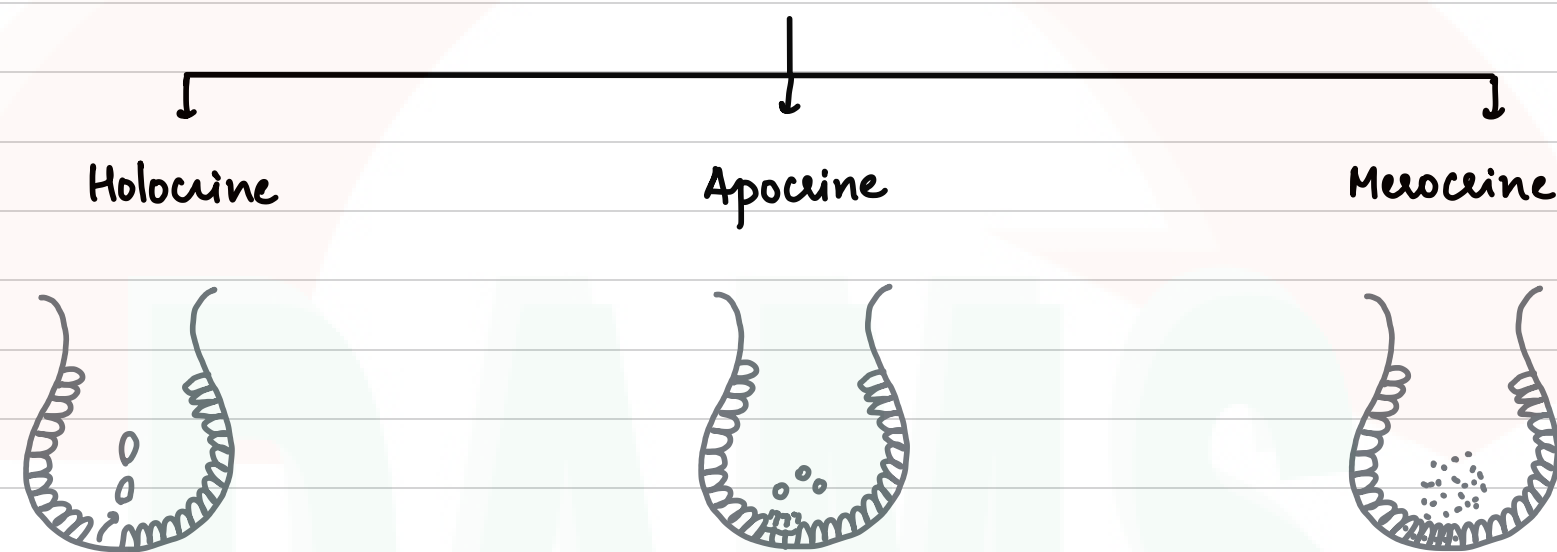


APPANDAGEAL DISORDERS

GLANDS



Sebaceous gland

Apocrine Gland

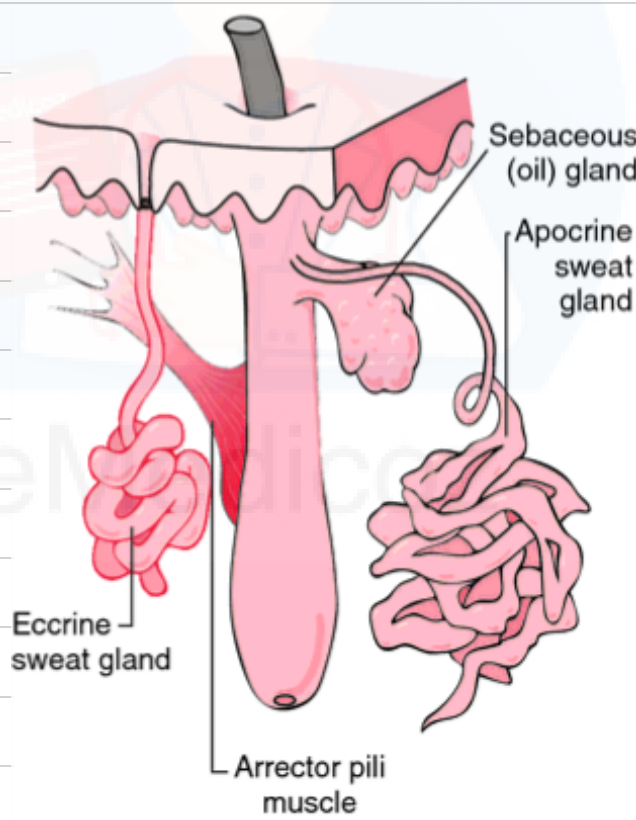
Eccrine gland

- whole cell detach & form the secretion

Apical parts of cell detach & form secretion

lining of gland is normal

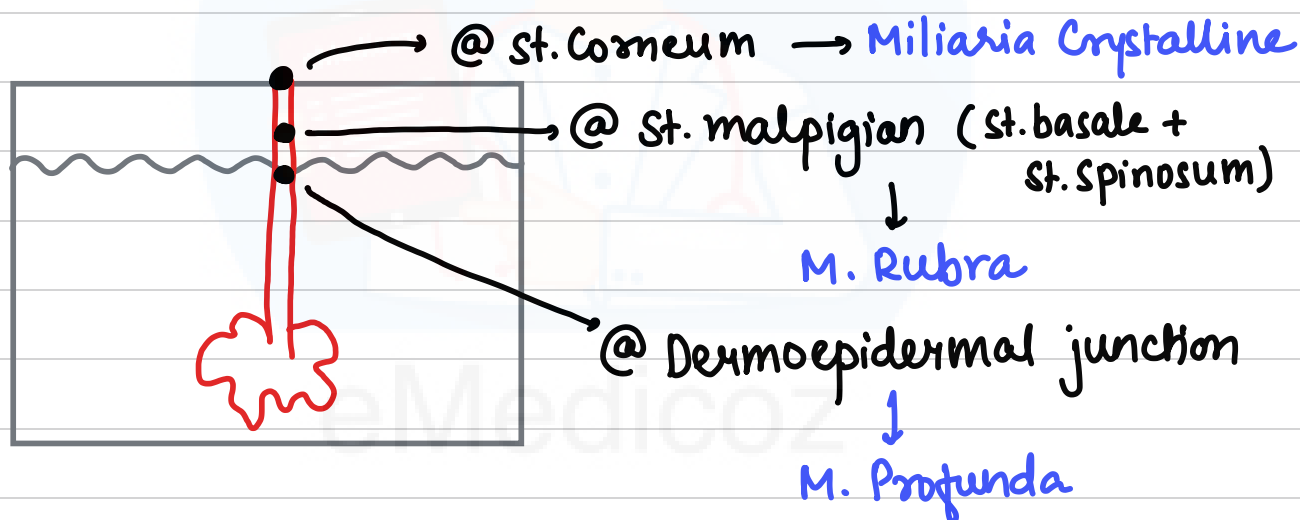
SWEAT GLANDS



ECCRINE GLAND	APOCRINE GLAND
Merocrine Secretion present all over the body (Except mucosa) { Palm & Sole have maximum } Back = minimum Are present Since birth & Active Since birth Function = Thermoregulation	Apocrine Secretion Present at Axilla, Areola, Groin Form at the time of Puberty Androgen dependent Olfactory Communication

DISORDERS OF ECCRINE SWEAT GLAND

① Miliaria = obstruction to the duct of Gland





M. Crystallina

- Asymptomatic



M. Rubra

- associated with intense itching



M. Profunda

② Hidrocystoma :



malformed ductal cells

③ Syringoma :



Tumorous growth of ductal cells

DISORDERS OF APOCRINE GLANDS

① Bromhidrosis :

- Foul Smelling Sweat
- Due to poor local hygiene

↓
Bacterial overgrowth
↓
Secretions get converted to steroidal end product
↓
Foul Smelling



② Chromhidrosis :

- Coloured Sweat
- Sweat Contains lipofuscin granules



③ Fox - Fordyce Disease :

