

DISEASES OF SKIN APPENDAGES

I. Pilo-sebaceous unit

A. Acne: inflammatory papules, cysts, or nodules due to follicular plugging and anaerobic breakdown of trapped sebum due to *Propionibacterium acnes*.

1. Types:

- a *A. vulgaris*
- b *A. cosmetica*
- c *A. fulminans*
- d *A. conglobata*
- e Chloracne--dioxin induced (Agent Orange)

2. Treatment:

- a avoidance of comedogenic materials
- b Retin-A (tretinoic acid)
- c Benzoyl peroxide
- d Antibiotics:
 - i tetracyclines
 - ii erythromycins (topical or systemic)
 - iii amoxicillin, Bactrim
 - iv clindamycin (Cleocin-T), usually topical
- e Accutane (isotretinoic acid)
- f Diet and acne cleansers have NO therapeutic effect

II. Sweat ducts

A. Eccrine--Miliaria

1. Miliaria rubra--"prickly heat" perifollicular papules
2. Miliaria crystallina--crystal clear superficial vesicles, febrile
3. Miliaria profunda--hyperthermia, no skin signs

B. Apocrine

1. Hidradenitis suppurativa--cysts, nodules, sinus tracts and scarring in axillary, inguinal areas

III. Alopecia

A. Scarring--DLE, lichen planus, male pattern

B. Non scarring

1. Alopecia areata--stress induced; pernicious anemia, thyroid disease
2. Telogen effluvium--post partum, stress, crash diets, febrile illness, drugs
3. Anagen effluvium--chemotherapy, trichotillomania

IV. Nails

A. Tinea unguium

B. Psoriasis

C. 1/2 and 1/2 nails--renal disease

D. White nails (Terry's nails)--liver disease

E. Nail Tic Deformity

V. Pigmentation

A. Melasma, chloasma--reticular hyperpigmentation in sun exposed areas of face, more common in females, estrogen induced

B. Vitiligo

1. Autoimmune--may be associated with thyroid anti-microsomal antibodies and pernicious anemia; symmetric depigmentation, accentuated by Wood's light exam; etiology unknown, may run in families

Treatment: psoralens, UVB or UVA, topical steroids

2. Contact: phenols (photographic developers)