Acne conglobata, a severe form of acne vulgaris, often produces pronounced disfigurement. We describe a 23-year-old man with acne conglobata. Although this type of acne is often more marked on the back rather than on the face, our patient was unusual in that it was localized mainly to the cheeks. Conventional medical therapy was ineffective or contraindicated. Radical surgical excision with subtotal removal of cheek skin and subcutaneous tissue was performed with an excellent result.

Acne conglobata (AC) is a member of the follicular occlusion triad, which also includes hidradenitis suppurativa and dissecting cellulitis of the scalp. It is a severe form of acne found mainly in white males. The condition usually appears in the early teens, but unlike other forms of acne, becomes increasingly active in the second to third decades of life. It is clinically characterized by multiple inflammatory, tender nodules; cysts; and comedones, which are often accompanied by fistulas, abscesses, phlegmon, and draining sinuses. It can affect all hair-bearing areas, surpassing the usual acne distribution. AC may be especially severe on the back, however the face is usually spared its aggressive nature. This disease often leaves extensive, disfiguring scars. In addition, malignant degeneration may occur in chronic scars of AC.

Case Report
A 23-year-old black man was seen with worsening acne that has been present since his teens. He suffered from a number of medical conditions including mental retardation, cerebral palsy, spastic quadriplegia, global developmental delay, and seizure disorder. He has been treated with phenytoin and phenobarbital treatment for his seizures.

FIGURE 1. Acne conglobata on the cheek.

On physical examination there was extensive erythema and tenderness of both cheeks. Confluent, 1- to 2-cm nodulo-cystic lesions formed impressive masses with underlying draining abscesses and widespread keloidal scarring (Figure 1). Examination of the trunk, axillae, and groin revealed less severe involvement. The patient experienced moderate improvement with conventional topical and systemic acne medications including two short 1-week courses of oral isotretinoin. However, the isotretinoin exacerbated the patient’s seizure disorder and was subsequently discontinued.

Minimal improvement of the inflamed, suppurative masses and chronic pain prompted a surgical consultation. It was determined that right- and left-cheek excisions were best completed as two separate procedures. Pharmacologic treatment, excluding oral isotretinoin, was continued for an additional 2 months to assist in the reduction of inflammation before the first operation.

The first stage of surgical intervention involved excision of the right facial mass, which was measured as 14 cm × 7 cm. Block resection of all necrotizing ulcers, fistulas, and internal masses was also performed. This meant virtual removal of the entire cheek. In the second stage, an autologous split-thick-
ness skin graft harvested from the right thigh was used to close the defect (Figure 2).

Histopathologic examination of the resected mass was consistent with acne conglobata, revealing acute and chronic inflammation surrounding a follicular structure with focal dermal fibrosis. There was no evidence of malignant transformation.

DISCUSSION

Medical treatment of severe cases of acne conglobata had been largely unsuccessful until oral isotretinoin came into use. The value of isotretinoin treatment is mainly due to its inhibitory effect on sebum production. Most patients achieve remission when given an adequate dose for an appropriate period of time. On occasion, good results may be evident with therapeutic regimens including systemic and intralesional corticosteroids, oral zinc sulfate, X-ray epilation, and cryoprobe treatments. Unfortunately, these therapies may not be practical or effective in handling bulky, mutilating acne as seen in our patient.

Excision is the most radical form of acne treatment with skin grafting as the most frequent method of relatively large skin defect repair. Incisions do not eliminate the disease. Rather, they can be offered only for the palliative treatment of abscesses and fistulas. It is worthy to note that in extreme cases, refractive to standard medical therapies, a dramatic surgical approach is justified. Our case exemplifies this method of treatment.

REFERENCES