

APRIL ANSWERS

QUESTIONS

1. What are the diagnosis and differential diagnoses?
2. What are the other variants of this disorder?
3. What is the likely sequel to this condition?
4. What kind of treatment would you consider in this case?
5. What are the other possible side effects for the treatment mentioned above? Should any precautions be taken for female patients?

ANSWERS

1. The patient suffers from acne conglobata (nodulocystic acne) which is an uncommon but severe form of acne. The differential diagnoses include bacterial folliculitis, granulomatous rosacea, sarcoidosis and lupus vulgaris.
2. The classical form is acne vulgaris. Other variants include acne excoriee, acne fulminans, drug-induced acne, chloracne, pomade and cosmetic acne, acne mechanica and gram-negative folliculitis.
3. Scarring.
4. Isotretinoin is indicated in treatment of nodulocystic acne. A daily dose of up to 1 mg/kg may be required for about 4–6 months.
5. Since isotretinoin is highly teratogenic, female patients should carry out contraception before treatment is initiated. Pregnancy is contraindicated during and for at least 1 month after therapy. Other possible side effects include mucocutaneous dryness, abnormal liver functions, raised lipid levels, arthralgia, myalgia, hair loss, benign intracranial hypertension, depression and rarely diffuse interstitial skeletal hyperostosis