- Apocrine miliaria
- Seen in females
- Site : Axilla, Groin



- Associated with Itching

note) Fordyce Spots



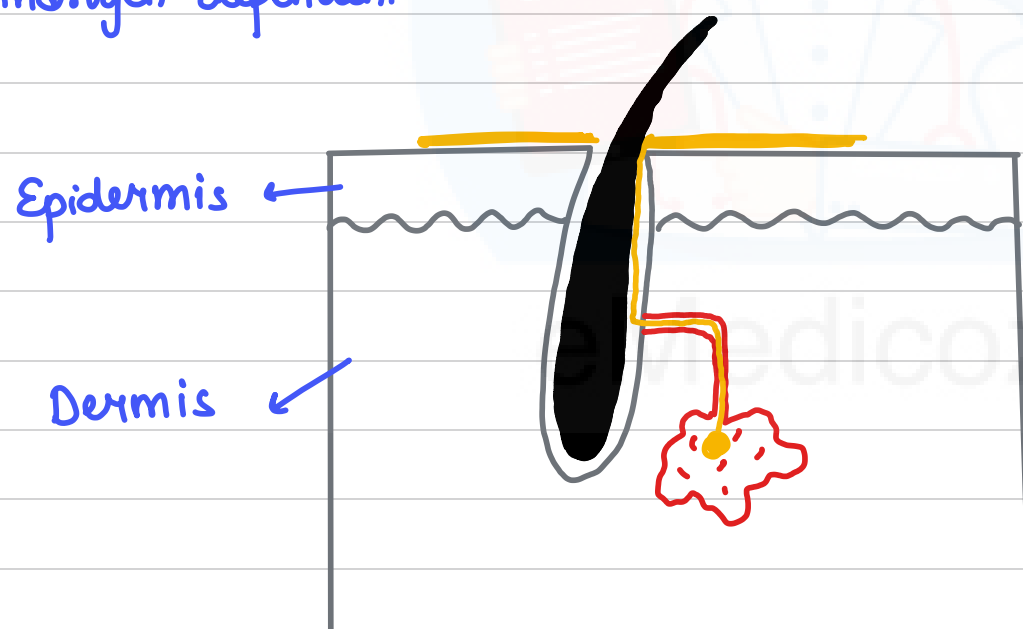
Ectopic sebaceous gland

→ Hidradenitis Suppurativa :



SEBACEOUS GLANDS

→ Androgen dependent



→ Sebum : cholesterol + wax ester + SQUALENE

→ Acne vulgaris : Pilosebaceous unit obstruction

⇒ Ectopic / Modified Sebaceous gland :-

1) FORDYCE SPOTS → vermillion borders of lips

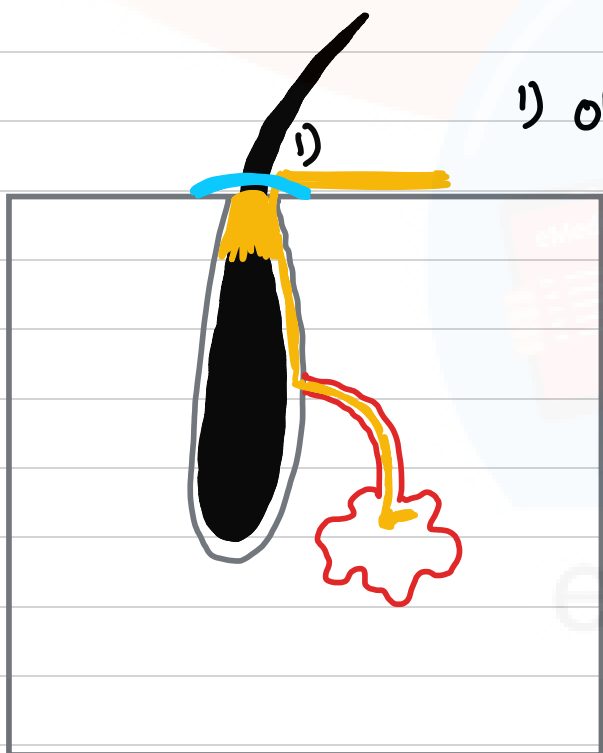
2) TYSON'S GLAND → Penile shaft

3) MEIBOMIAN GLAND → Eyelids

4) MONTEGOMERY TUBERCLE → Areola

ACNE VULGARIS

→ PATHOGENESIS :



1) obstruction to follicular outflow

Stage 1 : Comedone

open

close

Black Head

white Head

(O₂ enters from opening
→ oxidation → black appearance)

Black Heads :



white heads :



2) Proliferation of P. Acne

Stage 2 : Papule



3) Recruitment of inflammatory cells

Stage 3 : Pustule



4) Rupture of Hair follicle

Stage 4 : Nodulo-cystic



→ TREATMENT :

RxOC Grade 1 → Keratolytic drugs

↳ Topical Retinoids
(Adapalene, Tretinoin)

RxOC Grade 2 → Topical Antibiotics

↳ clindamycin, Dapsone, Nadifloxacin,
Benzoyl peroxide.

