

ACNE Open Questions

Acne open question 1.

A 12-year-old child presents concerned about new bumps on the face. The child has been using an over-the-counter acne wash with no effect.



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Silverberg N., Durán-McKinster C.,
Tay YK. (eds) *Pediatric Skin of Color*.
Springer, New York, NY.
VisualDx

Acne open question 1.

What physical exam findings are prominent?

- A. Open and closed comedones
- B. Pustules
- C. Inflammatory papules
- D. Nodules
- E. Pitted scars
- F. Hyperpigmentation

How would you treat this?

- A. Increased washing and decreased fatty food intake
- B. Increased dairy intake
- C. Doxycycline
- D. Combination estrogen/progestin oral contraceptive pill and a topical keratolytic (salicylic acid)
- E. Topical retinoid

Acne open question 2.

Two years later the same patient, now 14 years old, who had been well-controlled on your regimen, presents complaining of worsening acne. The teen states “the white and black bumps are fewer, but now I have all these red bumps that leave dark marks.” The child describes careful compliance with the prescribed medications.



Jackson-Richards D., Pandya A. (eds) *Dermatology Atlas for Skin of Color*. 2014. Springer, Berlin, Heidelberg.
Silverberg N., Durán-McKinster C., Tay YK. (eds) *Pediatric Skin of Color*. Springer, New York, NY.

Acne open question 2.

What physical exam finding are least prominent?

- A. Comedones
- B. Pustules
- C. Inflammatory papules
- D. Nodules
- E. Pitted scars
- F. Hyperpigmentation

How would you treat this?

- A. Stop current treatments and start doxycycline and a combination estrogen/progestin oral contraceptive pill (for female patients)
- B. Keep current treatments and add doxycycline
- C. Systemic retinoid (“Accutane”)
- D. Increase the potency of the topical retinoid

Acne open question 3.

After putting the patient on a new regimen, the patient's skin clears. However, 2 years later, around age 16, the patient returns complaining that the medications "just stopped working" and the skin "is flaring badly," with new involvement of the back and face. The parents are concerned that the acne is causing scarring.



Acne open question 3.

What physical exam findings most compel your treatment recommendation?

- A. Open and closed comedones
- B. Pustules
- C. Inflammatory papules
- D. Nodules
- E. Pitted scars
- F. Hyperpigmentation

How would you treat this?

- A. Systemic retinoid
- B. Doxycycline
- C. Oral contraceptive pills (female patients)
- D. Spironolactone (female patients)
- E. Topical retinoid

Acne open question 4.

Rosacea and steroid acne are acneiform conditions.

What clinical features do they share with acne vulgaris?

What clinical factors distinguish them?

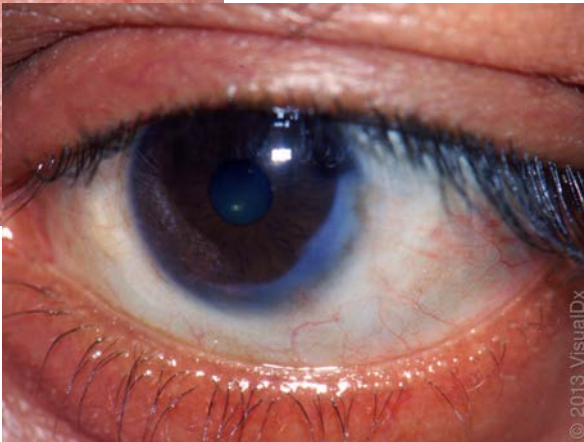
Steroid acne

- Monomorphic pustules
- Caused by topical or systemic corticosteroids



Rosacea

- Common, chronic inflammatory condition
- Adults
- Telangiectasias
- Pustules
- Papules
- Periorificial sparing
- Rhinophyma
- Ocular forms
- Flares with sun, heat, spicy foods, Etoh



Hidradenitis Suppurativa Open Questions

Hidradenitis suppurative open question 1.

A 23-year-old presents with occasional draining nodules in the axilla that heal spontaneously over 1-2 weeks. Some leave marks. This condition began in the last year. Your diagnosis is hidradenitis suppurative, Hurley Stage II.



What physical exam findings compelled your diagnosis?

- A. Closed comedones
- B. Pustules
- C. Draining nodules
- D. Sinus tracts
- E. Pitted scars
- F. Location and symmetry

What treatments do you recommend?

