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 Propionbacterium 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)