Eponymous Names in Acne

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Numerous terminologies have been linked to acne and related lesions which often puzzles students and practitioners. Here we have tried to summarize some of the common acne related terms found in related literatures.

1. Acne aestivalis / Mallorca Acne:

It is reported as a seasonal recurrent acneiform eruption that starts in the spring, peaks in the summer and resolves thereafter. It was initially reported from the islands of Mallorca. No cause has been delineated but may result from ultraviolet radiation. Dull red, dome shaped papules develop in the facial areas and upper trunk mostly in post adolescent women. The condition responds well to topical retinoids.

Acne agminata / Acnitis / FIGURE (Facial idiopathic granulomas with regressive evolution) / Lupus miliaris disseminatus faciei /:

The word "agminata" is derived from the Latin word "agmen" meaning cluster.² The disease is named so because there are acne like papules clustered around the eyes or mouth.

It is an uncommon but yet distinct and chronic inflammatory granulomatous dermatoses of young adults.^{3,4} It is characterized by asymptomatic discrete, symmetrical, reddish brown to pink monomorphic papulopustular eruption on the "muzzle" areas of face (cheeks, chin, eyebrows, eyelids and forehead).Involvement of body parts including axilla, groin, genitals, scalp, trunk and neck have been described. Histology reveals scattered dermal granulomas composed of epitheloid and some giant cells with central caseation, which is evident as apple-jelly nodule like appearance on diascopy.

Initially described as disseminated follicular lupus

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in the background of granulomatous histology, is now considered to be a self resolving variant of granulomatous rosacea.^{5,6} It was previously also known as facial papular tuberculid and lupoid rosacea.

Occupations involving hot and humid environment as cooks may develop acne as a result of excess hydration and blockade of pilosebaceous duct.

3. Acne corne

Follicular horny pigmented papules involving the dorsa of hands, arms, legs, face or thorax which may later disseminate to involve markedly around the genitalia has been termed acne corne⁷. It is thought to result from crude petroleum, tar oil or paraffin products and closely resemble pityriasis rubra pilaris or lichen spinulosus.

4. Acne conglobata

It is a severe, chronic, inflammatory variant of acne characterized by inflamed papules, tender nodules and abscesses which coalesce to form draining sinuses involving the trunk.⁸ It commonly affects adult males in second to third decade with minimal systemic upset.

5. Acne cosmetica

Among the various forms of induced acne, cosmetic acne refers to acne induced by cosmetics. *Comedone formation occurs following the use of cosmetics containing comedogenic ingredients which includes lanolin, petrolatum, butyl stearate, lauryl alcohol, oleic acid, vegetable oils. Dark skinned individuals are more affected as they are liable to use opaque and oil containing make-up for camouflage of acne and pigmentation.

Acne venenata is the term previously used for acne induced by contact with exogenous agents. Radiation acne follows irradiation of the skin following deeply penetrating radiation.

6. Acne cyst / Nodulocystic acne

The term acne cyst is a misnomer as they are not truly lined by an epithelium and are not true cysts.⁹ Pseudocysts or nodules are more appropriate terminologies for these lesions.

7. Acne detergicans

Obsessive use of soaps, cleansers, scrubs and related products by patients with common acne may aggravate the disease and result in its extension to unusual locations and hence called acne detergicans. Soap and related products are generally discouraged as they produce further detrimental effect on skin and acne.

8. Acne fulminans

Acute onset ulcerative acne with systemic symptoms constitutes acne fulminans. The lesions are mostly truncal and is associated with fever, arthritis, weight loss, anorexia, malaise, bone pain, organomegaly and marked leucocytosis. There is poor response to ordinary therapy responds good to systemic steroids, retinoids and dapsone.

Acne inversa / Hidradenitis suppurativa / Verneuil's disease / Smoker's boils

It is a chronic occlusive disease affecting the apocrine gland bearing sites of the body, i.e. axilla, anogenital area, Inframammary areas, post auricular areas and. 12 It is characterized by painful, inflamed, deep seated nodules, sterile abscesses and/or fibrosis.