- A. Topical antibiotics (clindamycin, benzoyl peroxide, chlorhexidine)
- B. Systemic doxycycline
- C. TNF-alpha inhibitors
- D. Metformin
- E. Weight loss
- F. Smoking cessation
- G. Surgical excision
- H. Laser hair removal

Hidradenitis suppurative open question 2.

After initial improvement, your patient relocates and is lost to followup for 3 years. When she returns, she complains of increased frequency of new lesions and increased pain and increased drainage of recurrent (old) nodules. The inguinal folds and buttocks are now involved. What treatment(s) do you now recommend and why?

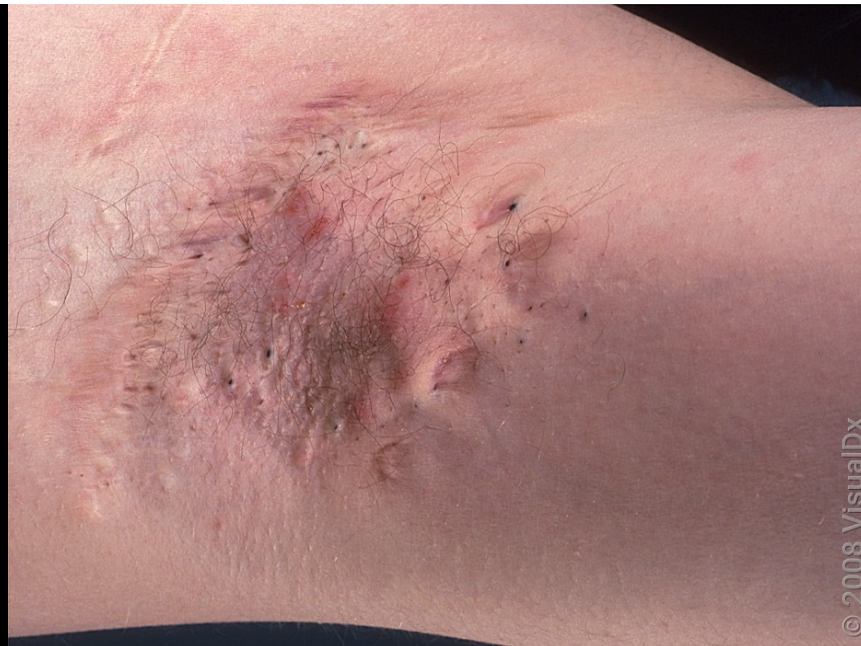


What treatments do you recommend?

- A. Topical antibiotics (clindamycin, benzoyl peroxide, chlorhexidine)
- B. Systemic doxycycline
- C. TNF-alpha inhibitors
- D. Metformin
- E. Weight loss
- F. Smoking cessation
- G. Surgical excision
- H. Laser hair removal

Hidradenitis suppurative open question 3.

Two years later your patient's condition has progressed. She has painful nodules that fill and drain recurrently. She complains of malodor and staining of her clothing. She is embarrassed and has shied away from intimate relationships and is avoiding close relationships at work.



Hidradenitis suppurative open question 4.

Here are images of individuals with hidradenitis suppurative Hurley Stage III. Your goal is to prevent your patient from progressing to this stage.



Hidradenitis suppurative open question 4 (cont).

How do these factors influence your treatment recommendations?

- A. Number of inflammatory nodules
- B. Anatomic sites affected
- C. Family history of severe HS
- D. Presence of draining sinus tracts and tunnels
- E. BMI
- F. Smoking status
- G. Degree of psychosocial distress

What treatments do you recommend at for these different stages?

- A. Topical antibiotics (clindamycin, benzoyl peroxide, chlorhexidine)
- B. Systemic doxycycline
- C. TNF-alpha inhibitors
- D. Metformin
- E. Weight loss
- F. Smoking cessation
- G. Surgical excision
- H. Laser hair removal

Hidradenitis suppurative open question 5.

