



Common Skin Conditions



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PLASTIC SURGEON

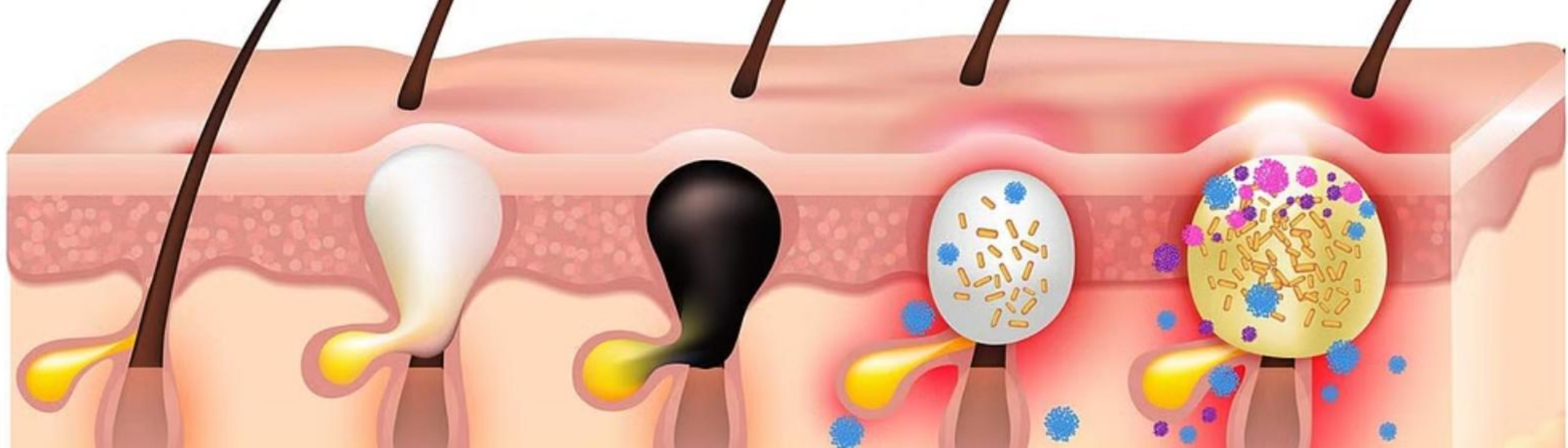
Acne: Definition and Causes

Definition

Acne is a chronic inflammatory skin condition that primarily affects the pilosebaceous units (hair follicles and sebaceous glands). It is most common during adolescence but can persist into adulthood.

Causes

- Hormonal changes: Androgens increase sebum production, leading to clogged pores
- Bacterial activity: Cutibacterium acnes (formerly Propionibacterium acnes) proliferates in clogged follicles, causing inflammation
- Excess sebum production: Overactive sebaceous glands contribute to clogged pores
- Dead skin cells: Accumulation of keratinocytes can block follicles
- Lifestyle factors: Stress, diet, and certain cosmetics may exacerbate acne



Acne: Symptoms and Treatment



Symptoms

Non-inflammatory lesions: Comedones (blackheads and whiteheads).

Inflammatory lesions: Papules, pustules, nodules, and cysts.

Scarring: Severe acne can lead to permanent scarring.



Treatment

Topical treatments: Retinoids, benzoyl peroxide, salicylic acid, and antibiotics.

Oral medications: Antibiotics (e.g., doxycycline), hormonal therapy (e.g., oral contraceptives), and isotretinoin for severe cases.

Lifestyle modifications: Gentle skincare, avoiding comedogenic products, and managing stress.



Rosacea: Definition and Causes

Definition

Rosacea is a chronic inflammatory skin condition that primarily affects the face, causing redness, visible blood vessels, and sometimes acne-like bumps.

Causes

- Genetic predisposition: Family history of rosacea increases risk
- Immune system dysregulation: Abnormal immune responses may contribute
- Environmental triggers: Sun exposure, hot or spicy foods, alcohol, and stress
- Demodex mites: Overgrowth of these mites on the skin may play a role

Rosacea: Symptoms



Erythema

Persistent facial redness, especially on the cheeks, nose, and forehead.



Telangiectasia

Visible blood vessels.



Papules and Pustules

Acne-like bumps without comedones.



Ocular Involvement

Dryness, irritation, and redness of the eyes (ocular rosacea).



Phymatous Changes

Thickening of the skin, particularly on the nose (rhinophyma).