10. Acne keloidalis nuchae / Folliculitis keloidalis nuchae

The term is a double misnomer as unlike acne, comedones are absent and unlike keloids, the scars generally do not recur following excision and affected patients do not develop keloids elsewhere. It is an idiopathic, chronic, inflammatory process involving the hair follicles of occiput and nape of neck characterized by the formation of papules and pustules that may eventually develop into firm nodules.¹³

11. Acne mechanica

It represents acneiform eruptions caused by mechanical or frictional obstruction of pilosebaceous outlet caused by pressure, occlusion, friction, or heat. 14 "Fiddler's neck" also called "violin hickey" is a form of acne mechanica

in violinists.¹⁵ Stump acne is a mechanical acne occurring over operated stumps and immobility acne in pressure zones due to prolonged bed rest.¹⁶

Acne necrotica / Acne varioliformis / Acne frontalis / Necrotizing lymphocytic folliculitis / Acne necrotica miliaris :

It represents chronic relapsing papulo-pustular lesions in the area of the hairlines and on the scalp. ¹⁷ Discrete excoriated follicular papules on the scalp demonstrate necrotizing lymphocytic folliculitis. ¹⁸ Early lesions are non-specific with perifollicular lymphocytic infiltrations and later evolve into intense necrosis. Often there is no scarring alopecia but cases may overlap with folliculitis decalvans. Non-specific excoriations, pityrosporum folliculitis, acute bacterial folliculitis, classic acne or acnitis may be considered in the differential diagnosis.

13. Acne Rosacea

Papulo-pustular rosacea was previously known as acne rosacea. The term is not preferred nowadays.

14. Acne tarda / Acne adultorum:

Acne tarda also called adult acne is defined as acne that develops or persists after the age of 25.¹⁹ It usually specifies inflammatory acne in the lower facial region or widespread macrocomedones especially in women. The etiology is controversial and evaluation of features relating hyperandrogenism is necessary.

Acne vermoulanti / Atrophoderma vermiculata / Folliculitis ulerythematosa reticulata

This atrophic variant of keratosis pilaris is a rare genodermatoses presenting as an inflamed, reticulate atrophic scarring of the face. ^{20,21} It starts with erythematous follicular papules on the cheeks in childhood which later progresses to form "worm eaten" or "honey combed" reticular atrophy, the morphological hallmark of the disease.

16. Acne venenata / Chloracne

The term specifies acne induced by systemic exposure to various halogenated aromatic hydrocarbons 'chloracnegens'. The exposure can be occupational or environmental and is common presents with multiple comedones initially over the temporal retroauricular area, mandibular

area and sides of neck. It may progress to involve the axilla, scrotum, extremities, trunk and buttocks. Dioxin is the most potent environmental chloracnegen. There is presence of epidermal cysts with no sebaceous gland hypertrophy and hence is a form of acne that does not respond to isotretinoin.

Acne venenata are acne induced on exposure to external chemical agents.

17. Acne vulgaris

Is the term commonly employed for common acne.

18. Follicular occlusion tetrad

It is a disease complex comprising of hidradenitis suppurativa, acne conglobata, dissecting cellulitis of the scalp and pilonidal sinus.²³ The triad comprising of former three disorders is called follicular occlusion triad.

19. Gram negative folliculitis

It is a form of gram negative bacterial folliculitis that mimics acne.²⁴ It is a complication of prolonged oral or topical antibiotic therapy, in particular tetracycline. Sudden onset multiple follicular pustules occur in perinasal and perioral areas. Two types have been described: type I, the most common (80%), with multiple papules and pustules in mid face and type II characterized by inflammatory nodules and cysts. Systemic antibiotics including ampicillin, cephalosporin and cotrimoxazole combined with oral isotretinoin are often helpful.

