

STAGE IV ACNE A CONSEQUENCE OF SELF MEDICATION\ OVER CONSCIOUSNESS: A CASE REPORT

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SUMMARY

In grades III and IV, the acne is characterized by comedones and pustules and deeper inflamed nodules, which are supposed be the consequence of rupture of the sebaceous duct with extrusion of sebum and bacterial products into the skin tissue. The lesions are likely to extend from the face to the neck and upper trunk and to produce a permanent scarring of the skin. A case of 25 year old girl with stage IV acne is described. She has developed acne on her face 11 years back in beginning of adolescent period at 14th year of her age. Her acne is not due to an underlying endocrine disorder as she has cleared all the parameters required to diagnose an endocrine disorder i.e. she has no family history ,not her own history of signs and symptoms, not even a family history for an endocrine disorder. On physical examination there is also no clue for that. Miss N is over conscious about her skin. She has used to take medicaments recommended by an authorized person or even by a lay man (beautician or some of her friends). Now after long eleven years of habitual medication she has developed grade IV acne. From all past and present medical history it is crystal clear that she has reached this grade of acne just because of self medication and over consciousness.

Key Words: Grade III & IV acne, Comedones, Postules, Nodules

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INTRODUCTION

The severity of acne is divided generally into four grades. In grade I, comedones may be sparse or profuse but there is little or no inflammation (1). In grade II, comedones are intermingled with superficial pustules and papules (small, solid, usually conical elevations). The lesions are ordinarily confined to the face and do not produce significant scarring, unless there has been continued scratching and picking (2). At this stage, topical (locally applied) medication is reasonably effective. Complete spontaneous remission is ordinarily seen within one to two years. In grades III and IV, the acne is characterized by comedones and pustules and deeper inflamed nodules, which are thought to result from the rupture of the sebaceous duct, with extrusion of sebum and bacterial products into the skin tissue. The lesions are likely to extend from the face to the neck and upper trunk and to produce a permanent scarring of the skin (5). Severe Acne in adults may be a result of an underlying endocrine disorder.

CASE REPORT

A 25 year old girl Miss SN is examined with permanent scarring on her face plus comedones, pustules, and deeper inflamed nodules at private clinic of Dr. XY Mandi Bahudddin, Punjab, Pakistan in 2009. She has an eleven year history of treatment of acne. 1st time in 1998 she had used Isotrex Gel plus one oral medicine, she is no more able to memorize the name of that tablet, prescribed by some general physician. In 2005 she has visited Dr. XY for comedones that were profuse but there were no inflammation. Doctor has recommended her to take Contimycin capsule (one per day) and asked her to apply Retin-A Cream. SN reports that she has followed this prescription for 1 month and has had experience excellent results. Following that, whenever pimples appears on her face, she frequently used to take same medications even without any prescription. In 2008, her comedones were intermingled with superficial pustules and papules (small, solid, usually conical elevations). The lesions are ordinarily confined to the face and produce scarring. These scars became permanent when she scratch and prick the comedones on her face. She has found the previous combination to be ineffective. SN has started to use Clariderm with Contimycin Capsules without any prescription. She had also used Demol lotion recommended by a beautician, but for a small period of time as Demol is available only in Islamabad (capital city of Pakistan). She used to apply Clariderm and Demol only for a mark on her nose, as she has had experience irritation whenever she has applied these two elsewhere on her skin. SN also has a history of use of Pigmanil K cream for pimples and Ariderm cream for marks. She has also used Stilmens cream for one winter month previous year Golden pearl for 15 days in the same year.

DISCUSSION

Acne is an eruptive skin disease. It is primarily a disorder of the sebaceous follicles of the skin and appears most often on the face, neck, and back. The natural secretion or sebum of the follicles accumulates and mixes with dust and dirt (6). The follicles and surrounding tissue become blackheads and inflamed. If the follicle opening completely closes, the accumulated sebum is degraded by bacteria and forms a cyst. Miss SN not having substantial clues of such cyst. But a very minute number of such cyst emphasis to not close the eyes to the chance of this complication.

Miss SN has applied all major therapies/ medication used to treat the Acne vulgaris, acne conglobata, acne rosacea and chloracne caused by chlorinated compounds. Acne vulgaris, the most common form, is usually associated with adolescence but may also occur in adults (7). A severe form of the disorder is known as acne conglobata. Other forms of acne are also observed, such as the chloracne caused by chlorinated compounds. In acne rosacea, the capillaries in the cheeks, forehead, and nose are swollen with blood and the oil glands in the skin become infected. Thus, the stage IV acne may be the outcome of a consequence of self medication\ over consciousness.

Acne in adolescence results primarily from hormonal changes taking place in the body; the hormones stimulate sebum production. But SN is in close proximity to the second end of the adolescence. Therefore cannot be prevented by a controlled diet and are not a sign of uncleanliness. Good hygiene may be observed to prevent more serious infections. Severe acne may be treated by antibiotics, benzoyl peroxide, or vitamin A derivatives (3,8). In nutshell, the over consciousness may be serious pathological reason of acne and may be the outcome of a consequence of self medication\ over consciousness.

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