

Drug-induced acne and rose pearl: similarities*

Acne medicamentosa e a pérola rosa: semelhanças

Rubens Pontello Junior¹

Rogério Nabor Kondo²

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Abstract: Drug-induced acne is a common skin condition whose classic symptoms can be similar to a rose pearl, as in the case of a male patient presenting with this condition after excessive use of a cream containing corticosteroids.

Keywords: Acneiform eruptions; Drug eruptions; Skin diseases

Resumo: A acne medicamentosa é uma dermatose comum, que pode apresentar no seu quadro clássico semelhanças à pérola rosa, como no caso apresentado de um paciente do sexo masculino cujo quadro surgiu após uso intempestivo de creme contendo corticoesteróide.

Palavras-chave: Dermatopatias; Erupção por droga; Erupções acneiformes

Drug-induced acne, or drug-induced acneiform eruption, is an adverse effect of a series of systemic drugs, such as corticosteroids, lithium, vitamin B12, thyroid hormones, halogen compounds (iodine, bromine, fluorine, and chlorine), antibiotics (tetracycline and streptomycin), antituberculosis drugs (INH), lithium carbonate, antiepileptic drugs (phenobarbital and hydantoin derivatives), cyclosporin A, antimycotics, gold salts, isotretinoin, clofazimine, epidermal growth factor receptor inhibitors (cetuximab, gefitinib, and erlotinib), and interferon-beta.^{1,2} Usually, topical products such as cosmetics may lead to acneiform eruption in women, especially in the region of the chin.² Intravenous dexamethasone and high doses of oral corticosteroids often induce typical acneiform eruptions, with lesions predominantly located on the chest and back.¹

Clinically, it is characterized by a sudden monomorphic eruption of inflammatory papules and pustules, usually pruritic and follicular.^{1,2,3} Punctiform vesicles occasionally appear in the center of papules, which may develop into small vesicopustules.^{2,3} An important clinical aspect in the differential diagnosis of drug-induced acne is the fact that the skin lesions are not preceded by visible comedones.⁴

Discontinuation of the drug leads to remission of symptoms. Antihistamines are recommended in case of pruritus, and oral antibiotics are recommended in case of secondary infection with pustules or impetiginization.^{2,3}

We can observe the usual aspect of a papular follicular eruption and, on closer look, a small papule carefully surmounted by a pustule, which might be a possible evolution into a vesiculopustule, as cited in the literature, demonstrating the inexorable aspect of drug-induced acne (Figure 1). We highlight the absence of comedones, which supports the diagnosis (Figures 2 and 3).



FIGURE 1: Small papule carefully surmounted by a pustule

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¹ Specialist - Dermatologist, MSc student of Experimental Pathology and assistant professor of Dermatology, Medical School, State University of Londrina (Universidade Estadual de Londrina - UEL) - Paraná (PR), Brazil.

² Specialist - Dermatologist, assistant professor of Dermatology, Medical School, State University of Londrina (UEL) - Paraná (PR), Brazil.

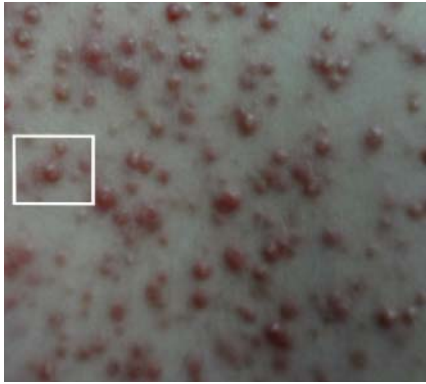


FIGURE 2: Small papules and pustules are observed as well as the absence of comedones



FIGURE 3: Inflammatory papules and pustules located in the anterior trunk



FIGURA 4: Rose pearls, used as beads in adornments

The male patient reported an insect bite in the area of the anterior trunk and use of a cream containing a combination of an antifungal agent, corticosteroid, and a topical antibiotic, with progressive worsening of the lesion in 10 days and intense pruritus. We opted for discontinuing the topical medication and prescribed a combination of clindamycin and benzoyl peroxide, obtaining total control of the condition in 14 days. Important differential diagnosis includes pityrosporum folliculitis (*Malassezia*), which presents similar follicular papules and pustules. However, in spite of the treatment recommended in the literature, that is, topical and oral antifungal drugs, we observe slow healing and frequent recurrences. Moreover, the use of topical antibiotics brings no benefits, as reported above.

The nature of the lesions, with a pinkish erythematous aspect, resembles a rose pearl, highly used by ladies as a bead in necklaces and bracelets; however, in this case, without its adornment function (Figure 4).⁵ □

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MAILING ADDRESS:

Rubens Pontello Junior
Rua Alexander Graham Bell, 433 Casa 42
Londrina
86063-250 - Paraná - PR
Brazil
E-mail address: rubensjr@pontello.com.br

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