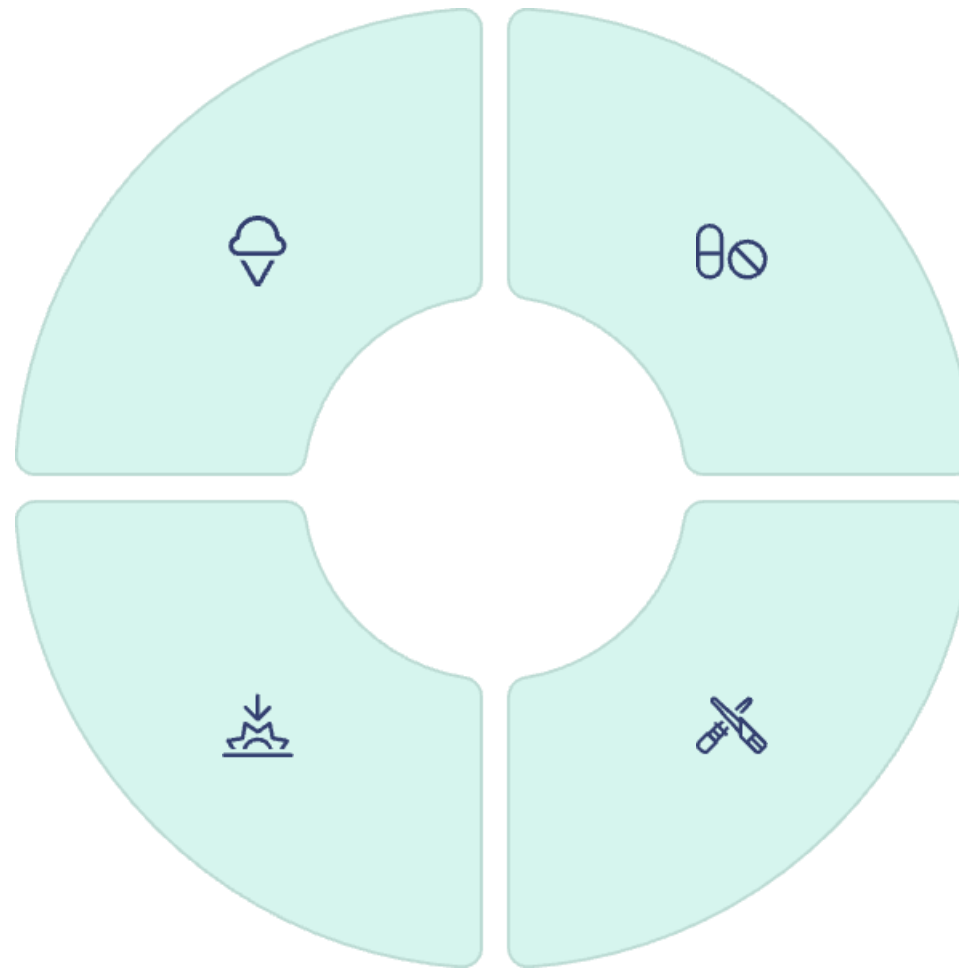
Rosacea: Treatment Options

Topical Treatments

Metronidazole, azelaic acid, and ivermectin.

Lifestyle Modifications

Identifying and avoiding triggers, using gentle skincare, and wearing sunscreen.



Oral Medications

Antibiotics (e.g., doxycycline) and isotretinoin for severe cases.

Laser Therapy

For visible blood vessels and redness.
(PDL , CO2 RF !)

Eczema: Definition and Causes

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Definition

Eczema is a chronic, relapsing inflammatory skin condition characterized by dry, itchy, and inflamed skin. It is often associated with a personal or family history of atopy (e.g., asthma, allergic rhinitis).

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Genetic Factors

Mutations in the filaggrin gene impair the skin barrier.

3

Immune Dysregulation

Overactive immune responses to environmental triggers.

4

Environmental Factors

Allergens, irritants, and climate changes.

5

Skin Barrier Dysfunction

Increased transepidermal water loss and susceptibility to irritants.





Eczema: Symptoms



Itching

Intense pruritus, often worse at night.



Rash

Red, dry, and scaly patches, commonly on the face, elbows, and knees.



Lichenification

Thickened, leathery skin due to chronic scratching.



Secondary Infections

Bacterial (e.g., *Staphylococcus aureus*) or viral (e.g., herpes simplex) infections.

Eczema: Treatment Approaches

Topical Treatments

Corticosteroids, calcineurin inhibitors (e.g., tacrolimus), and emollients.

Systemic Treatments

Oral corticosteroids, immunosuppressants (e.g., cyclosporine), and biologics (e.g., dupilumab).

Lifestyle Modifications

Avoiding triggers, using fragrance-free products, and maintaining skin hydration.



Psoriasis: Definition and Causes

Psoriasis is a chronic autoimmune condition characterized by rapid skin cell turnover, leading to thick, scaly plaques. The condition results from a complex interaction between genetic factors and environmental triggers, causing the immune system to accelerate skin cell growth.

Genetic Predisposition

Family history of psoriasis increases risk

Immune System Dysfunction

Overactive T-cells trigger inflammation

Environmental Triggers

Stress, infections, and certain medications



Psoriasis: Symptoms



Psoriasis manifests with thick, red, scaly plaques, commonly on the elbows, knees, and scalp. Nail changes such as pitting, thickening, and separation from the nail bed are common. Some patients develop psoriatic arthritis, causing joint pain and inflammation. Affected areas often experience itching and pain.

Psoriasis: Treatment Options



Topical Treatments

Corticosteroids, vitamin D analogs, and retinoids



Phototherapy

UVB or PUVA therapy



Systemic Treatments

Methotrexate, cyclosporine, and biologics



Lifestyle Modifications

Managing stress, avoiding triggers, maintaining hydration

Contact Dermatitis: Overview

Contact dermatitis is caused by exposure to irritants (e.g., chemicals) or allergens (e.g., nickel, poison ivy). It manifests as a red, itchy, and sometimes blistering rash at the site of contact.



