

## Main Plenary Session: Summaries of Papers

### Infantile acne — a clinical and therapeutic study

S.BARON<sup>1</sup>, W.J.CUNLIFFE<sup>1</sup> AND I.H.COULSON<sup>2</sup>

<sup>1</sup>The General Infirmary at Leeds, Dept. Dermatology, Leeds and <sup>2</sup>Burnley General Hospital, Dept. Dermatology, Burnley

There is little data on the appropriate long term therapy of infantile and juvenile acne. For the past 25 years we have had the opportunity of treating 29 patients with facial acne (24 males and 5 females). The age range of onset was 7-14 months (median 9.5 months). In 6 cases the acne was mild, 17 moderate and in 5 cases was it severe. The type of acne was predominantly inflammatory in 16 cases, comedonal in 5 cases. In 5 cases there was a mixed pattern in 3 cases the patients had nodular acne. No patient had any clinically obvious endocrinopathy. Milder patients responded well with topical treatment [benzoyl peroxide (2) erythromycin (2), and retinoids (2)]. All but 3 moderate cases responded well to oral (paediatric) erythromycin 250 mg bd and relevant topical therapy. Two patients with resistant Pacnes failed to respond well to erythromycin orally but responded to trimethoprim 150 mg bd. At the end of a variable time (6-39 months) most patients were able to stop oral therapy. The time for clearance was 6-39 months (median 18 months). In 6 patients long term oral antibiotics (>18 months) were required. In one further non-responsive patient oral Isotretinoin cleared the acne by 4 months. No significant side effects were noted. Five patients were left with significant scarring.

This data confirms the male predominance and its facial localisation. Treatment is usually successful based on the principles of treating adult acne. When necessary oral Isotretinoin can be used. Six-39 months of therapy may be required to achieve clearance and scarring was significant in 18%.

### Adverse mood and behaviour change in young patients on systemic isotretinoin

L.G.MILLARD

Somatic Clinic Dermatology Dept., Queens Medical Centre, Nottingham

Ever since the first reports of acute depression from isotretinoin in 1990 there has been continuing debate as to whether this represented a real drug side effect or mental health 'background noise' in a population of young patients where 6.1% of persons 15-24 yrs old experience major depression compared to 4.9% of the general population (Am J Psychiatry 1994; 15:979-86)

A retrospective study of 38 young (13-24 yrs) patients who had received systemic isotretinoin for acne and who had no evidence of significant pre-treatment depression or behaviour change (HAD Scale) identified 6 patients (4F,2M) who developed major psychiatric symptoms during treatment (HAD Scale p 0.01) Depression occurred early in 3 and later

in 1 patient whilst aggressive destructive antisocial acts developed in 2. The depression was notable for the acuteness of onset, the severity and the profound sadness and despair. All patients recovered in 4-6 weeks after stopping medication. Two patients were given Prozac. There was no recurrence of psychiatric illness on follow up in 18 months.

Systemic isotretinoin appears to cause a small but real increase in serious psychiatric morbidity which needs active identification at clinic review by simple oral questionnaire.

### Aspects of the natural history of hidradenitis suppurativa

J.M.VON DER WERTH AND H.C.WILLIAMS

Department of Dermatology, Queen's Medical Centre, Nottingham

Little is known about the natural history of hidradenitis suppurativa (HS). No research has ever analysed aspects such as the average duration of individual lesions or the average frequency of lesions per month. There is also a lack of data about what patients themselves regard as disease aggravating or ameliorating factors. We have investigated these and other aspects of HS in a questionnaire sent to 101 patients, who were identified from hospital records of the years 1992-1998. 78 questionnaires were returned. There were 14 male patients. The average age of our patients was 42 years and they had an average disease duration of 20 years. Average age of disease onset was 22.2 years. Patients stated they developed 4.7 painful lesions per month on average. Individual boils could be felt an average 3 days before they became visible and lasted on average for 6.7 days. 70% of patients stated that more than half their boils led to suppuration whereas the remaining 30% stated that the majority of their lesions remained 'blind' (= settled without suppuration). 11 patients had not had a single boil for over a year and considered themselves 'cured' of the condition. Their mean age was 49 years and they had had a mean disease duration of 16 years. 40% of patients stated that there was a seasonal influence on their disease severity, with most of them (83%) stating that the condition was at its worst in the summer. Only 35% of all women felt that the condition was aggravated by their periods. Asked about other disease aggravating factors 26 patients cited stress/fatigue, 24 cited sweating/heat/exercise, 11 suggested tight clothing and 7 mentioned deodorants/toiletries. Regarding relieving factors 18 patients replied 'nothing/don't know', 12 mentioned surgery, 11 cited baths/showers/swimming, 7 felt that antibiotics had been helpful and 8 named a variety of other medications.

Until long term prospective studies are carried out, this study gives some insight into the natural history of HS and may serve to make more rational decisions in the assessment of the condition and its response to treatments. It seems particularly striking that the patient-assessed average