DOI: 10.26717/BJSTR.2018.07.001552

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Mini Review Open Access 3

The Placement of Exanthema Characteristic for Adult Acne Among Women



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Received:

☐ July 29, 2018; Published:
☐ August 09, 2018

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Mini Review

Adult women, living in a contemporary world are exposed to a series of illnesses. A faster and more demanding professional lifestyle creates more stressful situations. The productive age, besides general good health condition also requires the right appearance. The skin as an organ, that is the most visible reflection of our inner condition and each physiological abnormality of organism can show itself in skin changes. That is exactly what happens in case of acne vulgaris among adult women. Everyday exposure to stress also seems to be one of the potential factors worsening the condition of skin of patients with acne. The nervous tension may cause the activation of inflammatory conditions of skin and appearance of exanthema [1]. Patients suffering from the problem of acne display much higher mental pressure than those suffering from other chronic diseases such as diabetes or asthma. Approximately half suffer from low self-esteem, and in drastic cases, it may lead to depression or suicidal attempts [2]. Scientists who research large groups of probands agree with Loughlin, that the illness may appear also in maturity [3]. The most characteristic skin changes for acne vulgaris are first blackheads and whiteheads, more seldom papules and pustules.

Their placement in most of the cases covers the area of lower part of the face: a jaw, cheeks, a chin and a neck. The research in India proved greater frequency of the problem appearance among women. In 80% it covered cheeks, less acute effects were visible on a chin, a nose, a jaw and a forehead. The European research points out to a jaw as the most common placement of inflammatory exanthema in most cases those were basic exanthema such as: a blackhead, a papule or a few pimples [4]. Dreno, while conducting research on 374 patients, had disproved his own previous theory regarding the appearance of exanthema that accompany acne in the lower part of the face. The surprising fact was that in 90% of the researched, the placement of exanthema was the same as in their puberty. Due to such results, it was proposed to start treating adults by using standard treatments that were dedicated to teenagers [5]. Personal research conducted on a group of 60 women, which had

the purpose of showing the influence of Ferulic acid substance and d'Arsonwal's currents on the number of exanthema among adult women suffering from acne, showed essential facts [6]. Besides confirming the decrease of both inflammatory and non-inflammatory exanthema, the observation was also conducted that aimed at pointing out the placement of exanthema on probands' faces (Table 1).

<u>Table 1:</u> ¹Chi² (4,81); ²Chi² (0,01); ³Chi² (0,10); ⁴Chi² (0,34); ⁵Chi² (0,35); ⁶Chi² (0,35); ⁷Chi² (1,02).

	Ferulic acid (N=30)	D`Arsonwal (N=30)	In total (N=60)	Value p
forehead	10 (33,3%)	3 (10,0%)	13 (21,7%)	10,0283
cheeks	22 (73,3%)	22 (73,3%)	44 (73,3%)	21,00
jaw	7 (23,3%)	6 (20,0%)	13 (21,7%)	30,7540
chin	9 (30,0%)	7 (23,3%)	16 (26,7%)	40,5593
chest	2 (6,7%)	1 (3,3%)	3 (5,0%)	50,5536
back	2 (6,7%)	1 (3,3%)	3 (5,0%)	60,5536
neck	0 (0,0%)	1 (3,3%)	1 (1,7%)	70,3132

No significant statistical changes regarding the placement of exanthema on face parts between two groups of probands were noticed. However, the cheek is the most commonly afflicted part of the face in both groups that treated with Ferulic acid - 22 (73,3%) and d'Arsonwal's currents - 22 (73,3%). When following Dreno and other scientists' research, in most cases the lower part of face is dominant in case of exanthema placement. Only single Dreno study, shows a different state, when comparing the face distribution covered by acne to features characteristic for teenagers. Also, personal observations prove that the cheek is the part of skin covered with exanthema the most. Then, the suggestion to start adult treatment from standard treatments applied among teenagers does not seem entirely right. As Dreno himself evaluates,

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adult skin shows higher tendency towards irritations and slower reaction to treatments. Therefore, it requires correct adjustment of therapy to the patient's age [4].

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ISSN: 2574-1241

DOI: _10.26717/BJSTR.2018.07.001552

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