The pimples are often larger and more severe than with normal acne and develop into subcutaneous inflammations (abscesses). Cavities (cysts) form that are closed off and filled with pus or sebum. These often grow slowly. Smaller spots can merge into larger spots. Connections (called tunnels or fistulas) can form between the different spots. Scarring occurs around the inflammations. Sometimes, acne conglobata patients suddenly develop so much inflammation around the acne spots that general symptoms such as fever, general malaise, joint pain, and even blood poisoning occur. This acute condition is also known as acne fulminans.

HOW IS THE DIAGNOSIS MADE?

The diagnosis is based on the clinical picture, on how it looks. No further investigation is necessary. In cases of acne fulminans with fever, blood tests are sometimes performed to determine the severity of the inflammation.

HOW IS ACNE CONGLOBATA TREATED?

Once it is clear that it is acne conglobata, strong medications such as isotretinoin, antibiotics, and sometimes even temporary prednisone are used. This is necessary to prevent severe scarring.

Isotretinoin

Isotretinoin is a medication derived from vitamin A that is used to treat severe acne. It is a powerful drug, but it also has side effects. Isotretinoin affects the structure of the skin and the stratum corneum, causing these layers to become thinner. This makes the pores in the skin less likely to become clogged. Isotretinoin also reduces the amount of sebum and inhibits inflammation. It also counteracts the growth of acne bacteria. The drug is teratogenic, which means that it causes serious abnormalities in the unborn child. Women who use this drug must not become pregnant under any circumstances. The drug also causes dry skin, lips, and eyes. Isotretinoin is usually prescribed for a longer period, often longer than six months.

Antibiotics

If isotretinoin causes too many side effects or cannot be prescribed for other reasons, antibiotics are used. These are special antibiotics with anti-inflammatory side effects that can be prescribed for longer periods of time. Examples of these types of antibiotics are doxycycline, minocycline, erythromycin, clarithromycin, azithromycin, and clindamycin. They are often combined with local products that dissolve the stratum corneum, such as benzoyl peroxide gel, Acid-A-Vit (vitamin A acid cream), or Differin (adapalene) gel.

Dapsone

Dapsone is also an antibiotic with anti-inflammatory side effects. It is sometimes used for acne conglobata, but not as a first choice due to its side effects (including anemia). Prednisone In cases of severe inflammation (acne fulminans), prednisone is sometimes prescribed in combination with antibiotics, either for a short period or in a low dose.

TNF-alpha inhibitors

TNF-alpha inhibitors such as infliximab and adalimumab are biologicals, expensive medicines that are administered by injection or infusion. They are registered for the acne variant acne ectopica (also known as hidradenitis suppurativa). They have also been tried in acne conglobata and acne fulminans. They inhibit inflammation, but their use is not without risk because they inhibit the immune system, and they are not reimbursed because they are not registered for acne conglobata.

Laser therapy

The scars caused by acne conglobata can be treated with fractional CO2 laser treatment.

Local corticosteroids

Local corticosteroids, in the form of a cream or a liquid (Kenacort A10) that is injected into the abscesses, can reduce inflammation.

Surgery for residual scars

Scars, abscess cavities, and cysts that are very thick and will not go away can be surgically removed.



WHAT CAN YOU DO YOURSELF?

Do not squeeze the pimples, as this usually has the opposite effect.

Treatment with isotretinoin makes the skin very dry. Use a moisturizing cream for the skin, use a lip balm, and be careful with contact lenses. Read the package insert carefully.

Do not use a tanning bed, as this does not work well for acne conglobata.