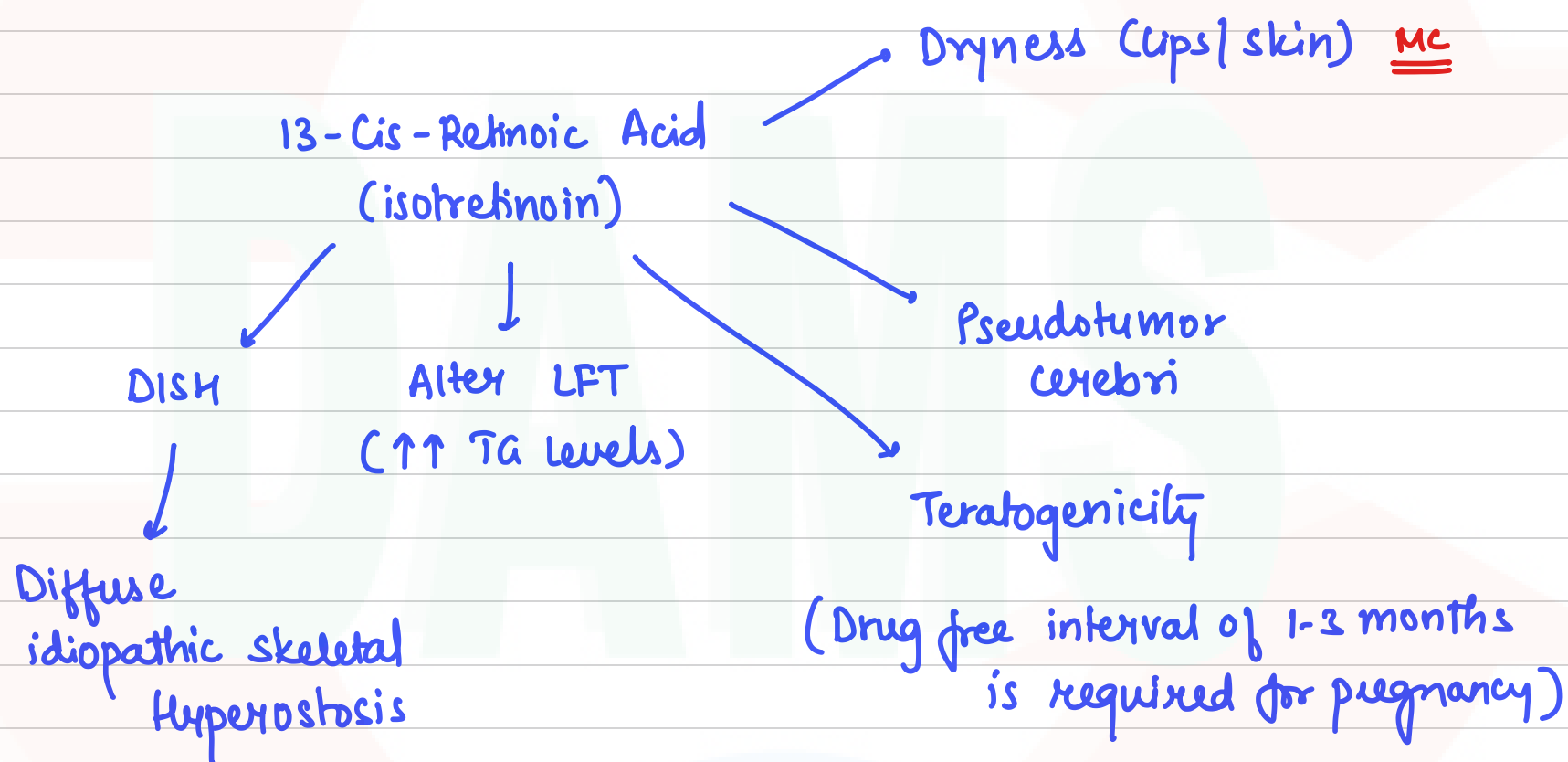
RxOC Grade 3 → Oral Antibiotics

↳ Azithromycin, Tetracycline < Doxy
Mino

RxOC Grade 4 → Oral Retinoids

↳ isotretinoin

→ ISOTRETINOIN



max. cumulative dose → 120-150 mg/kg

→ VARIANTS OF ACNE

① Drug induced Acne

Ⓟ PIMPLE

P Progesterone
I Isoniazide → M/C
M Methylcobalamine
P Phenytoin

L Lithium
E EGFR inhibitors

CF : Monomorphic

② Acne Excorie



Pick/Scratch Acne

↑ risk of Pigmentation + Scarring

Rx) → AntiAcne drugs + Behavioural modification therapy

③ Acne Conglobata

↳ nodulocystic acne on face + back

↳ Rx) oral isotretinoin

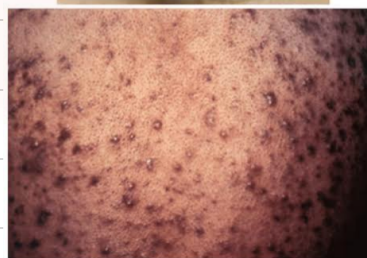


④ Acne Fulminance

↳ Acne Conglobata + Constitutional Symptoms

↳ Rx) oral steroids

⑤ chloracne :
= occupational Acne
Hydrocarbons of chlorine



→ SYNDROMES ASSOCIATED WITH ACNE :

① SAPHO Syndrome

S	Synovitis
A	Acne
