

# A young woman with fluctuant facial pustules

STEVEN KOSSARD FACD

A woman suddenly develops facial pustules associated with fluctuant, tender red nodules. What are these lesions and how should they be treated?

Over a one-month period, a 34-year-old woman developed multiple facial pustules associated with tender red nodules that were fluctuant (Figure 1). These were located particularly over the forehead, nasolabial folds and chin. Her chest and back were spared. There were no systemic symptoms. The patient had a prior history of flushing. Close examination revealed no comedones. A skin biopsy showed a perifollicular abscess with numerous neutrophils (Figure 2). Bacterial cultures failed to reveal pathogenic bacteria.

## Diagnosis

Facial pustules may be seen in a range of conditions.

- **Bacterial folliculitis** may be due to staphylococci or Gram negative organisms, particularly in individuals who have been on long term broad spectrum antibiotics. The pustules are often tender, and bacteria are usually isolated easily.
- **Eosinophilic folliculitis** may present as pustules, but the lesions are often pruritic. Skin biopsy reveals eosinophilic follicular abscesses.
- **Iododerma** may present as vegetating pustular facial lesions. This is usually precipitated by iodine-containing contrast materials or cough mixtures in elderly individuals. The lesions of iododerma are usually not confined to the face, and they often extend to the limbs. Skin biopsy shows epithelial hyperplasia with microabscesses containing a mixture of neutrophils and eosinophils.
- **Acne** may present acutely with pustules, but there are associated comedones and cysts and the lesions are usually also present over the chest and back. Systemic symptoms, such as fever, malaise and polyarthralgia, may develop.
- **Pyoderma faciale** is the correct diagnosis and is seen particularly in women in the third and fourth



Figure 1. Multiple pustules and erythematous nodules over the patient's face.

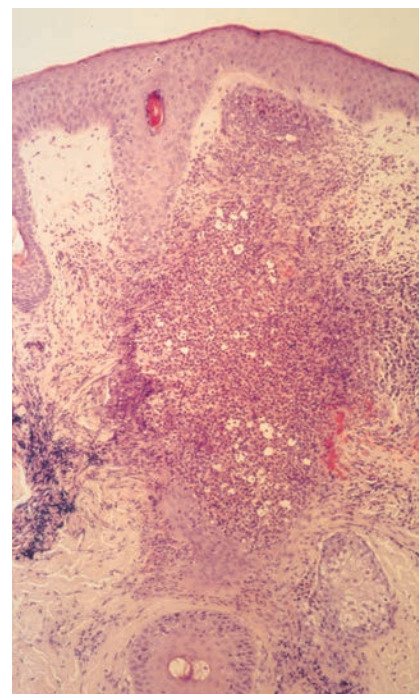


Figure 2. Skin biopsy demonstrating a dermal abscess adjacent to a follicle.

decade of life. The pustules are confined to the face and may be complicated by deep nodules, fluctuating abscesses or interconnecting sinuses. Comedones are absent. The onset may occur during pregnancy. Bacterial cultures are usually negative.

Prednisone (Panafcort, Sone) at a dose of 30 mg per day, tapering over two to three weeks, is usually combined with isotretinoin (Accure, Oratane, Roaccutane) 0.5 mg/kg taken for three to four months. This combination has been very successful for pyoderma faciale, and recurrences are rare. A pregnancy test and stringent contraception are required with isotretinoin because it is absolutely contraindicated during pregnancy.

## Keypoint

Pyoderma faciale is an uncommon but devastating pustular disorder seen in women. It is currently viewed as an acute form of rosacea. **MT**

Professor Kossard is Associate Professor, Skin and Cancer Foundation and St Vincent's Hospital, Darlinghurst, NSW.