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Very severe (4th grade) closed comedonal acne vulgaris that was complicated by *Staphylococcus epidermidis* and *Pityrosporum ovale* folliculitis in 16 years old atopic history girl that was treated by 4x TCA 10% chemical peeling at 2 weeks intervals

Lely Nurjanti

Dermatoveneorologist, Indonesia

Introduction: Acne vulgaris was very common self-limiting disease, affected approximately 85% of adolescence that was defined as a chronic inflammation of pilosebaceous units. It was characterized (diagnosed) by the formation of comedones (as primarily acne lesion), erythematous papules and pustules, less frequently nodules and pseudocyst and was accompanied by scarring in some cases that caused psychosocial problems. Cunliffe classified the severity of acne vulgaris into 4-types based on the kind and number of acne lesions: Mild, moderate, severe and very severe. Four major factors were involved in the etiopathogenesis: Follicular hyperkeratinization, increased sebum production, abnormality of microbial flora and inflammation process. The goal of therapy was removed plugging of the pillar drainage; reduced sebum production; treated bacterial colonization; prevented from scarring. The complications were acne scar, persistent hyperpigmentation, pyogenic granuloma formation, persistent swelling, Gram-negative bacteria folliculitis, bacterial and fungal folliculitis as secondary infection, resistances to antibiotics. The purpose of this case report was to share experience in treating very severe comedonal acne vulgaris because of the chronicity course of acne vulgaris was difficult to be eradicated and there were many resistances problems to antibiotics in some literatures and journals.

Case Presentation: It was a very severe (4th grade) closed comedonal acne vulgaris that was complicated by *Staphylococcus epidermidis* and *Pityrosporum ovale* folliculitis in 16 years old atopic history girl based on anamnesis, clinical finding and laboratory examination. And this case was treated by 4x TCA 10% chemical peeling at 2-weeks intervals, 2-weeks antibiotic and 10 days Ketokonazole after the result of culture and laboratory examination were positive.

Result: The result was good. There was significant improvement in clinical stage (4th grade to 1st grade acne vulgaris), decreased the count of comedones, diminished papules-pustules and inflammation, no scar and post-inflammatory hyperpigmentation were occurred.

Discussion: TCA 10% was superficial chemical peeling, considered as adjunctive therapy to the first line acne therapy. Retinoids and antibiotic and TCA was the first line therapy for acne scar and skin rejuvenation. TCA was cheap and safe because of no systemic absorption, had keratolytic effect (comedolytic action) and anti-inflammatory effect (bactericidal action). It could be combined to antibiotics and antifungal therapy and solved resistance problems to antibiotic and antifungal in acne therapy.

Biography

Lely Nurjanti Graduated as Dermatoveneorologist from Airlangga University-dr Soetomo General Hospital Surabaya East Java Indonesia in September, 2005. She Had been being working as Dermatoveneorologist at Dermatoveneorologist Department of Abdul Wahab Syahrane General Hospital Samarinda East Kalimantan since 2006. She is also the Coordinator of Dermatoveneorologist Medical Faculty Education Programme at Dermatoveneorologist Department of Abdul wahab Syahrane General Hospital-Mulawarman University Samarinda East Kalimantan Indonesia in 2007. She is the Secretary of Dermatoveneorologist Continuing Education Organization for East kalimanatan Indonesia in 2008.

lelynurjanti@yahoo.com

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