20. Infantile Acne

Here acne presents typically between 3 to 12 months of age. They tend to be more inflamed along with comedones and or scarring. Rather than maternally passed androgens, the pathogenesis is thought be because of transient premature production of androgens from the infantile adrenals.²⁵

21. Morbihan's syndrome / Solid facial edema

It is a rare entity characterized clinically by chronic woody erythematous induration localized on the forehead, glabella, eyelids, or cheeks. This entity has also been described in rosacea and is believed to occur because of impaired lymphatic drainage

and fibrosis (potentially induced by mast cells) in the background of chronic inflammation.²⁶

22. Neonatal Acne / Neonatal cephalic pustulosis

These are inflamed papulo-pustules arising primarily on the cheeks, nasal bridge, forehead, chin, neck or upper trunk is the neonatal period. Comedo lesions and scarring are rare. Today it is considered to be an inflammatory reaction to commensal Malassezia (furfur, sympoidialis).²⁷

23. Neutrophilic dermatosis associated with acne

Some common abbreviations of acne associated with neutrophiic dermatoses include SAPHO syndrome (synovitis, acne, pustulosis, hyperostosis and osteitis), PAPA syndrome (Pyogenic arthritis, pyoderma gangrenosum and acne), PASH syndrome (Pyoderma gangrenosum, acne and suppurative hidradenitis) and PAPASH syndrome (Pyogenic arthritis and PASH syndrome).

24. Picker's acne / Acne excoriee

It is a form of compulsive neurotic habit of picking and squeezing acne lesions to produce secondary lesions.

25. Pomade Acne

Pomade is a scented ointment or oil for dressing the hair often used by Afro-Caribbeans. Hair oil or such products may cause acne like eruptions consisting mainly of closed comedones over the forehead and temples. ²⁸

26. Pseudoacne of the nasal crease

Milia, cysts and comedones presenting in the early childhood and lined up horizontally in the lower third of the nose are the pseudoacne lesions.²⁹ This transverse crease corresponds to the separation point between the alar cartilage and triangular cartilage of nose.

27. Pyoderma faciale / Rosacea fulminans

The term was originally considered to be a variant of acne, but now is considered to be representing rosacea.³⁰ It is also called as rosacea fulminans. It is a disorder primarily affecting post-adolescent women and is characterized by fulminant eruption of inflammatory papules, pustules and nodules on the face but rarely comedones. The lesions are frequently preceded by flushing.

References

- Mills OH, Kligman AM. Acne Aestivalis. Arch Dermatol 1975; 111: 891-2. http://dx.doi. org/10.1001/archderm.1975.01630190081008
- Jaeyoung S, Kim YC. Multiple agminated acquired melanocytic nevi. Ann Dermatol 2013; 25: 251-2. http://dx.doi.org/10.5021/ ad.2013.25.2.251
- 3. Skowron F, Causeret AS, Pabion C, Viallard AM, Balme B, Thomas L. F.I.GU.R.E.: facial idiopathic granulomas with regressive evolution. is 'lupus miliaris disseminates faciei' still an acceptable diagnosis in the third millennium? Dermatology 2000; 201: 287-9. http://dx.doi.org/10.1159/000051539
- Echols K, Fang F, Patterson JW. A Review of Lupus Miliaris Disseminatus Faciei-Like Histopathologic Changes in 10 Cases. J Clin Exp Dermatol Res 2014; 5: 223. http://dx.doi. org/10.4172/2155-9554.1000223
- Mullan E, Green P, Pasternak S. Lupus miliaris disseminates faciei with extrafacial involvement in a 17-year-old white girl. J Cutan Med Surg 2011; 15: 340-3. http://dx.doi. org/10.2310/7750.2011.10034
- Dawson GW.Acne Agminata.Proceedings of the Royal Society of Medicine. Dermatology Sect 1909; 2: 45-8.
- James WD, Berger TG, Elston DM. Contact dermatitis and drug eruptions. In: James WD, Berger TG, Elston DM, editors. Andrews' Diseases of the Skin Clinical Dermatology. 11th ed. Philadelphia: Elsevier Saunders; 2011. P.90.
- 8. Layton AM. Disorders of Keratinization. In: Burns T, Breathnach S, Cox N, Griffiths C, editors. Rook's Textbook of Dermatology. 8th ed. Oxford: Wiley Blackwell; 2010. p. 42.82-42.83.
- Hulmani M, Kudur M. Misnomers in dermatology: time to change and update. Indian J Dermatol Venereol Leprol 2013; 79: 479-91. http://dx.doi.org/10.4103/0378-6323.113075
- Mills OH, Klingman AM. Acne detergicans. Arch Dermatol 1975; 111: 65-8. http://dx.doi. org/10.1001/archderm.1975.01630130067007
- 11. Decker A, Graber EM. Over-the-counter acne treatments. J Clin Aesthet Dermatol 2012; 5: 32-40.