P	Pustulosis
H	Hyperostosis
O	osteitis

② SAHA Syndrome

S	Seborrhoea
A	Acne
H	Hirsutism / Hyperandrogenism
A	Androgenic Alopecia

③ PAPA Syndrome

PA	Pyogenic Arthritis
P	Pyoderma Gangrenosum
A	Acne

④ HAIR-AN Syndrome

HA Hyperandrogenism
IR Insulin resistance
AN Acanthosis Nigricans

ROSACEA

→ Etiology :

DEMOSEX $\xrightarrow{+}$ Proliferation of Sebaceous gland
Abnormal blood vessel tone

→ Aggravated by :

Smoking, Alcohol Consumption, Emotional disturbance, Hot beverages, more exposure to sunlight

→ Types :

Erythemo-
Telangiectatic



Papulo-Pustular



Phymatous
Rosacea



Ocular
Rosacea



D/D : Malar rash of
SLE
(no Aggravating factor)

D/D : Acne vulgaris
(Comedone ++)
(Adolescent Age)

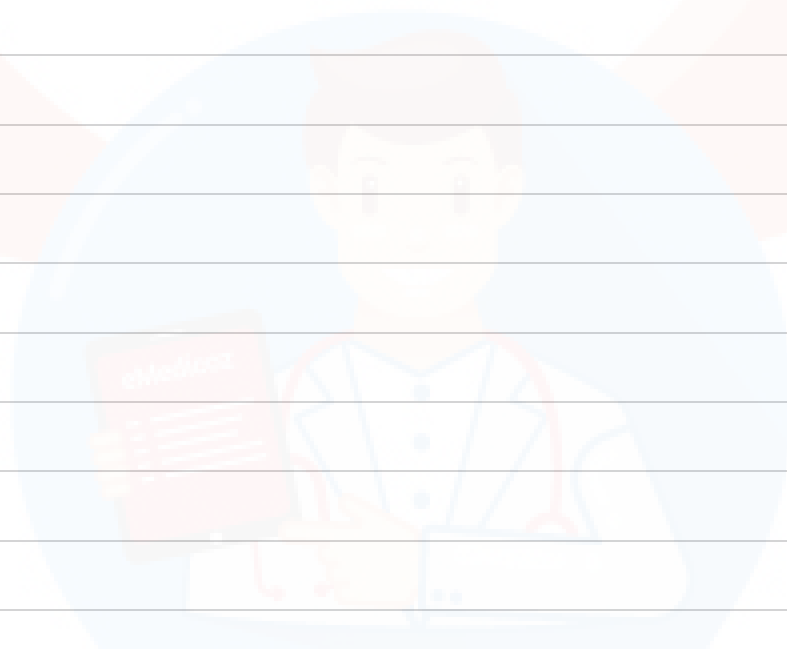
Rhinophyma
or
Potato Nose

→ Rx)

oral Antibiotics

↳ Doxycyclines
↳ metronidazole .

DAMS



eMedicoz