

**Common
Facial
Dermatoses**

Ronald Marks

WRIGHT

COMMON FACIAL DERMATOSES

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FOREWORD

'One Bardolph, if your Majesty know the man, his face is all bubuckles, and whelks, and knobs, and flames o' fire.'

Henry V, III. vi.

The facial skin participates in many of the generalized eruptions but because of its anatomical and physiological properties it is peculiarly susceptible to changes which are unique. Being exposed to the elements as well as to the commercial enterprise of cosmetic forces it is at risk in other ways. Because the facial appearance is of such great psychosocial importance its diseases and its vagaries are inextricably tangled in both lay and medical minds with a mystique and folklore difficult to discredit.

Dr Ronald Marks has made special studies of several specific facial eruptions and is especially well placed to compile an authoritative text on this aspect of regional dermatology. Where icons are ready for destroying he is the one to topple them, where new facts have emerged Dr Marks presents them in a thoroughly concise manner.

This is indeed a sensible book and will be of equal value to General Practitioners and Specialists.

S. C. GOLD

INTRODUCTION

In the period 1965-8 I was enthralled by rosacea. In this period of study and research it became increasingly obvious to me that amidst our almost complete lack of understanding of many common skin conditions, dermatologists pontificated most and knew least about many common rashes affecting the face. Because of the lack of investigative work in either the experimental or the clinical sense the same untruths and half-truths were passed on from book to book until they became mystically enshrined by the frequency of their repetition. It seemed to me that a book devoted to common diseases of facial skin would at least serve the purpose of focusing attention on this important aspect of dermatology and our profound ignorance in this area. I felt that if I could maintain a 'critical eye', I might be able to produce something that would stimulate those who were tempted to turn the pages of a book dealing with the face. I don't know whether I've succeeded in this aim. I hope that I have and also that I have delineated the way that the face is special for dermatologists. If at times I have included subjects that are less than common I plead infatuation with things facial and would point out that 'common' is a comparative term!

It should be stated that some subjects have been dealt with in much more detail than others. Rosacea and acne have been dealt with in some detail because of my continued interest in these disorders. I trust that I have not been too skimpy with the other topics considered.

I hope that the book will be of interest not only to all practising dermatologists but to others as well, such as cosmeticians, to whom facial skin is important.

Cardiff, April 1976

R. MARKS

ACKNOWLEDGEMENTS

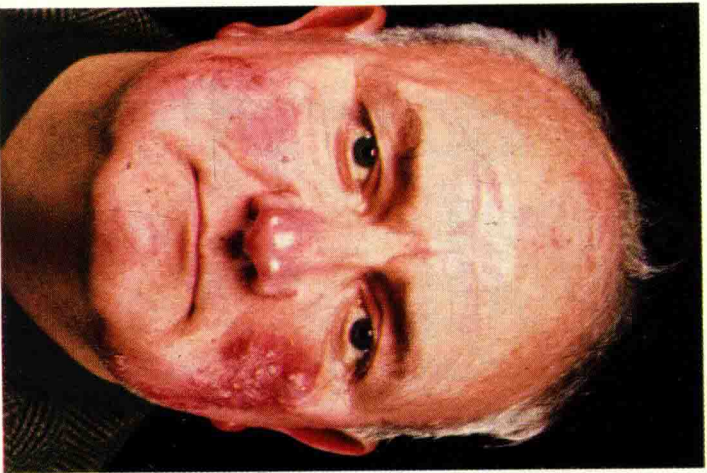
I wish to record my sincere gratitude and indebtedness to Dr C. B. Bentley-Phillips, without whose assistance in all the nasty details of manuscript preparation this book would never have been finished. His help and forbearance have been magnificent. I am grateful to my colleagues for encouragement and continuing to show me patients with facial rashes.

I am also grateful to the departments of Medical Illustration at the Institute of Dermatology, London, and the Welsh National School of Medicine for all the kindness and help they have given.

Lastly, I would like to express my extreme gratitude to Mrs Christine Higgins and Mrs Joy Hayes for their sterling work on an unmanageable manuscript.



A



B

Plate 1.—A, Typical rosacea. B, Rosacea showing marked predilection for one side.



B



A

Plate 2.—A, Typical dome-shaped rosacea papules. B, Advanced rhinophyma.



B



A

Plate 3.—A, Typical perioral dermatitis. B, Severe perioral dermatitis in a man.



A



B

Plate 4.—A, Severe cystic acne. B, Mild superficial acne with blackheads, pustules and small papules.



A



B

Plate 5.—A, 'Red acne': acne with a background of erythema—not true rosacea. B, Long-standing atopic dermatitis with pigimentary changes around the neck.



A



B

Plate 6.—A, Severe acute dermatitis of the face caused by contact hypersensitivity to chloramphenicol.
B, Dermatitis artefacta.



A



B

Plate 7.—A, Lesion of discoid lupus erythematosus. B, Acute systemic lupus erythematosus.



A

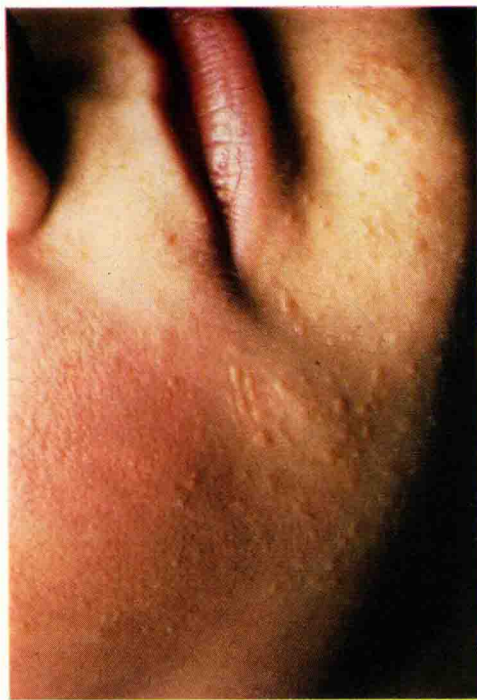


B

Plate 8.—A, Photodermatitis from sulphonamides. B, Jessner's lymphocytic infiltration.



A



B

Plate 9.—A, Erysipelas of the face. B, Proliferative plane warts of the face.



A



B

Plate 10.—A, Herpes zoster affecting ophthalmic branch of fifth cranial nerve. B, Accidental vaccinia of the neck and jaw line.



A

Plate 11.—A, Tinea barbae—this patient had been treated with topical corticosteroids.
B, Steroid modified ringworm of the face—Tinea incognita.



B