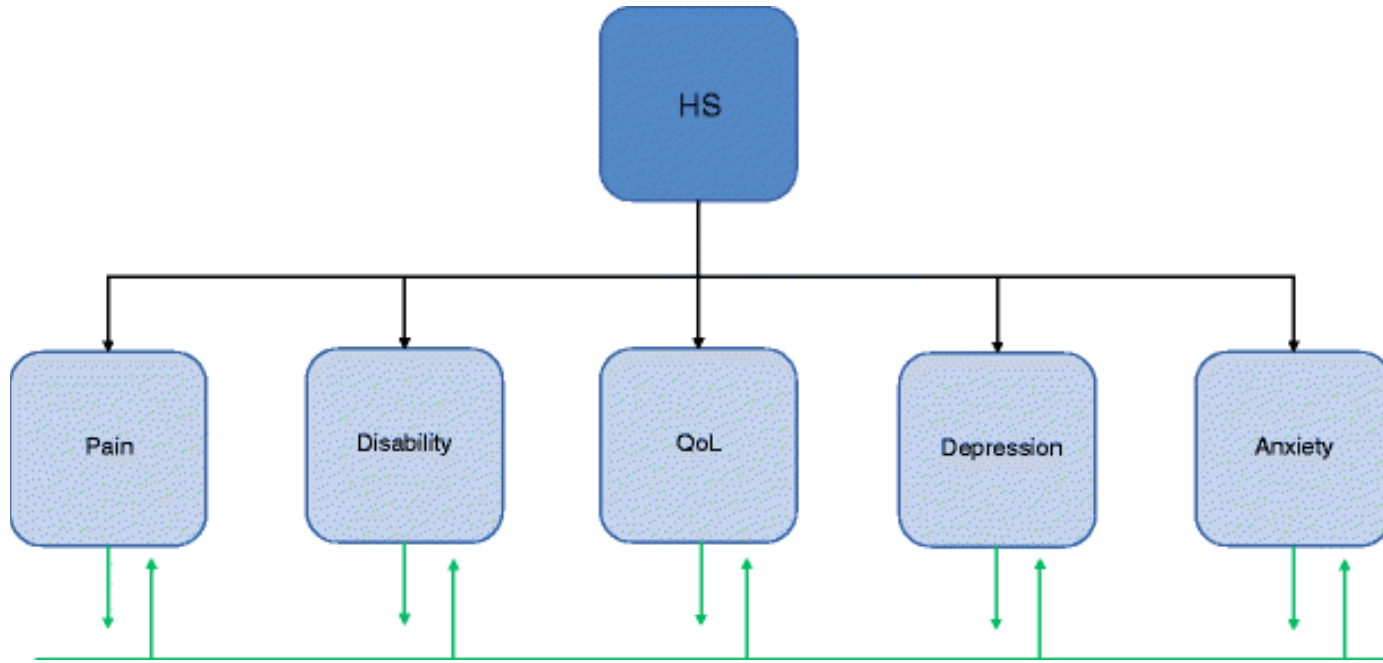
Which of the following quality of life measures are negatively affected by HS?

- A. Sex
- B. Pain with movement, sitting
- C. Social interaction
- D. Work
- E. Odor
- F. Depression, suicidal ideation
- G. Self-perception

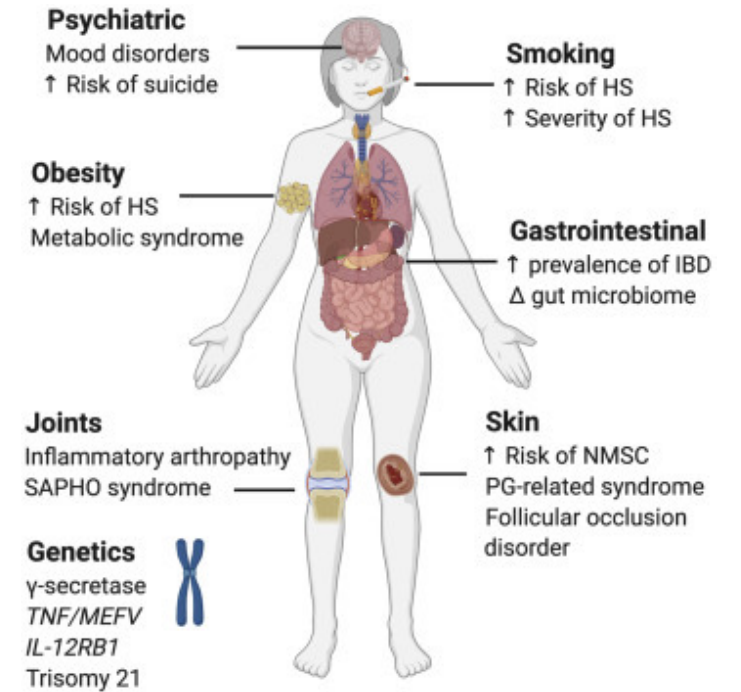
When do you consider initiation of systemic immunomodulators such as TNF-alpha inhibitors?

When do you consider surgical intervention?

