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PHOTOBIOLOGY AND PHOTOPROTECTION

FIRST CASE OF ACTINIC FOLLICULITIS SUCCESSFULLY MANAGED USING A TOPICAL RETINOID.

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We report the first case actinic folliculitis successfully managed using a topical retinoid.

A 35-year-old female footballer, with short cropped hair, presented with a two-year history of fragile pruritic pustules affecting her forehead, postauricular areas, neck and occasionally her chest 48 hours after sun exposure severely impacting on her quality of life. The eruption lasted for two days before completely resolving without scarring. The onset of her symptoms was in spring with remission by October. On examination she had monomorphic pustules on her cheeks, postauricular areas, lateral aspects of her neck with no features of rosacea, scarring or background inflammation.

Investigations for ENA, ANA and cutaneous porphyria screen were all negative. Monochromator light testing was normal, showing UVB minimal erythema dose (MED)220mJ/cm2 and UVA MED20J/cm2. Antihistamines, broad spectrum sunscreen lotion SPF50 and potent topical steroids did not help her symptoms. After ten applications of Adapalene gel at night, this successfully controlled her symptoms with no further outbreaks of actinic folliculitis during the spring and summer.

Actinic Folliculitis is a monomorphic pustular eruption occurring within 36 hours of exposure to sunlight, usually manifestings on the face, arms and sometimes chest. The mechanism by which exposure to ultraviolet light results in folliculitic lesions remains unclear. UVA radiation may predispose to inflammatory reactions in the hair follicle infundibulum, by immune/irritative mechanisms.

Adapalene is a third-generation retinoic acid that works by selectively binding to the nuclear retinoic acid receptors (RARs) with particular affinity to β and γ receptors; modulating cellular keratinization and inflammatory processes, by inhibiting lipooxygenase activity and the oxidative metabolism of arachidonic acid.

Adapalene has very low percutaneous absorption after penetrating the stratum corneum attaining high concentrations within the pilosebaceous unit, potentially key areas in the pathogenesis of Actinic Follicultis. This may explain the successful use of Adapalene to











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