

A STUDY OF FACIAL DERMATOSIS - 370 CASES

(Excluding Pyoderma and Acne vulgaris Grade 1 and 2)

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A total of 370 cases having different types of facial lesions were studied for a period of one year. Fifty three different entities were found. Out of 370 cases, 170 were males and 200 females ranging in age from 4 months to 70 years. Maximum number of cases (35) were of chloasma (9.5%) and 26 were of other pigmentary disorders (7.2%) Eight cases (21.6%) were of infective disorders.

Key words : Facial dermatoses

Introduction

Face is the mirror, reflecting the physical and mental well being of a person. Face is the most cosmetically appearing area of the skin. The abundance of blood vessels and autonomic fibres explain the erythemas, flushing and eventual rosacea, we see, in the facial area. Facial skin is the home for acne, comedones and seborrhoeic dermatitis as it is rich in sebaceous glands. By showing some pathognomonic features, face can be the immediate diagnostic point in some specific disorders; 'leonine face' in leprosy; 'bull -dog face' in syphilis and 'bird-like face' in progeria etc. The aim of the present study is to find out different clinical patterns of facial lesions and incidence of its involvement in various skin disorders and systemic disorders.

Subjects and Methods

A total of 11100 cases were examined from the out patient department of Dermatology, Civil Hospital, Ahmedabad for one year (March - 93 to March - 94). Out of these, 370

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cases with various facial dermatoses were studied. Among 370 cases, 170 were males and 200 females ranging in age from 4 months to 70 years.

A detailed history and clinical examination were done in all patients. Investigations like hemogram, urine and stool analysis, Tzanck smear, smear for fungus, and skin biopsy were done in pertaining cases where they were necessary. Specific investigations like ANA factor was done in cases of discoid lupus erythematosus and malar erythema. X-ray chest and tuberculin test were done in cases of lupus vulgaris. Other investigations like USG abdomen (Peutz-Jegher Syndrome), lipid profile (xanthelasma palpebrarum) and X-ray skull were done to find out associated systemic disorders.

Observations

In the present study, out of 370 cases, 35 patients had chloasma, 15 had nodulocystic acne, 15 had seborrhoeic dermatitis and 12 had actinic lichen planus (Table I). Different genetic disorders with facial involvement were recorded in 23. Out of these, 5 patients had

neurofibromatosis, 5 had tuberous sclerosis, and 6 had xeroderma pigmentosum. Other rare skin conditions like urticaria pigmentosa and dermatitis artefacta were also present. In case of juvenile xanthogranuloma multiple asymptomatic nodules were present all over body including face since birth. Diagnosis was confirmed by skin biopsy. One patient had extensive seborrhoeic dermatitis on face and he was HIV-positive. Four cases of malar erythema showed positive ANA titre and positive LE cells.

Table 1 - Incidence of facial dermatoses

Disease	No. of cases	Percentage
Genodermatosis	23	6.2
..... Autosomal dominant	10	
..... Autosomal recessive	13	
Naevi	29	7.8
Metabolic	12	3.2
Autoimmune	49	13.2
..... Collagen diseases	37	
(SLE, MCTD, S.S) Vesiculobullous (pemphigus, pemphigoid)	12	
▶ Pigmentary disorders	61	16.5
Hypermelanosis	51	
Depigmented	10	
▶ Keratinizing disorders (Psoriasis, PRP, Darier's disease)	14	3.8
▶ Infective	80	21.6
..... Bacterial (Lupus vulgaris, leprosy)	15	
..... Viral (Herpes zoster, herpes simplex molluscum contagiosum, warts)	31	
..... Fungal (Tinea versicolor, tinea faciei)	24	
..... Treponemal (Syphilis)	10	
▶ Eczema and photodermatitis	36	9.7
Tumours	13	3.5
..... Benign (seborrhoeic keratosis, Juvenile xanthogranuloma Syringoma, trichoepithelioma)	11	
..... Malignant Basal cell carcinoma	02	
▶ Miscellaneous (Nodulocystic acne, Lichen planus)	53	14.3
Erythema multiforme, Urticaria pigmentosa, Dermatitis artefacta, SJ Syndrome, rhinophyma, Wegener's granulomatosis)		

A patient with chronic abdominal pain was operated for abdominal polyp from surgical department. After that he was referred to skin department for perioral pigmentation and was diagnosed as Peutz Jegher syndrome. His two daughters had similar complaint. One case of macroglossia with oral lesion was diagnosed as lipoid proteinosis by mucosal biopsy and presence of typical 'beads in string' appearance on left eyelid. One female patient had nodulo ulcerative lesion of basal cell carcinoma.

Discussion

In the present study, chloasma was the commonest facial dermatosis (9.5%) observed and oral contraceptive was one of the major offending agents for the development of chloasma in females.¹ Nodulocystic acne was the second most common facial dermatosis in the present study. It was resistant to conventional therapy. Along with oral antibiotics (tetracycline, minocycline) intralesional steroids², were given with satisfactory response. Out of 15 cases of seborrhoeic dermatitis one male patient was HIV positive. In the present study higher incidence of actinic lichen planus (60% cases of LP) was recorded³. That may be due to the fact that face is the common photoexposed site of our body. Incidence of genodermatosis was 6.2% in the present study that suggests that face is the common presenting site for various genetic disorders. Facial presentation is also very common in various nevoid conditions, its incidence being 7.2%.

This study suggests that face is the very common presenting site for common and uncommon disorders of the skin as well as various systemic disorders.

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