Hidradenitis Suppurativa: Psychosocial Comorbidities of HS



Patel et al 2017



Jiang et al JID Innovations 2021

Hidradenitis Suppurativa: Psychosocial Comorbidities of HS

Pain:

- ~97% of patients with HS experience pain (Goldburg SR et al. *J Am Acad Dermatol.* 202, Matusiak et al. *Acta Derm Venereol.* 2018)

Odor:

- 88% of patients with HS experience malodorous discharge (Alavi A et al. *J Cutan Med Surg.* 2017)

Depression:

- ~43% of patients with HS experience depression (Goldburg SR et al. *J Am Acad Dermatol.* 2020, Vazquez BG et al. *J Invest Dermatol.* 2013)

Suicide:

- Over 2x the risk of completed suicide in patients with HS vs those with psoriasis (Goldburg SR et al. *J Am Acad Dermatol.* 2020)

Psychological:

- ~81% of patients have persistent psychological symptoms or limitations from HS skin damage (Kirby JS. *J Am Acad Dermatol.* 2016)

Negative Career Impact:

- Up to 25% of patients with HS may be unemployed (Goldburg SR et al. *J Am Acad Dermatol.* 2020)

Sexual Health Deterioration:

- Up to 62% of women experience sexual impairments (Janse IC et al. *Br J Dermatol.* 2017)
- Up to 52% of men experience erectile dysfunction (Janse IC et al. *Br J Dermatol.* 2017)

Isolation:

- Patients with HS experience high levels of loneliness which correlate with impaired quality of life (Fisher S et al. *Arch Dermatol Res.* 2020, Kouris A et al. *Dermatology.* 2016)

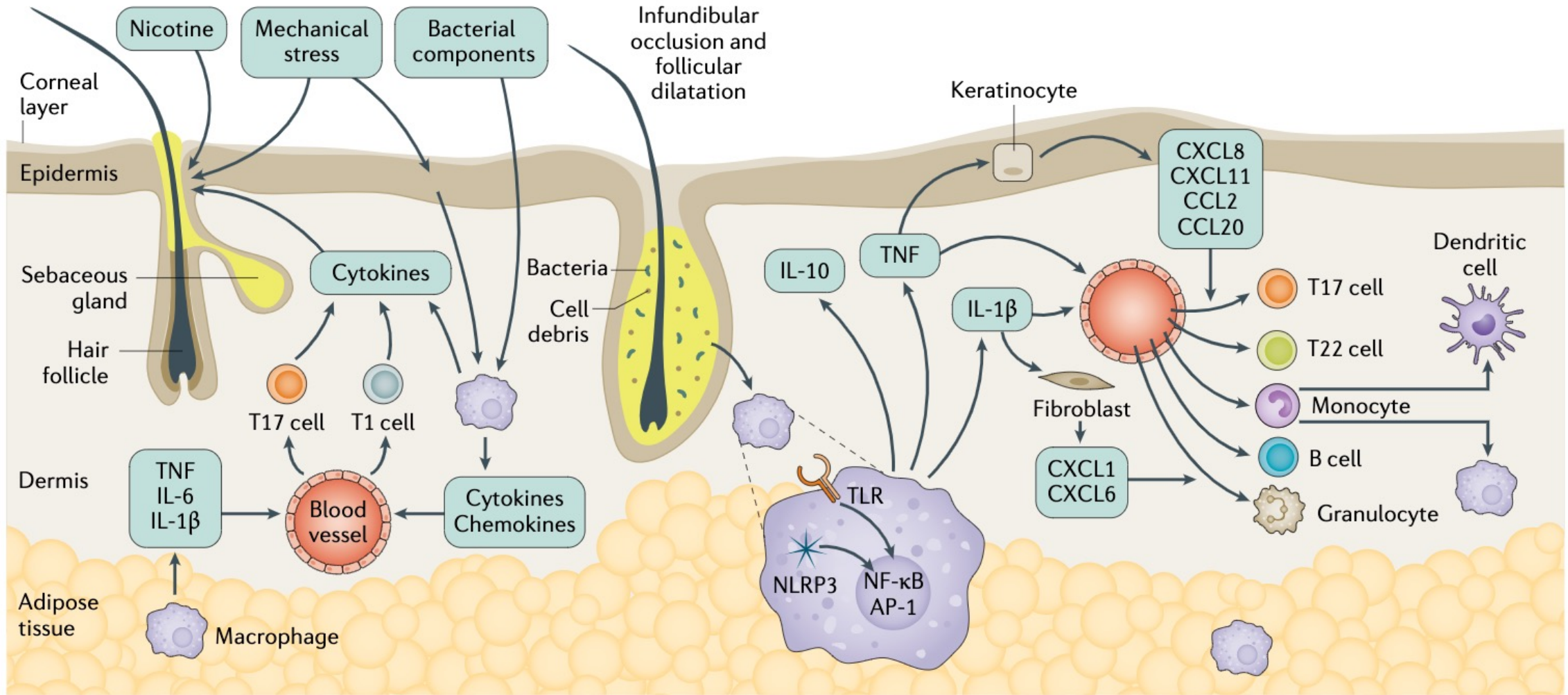
Hidradenitis suppurative open question 6.

