Acne fulminans has been found to be associated with diseases, such as severe lesions and systemic upset are characteristic features of acne fulminans. Acne fulminans is an uncommon type of severe acne that is characterized by severe inflammatory lesions and systemic symptoms. It is most commonly seen in males during adolescence. Unlike acne conglobata, acne fulminans is characterized by a rapid onset of symptoms and severe inflammatory lesions, including nodules, abscesses, and pustules. The lesions may be present on the face, neck, chest, back, and shoulders. Acne fulminans is a more severe form of acne and is likely to require medical treatment.


table 1. Features of acne varieties

<table>
<thead>
<tr>
<th>Features</th>
<th>Chloracne</th>
<th>Acne vulgaris</th>
</tr>
</thead>
<tbody>
<tr>
<td>History</td>
<td>Exposure to chloracne genes</td>
<td>Family history of acne</td>
</tr>
<tr>
<td>Age of onset</td>
<td>Any age depending on exposure</td>
<td>Adolescent</td>
</tr>
<tr>
<td>Site</td>
<td>Malar, mandibular</td>
<td>Midfacial (T-zone)</td>
</tr>
<tr>
<td></td>
<td>Temporal and retroauricular</td>
<td></td>
</tr>
</tbody>
</table>

3.3 Acne Fulminans
Acne fulminans is also called as acnecia maligna. This is the most severe form of acne with systemic symptoms mostly seen in males. Unlike other forms of acne, here trunk is more severely affected than face. It was Plewig and Kligman, who emphasized that sudden onset, ulcerative colitis and Crohn's disease and syndromes, such as synovitis, acne, pustulosis, hyperostosis, and osteitis (SAPHO) and pyogenic arthritis, pyoderma gangrenosum, and acne (PAPA) syndromes.

3.4 Occupational Acne
Occupational acne is defined as development of acne-like lesions after exposure to occupational agents in persons not prone to develop acne and who have not had acne before engaging in the said occupation. Occupational acne is also referred to as chemical acne and chloracne. The following variants are included under occupational acne:

- Chloracne
- Pomade/oil acne
- Coal/pitch acne

Differentiating features between chloracne and acne vulgaris

3.5 Acne Mechanica
As the name implies, these are lesions that result from prolonged mechanical trauma to the skin. Occlusion, pressure, and friction are common physical insults resulting in acne mechanica. In certain occupations where facemasks and other occlusive clothing, including straps and belts are used, acne mechanica is a common problem. The eruptions are inflammatory papules and pustules and occasionally deep-seated nodules appearing in crops.

3.6 Gram-negative Folliculitis
Treatment of acne with continuous long-term administration of oral antibiotics may lead a condition called Gram-negative folliculitis. The commonly reported antibiotic causing Gram-negative folliculitis is oral tetracycline.

3.7 Radiation Acne
Both UV radiation and ionizing radiation can induce acneiform eruptions. Following acute face radiation, dermatitis, comedo-like papules develop over the sites of external beam radiation therapy. Favre-Racouchot syndrome is seen in old people who have had excessive exposure to sunlight.

3.8 Tropical Acne
Persons working in extreme heat and those working in the tropical climates develop follicular lesions which may really be disabling. Tropical acne is common in those working in the furnace where they have to work in scorching heat or those who work in tropical zones with thick clothing.

3.9 Acne Aestivalis
Acne aestivalis is also known as Mallorca acne as it was reported from Mallorca in Europe. The lesions start as monomorphic eruption consisting of erythematous papules of uniform size occurring soon after exposure to sun.

3.10 Pseudocace of the Nasal Crease
Development of acneiform papules over the transverse nasal crease is common in the pre-adolescent children.

3.11 Acne Cosmetica
The term acne cosmetica is used in the broader sense to refer to any acneiform eruption resulting from the use of cosmetics. This will encompass both comedogenic and acneigenic products.
3.12 Acne Associated with Psychological Problems
Acne is one of the common psychocutaneous disorder. Though acne vulgaris is seen in as high as 85% of teens, not all have psychological problem. Acne excoriee is a classic example of acne associated with psychological problem.

3.13 Acne Excoriee
Acne excoriee is seen predominantly in adolescent girls. Acne excoriee is frequently associated with stress and considered as a self-inflicted condition. The affected individual is said to be compulsively picking acne lesions.

EATING DISORDER
It has been reported that acne and anorexia nervosa are associated. These two conditions can complement each other adversely.

3.14 Granulomatous Acne
Granulomatous acne also referred to as acne agminata is commonly seen in young adults though any age can be affected. Clinically, acne agminata is characterized by the presence of deep-seated nodules commonly involving the cheeks.

3.15 Drug-induced Acne
The most common of all drug-induced acne, “steroid acne” tops the list. The other drugs causing acneiform eruptions are given in table given below.

<table>
<thead>
<tr>
<th>Drug-inducing acneiform eruptions</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Anticonvulsants</td>
<td></td>
</tr>
<tr>
<td>1. Carbamazepine</td>
<td>Antimarial</td>
</tr>
<tr>
<td>2. Quinine</td>
<td></td>
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<tr>
<td>Antidepressants</td>
<td>Vitamin B₁₂</td>
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<tr>
<td>3. Lithium</td>
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<tr>
<td>4. Sertraline</td>
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<tr>
<td>Antitubercular</td>
<td></td>
</tr>
<tr>
<td>1. Isoniazid</td>
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</tbody>
</table>

3.16 Steroid Acne
Prolonged treatment with corticosteroid both topically applied and systemically taken including oral, nasal, and parenteral routes of administration ends up in acneiform eruption. Steroid acne is much more common with usage of potent topical steroids used with occlusion.

3.17 CONCLUSION
The three drugs which have been prove effective in treating acne are: antibiotics, benzoyl peroxide, and retinoids.

A.Benzoyl peroxide: target bacteria present on the surface. Can cause irritation, one of the most common side effect.
- it kills bacteria
- Works quickly
- Prevent antibiotic resistance
- It’s a great first line treatment of acne.

B.Retinoids: these are derivatives of vitamin A. It helps in the production of new collagen. It not only kill the acne and reduce its occurrence but also helps in removing the acne scars. Retinoid pills treat oil production, bacteria that causes acne and inflammation. It’s majorly causes Redness, swelling, crusting, or blistering.

C.Antibiotics: Oral antibiotics are best used with topical retinoids and benzoyl peroxide. It helps by reducing oil production, speeding up skin cell turnover, fighting bacterial infection or reducing inflammation—which helps prevent scarring. It can take many months or years for your acne to clear up completely. Examples: clindamycin with benzoyl peroxide (Benzacain, Duac, Acanya) and erythromycin with benzoyl peroxide (Benzamycin).

Many other therapies are used like:
- Lasers and photodynamic therapy.
- Chemical peel.
- Extraction of whiteheads and blackheads.
- Steroid injection.

4.REFERENCES