REVISION CORNER

SEBORRHOEA

By

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Next to sweat glands, sebaceous glands are concerned as regards secretory activity of skin. They are holocrine glands. They are largely located in seborrhoeic sites viz. mid-face, scalp, presternal and interscapular region and all hairy regions. on the glans and subprepuce, they produce smegma. As they have no neural control they secrete sebum continuosly. It was Fuchs who in 1840 coined the term "seborrhoea" to designate increased and altered secretion of sebaceous glands resulting into excessive oiliness of the skin. Unna recognised the etiologic role of seborrhoea in some dermatitis and removed them from the heterogenous group of "eczema". *Clinically:* It is a very common condition in tropical climate or it may be associated with any of its other manifestations e. g. acne, rosacea, serorrhoeic dermatitis etc. There may be coexisting hyperhidrosis.

Etiology: Factors of significance are :—

1. *Constitutional back ground.* Darier described such skins by the term '*kerose*' characteristics of which are (i) dirty yellow or greyish coloration (ii) petulous pilosebaceous openings and (iii) slight thickening. According to modern concepts aberrent secretions of sweat and sebum and abnormalities of keratinization permit excessive growth of fungi or bacteria which leads to seborrhoeic dermatitis. There might be hereditary and family tendency.

2. *Endocrine Disturbances.* Seborrheic dermatitis is common in infancy, rare in childhood, and common again at puberty, adolescence and adulthood. It declines thereafter. All this suggest endocrine influences behind seborrhoeic state. It is to be assumed (Suzberger) that seborrhoea generally bears some relationship not only to the sex glands but also to the pitutary, thyroid and adrenal glands and to disturbances in the hypothalmic centres or midbrain.

3. Dietary factors.

Some foods (Chocolate, shellfish) starchy and fatty and drugs (iodides, bromides) sometimes act as accessory exciting factors.

4. Enviornmental factors.

Summer conditions favour its development.

SEBORRHOEIC DERMATITIS

Etiology: (1) It occurs chiefly on the basis of seborrhoea. The etiologic factors of the latter are discussed above (2) incidence is high in paralysis agitans and epilepsy. (3) Malssez in 1874 assigned causative role to yeast like fungi (spore

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of Malassez) called pityrosporon ovale. However there are others who consider it a secondary invader.

Clinical Picture. There are yellowish greasy scaly lesions in typical seborrhoeic areas like scalp, chest, back, face and hairy regions associated with seborrhoea. Itching is variable. Secondary infection and eczematization are common. There may be associated loss of hair in scalp. Lewis regards this loss of hair as due to hormonal factors responsible for seborrhoea and not due to dermatitis.

There is a flexural type involving axillae, groins and other intertriginous areas.

Leiner's disease is a serious exfoliative dermatitis of infants and is supposed to be of seborrhoeic origin.

Diagnosis: Typical localization differentiates seborrhoeic dermatitis from eczema and other scaly conditions.

Course: It is a chronic condition with remissions and relapses. Alopecia is a disturbing complication especially in young people.

Treatment: Management consists in (i) personal hygience by good shampooing of scalp and other areas; soaps are to be used for the purpose. Savlon and selsun shampoo may be used for scalp.

2. Diet: low fat and — vitamin B complex.

3. Cool enviornment where possible. 8 hrs good sleep is a must.

4. *Local Treatment.* Sulfur, resorcin and mercury are used as lotions, oils or ointments.

Among the newer ones dermoquinol, bradexvioform and pragmatar are useful clean applications. Hexachlorphene is a good antiseptic addition to above preparations.

ACNE VULGARIS

(GK akme = a point.)

General: Acne, seborrhoeic dermatitis etc. are grouped together because of their common localization in areas rich in sebaceous glands and secretion. This is distinct feature of all seborrhoeic conditions.

ETIOLOGY.

(1) Seborrhoea.

(2) Endocrine factors: They are the basic cause as evidenced by its occurrence at puberty, menses etc. There is evidence that some hormone in anterior pituatry is capable of causing sebaceous hyperplasia; so does the testosterone.

Recent work suggests improper metabolism of sebum after it leaves the gland and is one of the basic mechanisms in acne (3) Other factors like diet, constipation, climate and drugs aggravate it.

Clinical Manifestations: It is a disease of adolescents but prolongs to adulthood.

In the preadolescent period, skin will be oily and commedones may be seen especially on face. Later, papules, pustules, cysts, and scars appear. At this stage bacteria (acne, staphylococcus etc. super impose). It is these complications and

disfiiguring sequalae which are distressing to young patients who are worried about cosmetic aspect. This may cause psychologic depression.

These lesions occur on all the seborrhoeic areas but chiefly on face, scapular and shoulder areas and sometime whole back, also on chest.

TREATMENT.

(1) It should be started early for cure, prevention of complications and of psychologic trauma.

(2) Systemic treatment consists of

(i) Hormones especially oestrogens. They are chiefly recommended in ladies. $\frac{1}{4}$ gr Thyroid may be combined.

(ii) Antibacterial treatment.

(a) Sulfonamides (b) antibiotics.

Give in short courses of 3 — 4 days at fortnightly intervals. Auto-vaccine helps in some cases.

(iii) Diet: Simple, leafy and nonfatty.

(iv) Vitamins: Vit A particularly for commedone stage. B. complex is given as a routine.

LOCAL TREATMENT.

(1) *Soap* must be used either simple or as medicated like sulfur or mercurry one (Neko).

(2) Sulfur and resorcin lotions are to be preferred to ointments.

(3) U. V. Rays and X rays are useful when other measures fail.

ROSACEA

It is a chronic disorder of middle age. According to Sequeira "the basic factor in rosacea is a vasomotor instability in a seborrhoeic subject". Therefore the nervous factors are superadded on endocrine and dietetic factors. Hypochlorhydria is a frequent finding.

Clinically: It affects the central flush areas of face especially the nose. The condition is characterized by erythema, occasionally by papules pustules and telengiectasia in varying degree. Occasionally there may be occular complications like blepheritis, keratitis and corneal ulceration.

Rosacea is essentially a chronic congestion the ultimate sequalae of which may be enlarged nose due to hypertrophy of sebaceous glands. This disfiguering condition is called Rhinophyma.

Treatment: (1) Dil. Hcl. is so effective that if there is no improvement, the diagnosis should be revised. Give it in increasing dosage: 5 m tds—10—15 tds till discomfort occurs.

Establish maintenence dose.

Other treatment is as for acne.

Rhinophyma requires surgical treatment or electrodessication.

(To be continued)