Exposure to Irritant/Allergen

Contact with chemicals, metals, or plants



Skin Inflammation

Immune response triggers inflammation



Rash Development

Red, itchy, sometimes blistering rash appears



Resolution

Rash resolves with treatment and allergen avoidance

Seborrheic Dermatitis: Overview



Scalp Involvement

Often appears as dandruff with greasy, yellow scales



Facial Involvement

Red, greasy patches commonly affect eyebrows, sides of nose, and behind ears



Chest Involvement

Can appear as red, scaly patches in the central chest area

Seborrheic dermatitis is associated with overgrowth of *Malassezia* yeast, hormonal changes, and stress. It presents as red, greasy, and scaly patches, commonly on the scalp (dandruff), face, and chest.

Dermatitis: Treatment Approaches

Dermatitis Type	Primary Treatments	Secondary Treatments	Lifestyle Modifications
Contact Dermatitis	Avoidance of irritants/allergens	Topical corticosteroids	Identifying and avoiding triggers
Seborrheic Dermatitis	Antifungal shampoos (e.g., ketoconazole)	Topical corticosteroids	Using gentle skincare
Both Types	Emollients	Antihistamines for itching	Managing stress



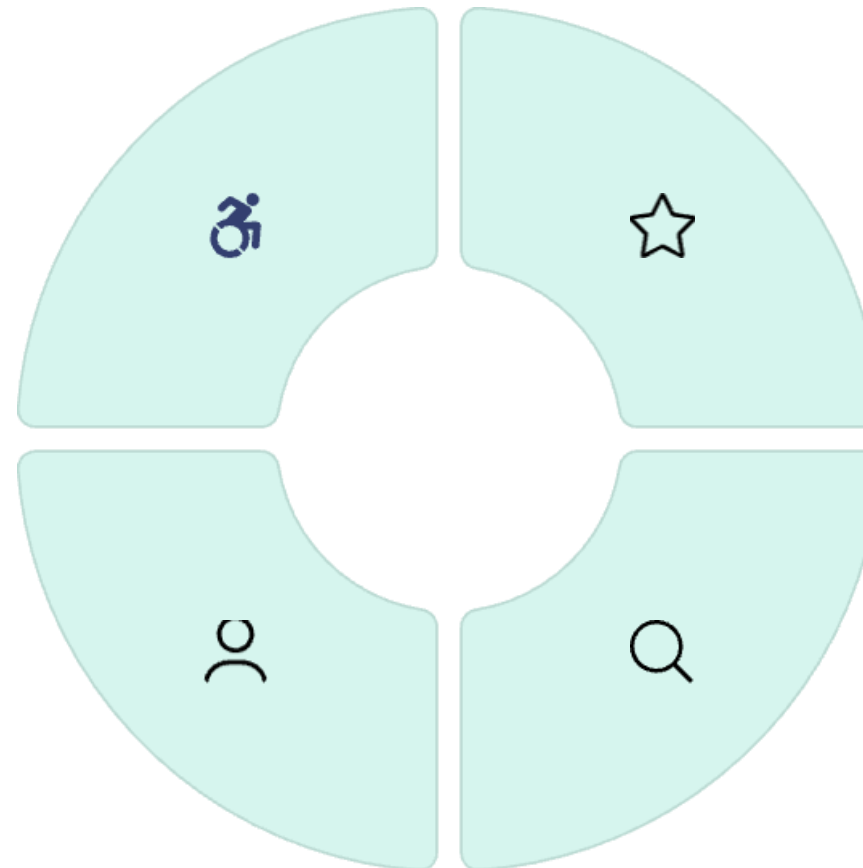
Diagnostic Features of Skin Conditions

Acne

- Comedones (blackheads/whiteheads)
- Papules and pustules
- Often on face, chest, back
- Associated with adolescence
- May leave scarring

Psoriasis

- Well-defined plaques
- Silvery scale
- Extensor surfaces
- Nail changes
- Possible joint involvement



Rosacea

- Facial redness (erythema)
- Visible blood vessels
- No comedones
- May affect eyes
- Triggered by environmental factors

Eczema

- Intense itching
- Dry, scaly patches
- Often in flexural areas
- Associated with atopy
- Chronic and relapsing

Help you Hour shand skin

Prevention Strategies for Skin Conditions



Maintain Skin Barrier

Use gentle cleansers and moisturize regularly to support the skin's natural barrier function, which helps prevent eczema flares and reduces irritation in all skin conditions.



Sun Protection

Apply broad-spectrum sunscreen daily to prevent rosacea flares and reduce inflammation in psoriasis and other conditions. Sun exposure can worsen many skin disorders.



Identify Triggers

Keep a journal to track potential triggers for your specific skin condition, whether they're foods, environmental factors, or skincare products that may cause flare-ups.



Healthy Lifestyle

Manage stress, maintain a balanced diet, get adequate sleep, and avoid smoking to reduce inflammation and support overall skin health.

