***no patient handout*

Acne conglobata - Skin

Synopsis

Acne conglobata is a disease that falls along the continuum of acne and tends to present as a painful, disfiguring, recalcitrant collection of interconnecting cysts, nodules, sinuses, and abscesses on the face, neck, chest, back, and shoulders. Whereas ordinary comedonal or inflammatory acne can frequently be controlled with topical agents, this disease often requires more aggressive treatment because of the intense degree of inflammation as well as the formation of deep nodules and cysts.

Acne conglobata can be seen as part of the follicular occlusion tetrad which includes dissecting cellulitis, pilonidal cysts, and hidradenitis suppurativa. The follicular occlusion tetrad is difficult to treat, as there are few effective treatment modalities available.

Pathogenesis is thought to be primary occlusion of the pilosebaceous unit followed by rupture with subsequent profound inflammatory response and frequent secondary infections. Lesions heal with scarring. Acne conglobata can run within families, and it typically affects young men around age 16. Women are affected less frequently.

Codes

ICD10CM:
L70.1 – Acne conglobata

SNOMEDCT:
42228007 – Acne conglobata

Look For

Deep, painful nodules, cysts, abscesses, and sinus tracts along the face, neck, back, chest, and shoulders. It has also been described on the arms, thighs, and perianal region. There can be active purulent drainage from these sites.

This is typically a disease process of pubertal adolescent or adults.

Diagnostic Pearls

It may be difficult to distinguish acne conglobata from the more severe end of the spectrum of acne vulgaris. Nodules, double comedones, and deep cysts with sinus tracts are the hallmark of this process.

Differential Diagnosis & Pitfalls

- **Acne vulgaris** – A milder form encompassing either comedonal or inflammatory lesions. Deep cyst or abscess formation is unusual.

- **Medication-induced disease** – A few cases of acne conglobata following lithium use have been reported. This should resolve after discontinuation of medication. A careful drug history is important to ensure the patient is not taking androgenic steroids that could also cause a similar picture.

- **Pseudofolliculitis barbae** – Lesions are restricted to the beard region in men. It is typically less severe in presentation, but it can have similar inflammatory nodules.

- **Acne fulminans** – Severe inflammatory acne with conglobate lesions and extensive involvement (often on the chest, back, and arms) in association with pain, tenderness, fever, malaise, and occasionally joint symptoms.

Best Tests

This is primarily a clinical diagnosis based on extent and nature of involvement.

Wound/abscess culture is not recommended, as growth of nonpathogenic organisms may lead to unnecessary use of antibiotics.

Management Pearls

Oral isotretinoin is the treatment of choice. Pretreatment with prednisone and lower initial doses of isotretinoin, as used in acne fulminans patients, may be helpful in avoiding a flare of disease.

Therapy

Isotretinoin – Doses up to 2 mg/kg every 24 hours for 5 to 6 months. A second course may be necessary if disease recurs within several months following completion of initial treatment.

Oral antibiotics – Macrolides/tetracycline for anti-inflammatory effects.

- Minocycline 100 mg p.o. every 12 hours, or
- Doxycycline 100 mg p.o. every 12 hours, or
- Tetracycline 500 mg p.o. every 12 hours.

Topical antibiotics – 1% clindamycin gel every 24 hours or every 12 hours

Surgical resection – May help these patients. However, in cosmetically sensitive areas like the face, this may not be a realistic option.

Ablative laser – There are few case reports showing efficacy in a small number of patients treated with CO_2 laser.

Intralesional steroids – Can be beneficial to treat a few focal nodules but can be impractical if patient has extensive involvement.

Incision/drainage – Can be useful in the acute management of painful lesions that are affecting quality of life but not thought to be an adequate long-term management strategy.

Drug Reaction Data

Below is a list of drugs with literature evidence indicating an adverse association with this diagnosis. The list is continually updated through ongoing research and new medication approvals. Click on Citations to sort by number of citations or click on Medication to sort the medications alphabetically.

Medication	Citations
adalimumab	1
androgen	1
Calcineurin inhibitor	1
cyclosporine	1
lithium	1
Monoclonal antibody	1
testosterone	1