

A Practice Approach to Acne Fulminans in Adolescents

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Acne fulminans (AF) is a severe form of inflammatory acne commonly associated with adolescents. It is characterized by an abrupt onset of painful nodules and plaques and can progress to form suppurative, ulcerative, and hemorrhagic lesions. Sometimes AF can be associated with systemic symptoms such as fever, arthralgia, and bone pain. The etiology of AF is unknown, but it has been linked to the use of certain medications and has been rarely found in autoinflammatory syndromes. In previous years, there have been reports of less than 200 cases in the literature. Despite the low number of reported cases, AF is likely more common in clinical practice. The most common presentation of AF is seen in adolescents starting isotretinoin therapy. Diagnosis of AF is determined based on its clinical findings. Current evidence for its treatment is limited to case reports and case series. The mainstay treatment of AF is a combination of corticosteroids and isotretinoin. It is important to taper or discontinue any exacerbating or precipitating medications such as isotretinoin, antibiotics, or androgens when AF is identified. Along with treatment of AF, it is important to treat associated scarring, with various options including monitoring, pulsed dye laser treatment, topical retinoids, glycolic acid, and benzoyl peroxide. Early identification and treatment of AF in adolescents is crucial to minimize both acute symptoms and long-term scarring. Further research is needed to determine optimal management.