

Skin breakout?

Check our Quick Guide

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There are three basic "breakouts" on the face: acne, rosacea and perioral dermatitis. Other commonly asked about skin conditions are psoriasis and eczema. The guide below helps to understand and distinguish these "breakouts." If you have a "breakout" that is not resolving, see your doctor for professional diagnosis and treatment. More information on skin conditions is available on my website at www.DoctorV.ca.

Acne

This usually affects the "T" zone of the face — forehead and nose — but can also affect the cheeks, jawline, chest and back. Acne is associated with comedones (black heads and white heads), red "bumps" or papules, pustules ("pimples" or pussy white heads) and sometimes scarring. Acne is triggered by hormonal changes and can be aggravated by use of heavy cosmetics. It usually affects teenagers but can affect people from the age of five to 50. It is usually treated with benzoyl peroxide, vitamin A and topical antibiotics. If topical therapy is ineffective, oral antibiotics, contraceptive pills or

Accutane can be prescribed. Levulan IPL (Intense Pulsed Light) is a new treatment available for acne.

Rosacea

Rosacea usually affects the cheeks and nose and is associated with a cluster of symptoms and signs including flushing, a tendency to blush, pimples, bumps and broken blood vessels. It differs from acne in that with rosacea there are no blackheads, the chest and back are not affected and the condition tends to affect an older group, usually those between 30 and 80 years of age. Rosacea is treated by avoiding triggers (e.g. sun, heat, alcohol) and with topical metronidazole, oral antibiotics or IPL.

Perioral dermatitis

Perioral dermatitis (PD) is usually associated with 1 mm pink or red bumps or pimples which are all at the same stage of development on the face. Usually PD affects the area around the mouth but does not affect the lips or skin directly adjacent to the lips. PD is often caused by the use of a strong glucocorticoid cream. It is treated with topical metronidazole or oral antibiotics.

Psoriasis

Psoriasis is a rash for which there is no cure but it can be well controlled. The cause is unknown. It is not due to poor diet or poor hygiene and is not contagious. Psoriasis does not leave scars, permanent marks or cause hair loss. It rarely involves the skin of the face. Treatments include topical steroids, Dovobet, Dovonex and Tar. In severe cases, UV light, Methotrexate, Soriatane or Cyclosporine may be used. Recently, immune modifying drugs (e.g. Amevive) have been approved.

Eczema

Eczema is an itchy rash that lasts weeks to several years. It is not contagious. It can be caused by an allergy to chemicals (e.g. cosmetics, poison ivy). People who are prone to allergies are more likely to suffer from eczema. Treatments are topical steroids, Elidel cream or Protopic ointment. For severe cases, UV light and Prednisone may be used. □

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