- Wollina U, Koch A, Heinig B, Kittner T, Nowak A. Acne inversa (Hidradenitis suppurativa): A review with a focus on pathogenesis and treatment. Indian Dermatol Online J 2013; 4: 2-11. http://dx.doi.org/10.4103/2229-5178.105454
- 13. Beckett N, Lawson C, Cohen G. Electrosurgical excision of acne keloidalis nuchae with secondary intention healing. J Clin Aesthet Dermatol 2011; 4: 36-39
- 14. Basler RS. Acne mechanica in athletes. Cutis 1992; 50: 125-8.
- Knierim C, Goertz W, Reifenberger J, Homey B, Meller S. Fiddler's neck. Hautarzt. 2013; 64: 724-6. http://dx.doi.org/10.1007/s00105-013-2647-5
- 16. Strauss RM, Harrington Cl. Stump acne: a new variant of acne mechanica and a cause of immobility.Br J Dermatol. 2001; 144: 647-8. http://dx.doi.org/10.1046/j.1365-2133.2001.04116.x
- 17. Milde P, Goerz G, Plewig G. Acne necrotica (varioliformis). Necrotizing lymphocytic folliculitis. Hautarzt 1993; 44: 34-6
- Kossard S, Collins A, McCrossin I. Acne necrotica (varioliformis). Necrotizing lymphocytic folliculitis. J Am Acad Dermatol 1987; 16: 1007-14. http://dx.doi.org/10.1016/S0190-9622(87)80408-5
- 19. Jansen T, Janßen OE, Plewig G. Acne tarda. Acne in adults. Hautartz 2013; 64: 241-51. http://dx.doi.org/10.1007/s00105-012-2458-0
- James WD, Berger TG, Elston DM. Diseases of the skin appendages. In: James WD, Berger TG, Elston DM, editors. Andrews' Diseases of the Skin Clinical Dermatology. 11th ed. Philadelphia: Elsevier Saunders; 2011. P. 753.
- Handrick C, Alster TS. Laser treatment of atrophoderma vermiculata. J Am Acad Dermatol 2001; 44: 693-5. http://dx.doi. org/10.1067/mjd.2001.112379
- 22. Coenraads PJ, Brouwer A, Olie K, Tang N. Chloracne. Some recent issues. Dermatol Clin 1994; 12: 569-76.
- Vasanth V, Chandrashekar BS. Follicular occlusion tetrad. Indian Dermatol Online J 2014;
 491-3. http://dx.doi.org/10.4103/2229-5178.142517

- 24. Daniela ST, Maria POR, Andres TS, Antonio HM, Alexandro B. Gram-negative folliculitis. A rare problem or is it underdiagnosed? Case report and literature review. N Dermatol Online 2011; 3: 135-8.
- 25. Kuiri-Hanninen T, Haanpaa M, Turpeinen U, Hamalainen E, Dunkel L, Sankilampi U. Transient psotnatal secretion of androgen hormones is associated with acne and sebaceous hypertrophy in early infancy. J Clin Endocrinol Metabol 2013; 98: 199-206. http://dx.doi.org/10.1210/jc.2012-2680
- 26. Mahajan PM. Solid facial edema as a complication of acne vulgaris. Cutis 1998; 61: 215-6.

- 27. Serna-Tamayo C, Janniger CK, Micali G, Schwartz RA. Neonatal and infantile acne vulgaris: an update. Cutis 2014; 94: 13-6.
- 28. Davis EC, Callender VD. A Review of Acne in Ethnic Skin. J Clin Aesthet Dermatol 2010; 3: 24-38.
- Zaenglein AL, Thiboutot DM. Acne Vulgaris.
 In: Bolognia JL, Jorizzo JL, Schaffer JV, editors. Dermatology.3rd ed. New York: Mosby Elsevier; 2012; 553.
- 30. Plewig G, Jansen T, Kligman AM. Pyoderma faciale. A review and report of 20 additional cases: is it rosacea? Arch Dermatol 1992; 128: 1611-7. http://dx.doi.org/10.1001/archderm.1992.04530010049007