The following two images show current models of the pathogenesis of initial and advanced HS.

Identify potential novel therapeutic targets to prevent disease progression to advanced disease.

Hidradenitis Suppurativa: New insights into Pathogenesis

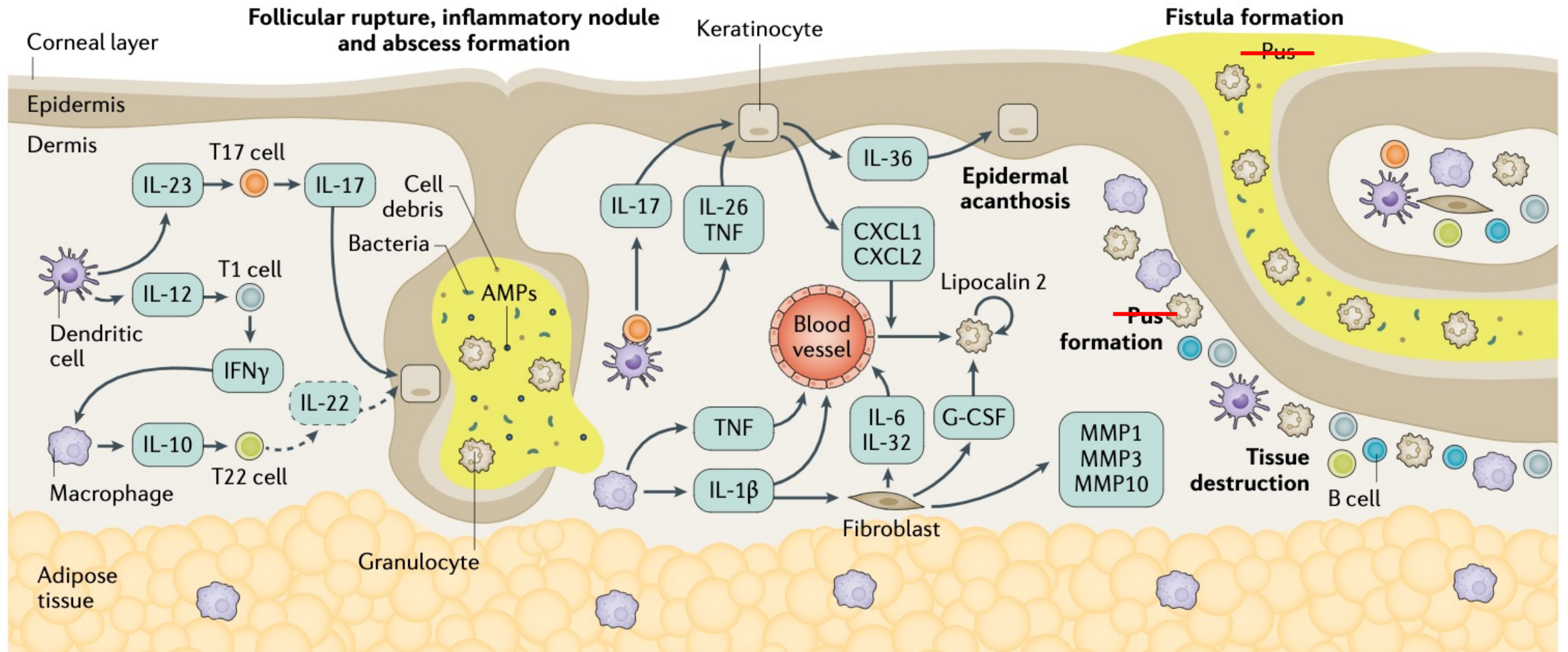
Initial Pathogenic Events vs. Advanced Disease



Sabat et al. Nature Review Primers 2020

Hidradenitis Suppurativa: New insights into Pathogenesis

Initial Pathogenic Events vs. **Advanced Disease**



Sabat et al. Nature Review Primers 2020

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