IMAGES IN CLINICAL MEDICINE

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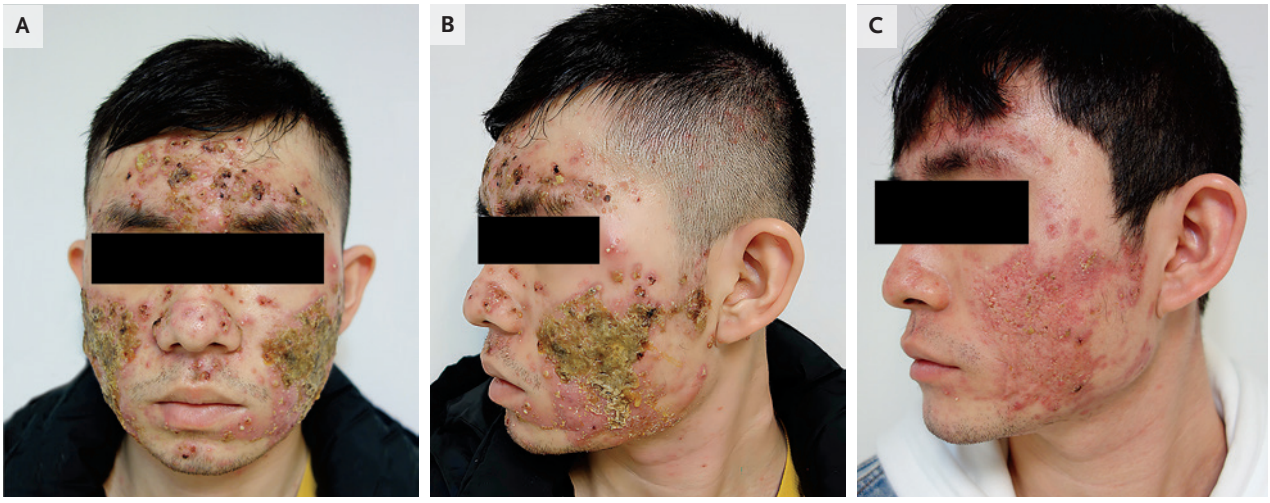
Acne Fulminans



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A 19-year-old man with a history of mild acne vulgaris presented to the dermatology clinic with a 10-day history of rapidly worsening acne, along with fever, muscle aches, and knee pain. His temperature was 38.5°C. On physical examination, diffuse papulonodular and pustular lesions with areas of overlying crusting were noted across the forehead, nose, cheeks, and chin (Panels A and B). There were similar lesions on the neck, shoulders, chest, back, and thighs. Laboratory studies were notable for neutrophilic leukocytosis and an elevated erythrocyte sedimentation rate and C-reactive protein level. A culture of a skin swab grew only *Cutibacterium acnes*. Histopathological examination of a skin-biopsy specimen taken from behind the left ear showed suppurative folliculitis with adjacent dermal edema. A diagnosis of acne fulminans — an acute, severe variant of inflammatory acne — was made. Acne fulminans may be associated with systemic symptoms, such as fever, myalgias, arthralgias, and even osteolytic bone lesions. Bone imaging showed no osteolytic lesions in this patient. The condition may be induced by isotretinoin therapy or occur spontaneously, as in this case. Treatment with oral glucocorticoids, isotretinoin, and a topical antimicrobial agent was initiated. At the 6-week follow-up, the systemic symptoms had resolved and the acne had abated (Panel C).

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