

Acne fulminans: A rare form of acne

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An 18 year-old male patient visited our hospital seeking dermatological care. He had history of mild acne vulgaris treated occasionally by topical treatments with little improvement, and had never taken isotretinoin. There was no family history of severe acne or isotretinoin use. He complained of rapid flare up of his acne lesions, within 2 months, with development of severe and extensive lesions, involving his face, back, shoulders and chest. Furthermore, he reported the onset of fever, along with chills and arthralgia of the shoulders which limited his daily activities. Physical examination showed multiple inflamed nodulocystic lesions (Fig. 1), painful on palpation, along with erythematous papules and extensive ulcerations with tick and adherent melliceric and hemorrhagic crusts on his face, back, shoulders and chest (Figs. 2 and 3). Initial testing revealed a white blood count of 17 000 without liver abnormalities. Radiographs didn't show any bone lesions. The diagnosis of acne fulminans was made and the patient was put on prednisone 30 mg daily with antibiotics. Four weeks later, isotretinoin was started at a low dose of 20 mg/day and corticosteroids were gradually tapered. A good clinical response with healing of the fever and arthralgia and progressive amelioration of his nodulocystic lesions was found in our patient.

Acne fulminans is a rare and severe ulcerative form of acne with an acute onset and systemic symptoms, mainly affecting young male aged 13-22 years, with history of acne vulgaris [1]. It is characterized by rapid onset of painful inflammatory nodules in the habitual areas of acne, which become suppurative, ulcerated and covered by hemorrhagic crusts [2]. The trunk is strongly affected, especially the back, but also the shoulders and face [3]. Systemic symptoms are essential for the diagnosis, most commonly



Figure 1: Multiple, scaly and some crusted erythematous papules and pustules, with confluent nodules and hemorrhagic ulcers on the forehead and both cheeks.



Figure 2: Papules, pustules, nodules and ulcerations on the chest.

fatigue, malaise, arthralgias, myalgias and fever [1]. Laboratory tests show blood count abnormalities, with leukocytosis and neutrophilia, and elevated erythrocyte sedimentation rate [3]. The treatment has been challenging and must be aggressive. It consists

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Figure 3: Diffuse ulceronecrotic lesions on the back with crusts and multiples erythematous papules and pustules.

of the use of oral steroids alone then in combination with oral isotretinoin [1].

CONSENT

The examination of the patient was conducted according to the Declaration of Helsinki principles.

REFERENCES

1. Zaba R, Schwartz RA, Jarmuda S, Czarnecka–Operacz M, Silny W. Acne fulminans: explosive systemic form of acne. *J Eur Acad Dermatol Venereol.* 2011;25:501-7.
2. Pereira MF, Roncada EM, Oliveira CM, Monteiro R, Abreu MA, Ortigosa LC. Acne fulminans and isotretinoin - Case report. *An Bras Dermatol.* 2011;86:983-5.
3. Proença NG. Acne fulminans. *An Bras Dermatol.* 2017;92 (5 Suppl 1):8-10.

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