Case Series: Management of Moderate-to-Severe Steroid-Induced Acneiform Eruption

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Abstract

Background: Steroid-induced acne, also referred to as steroid acne or a steroid-induced acneiform eruption, is a common cutaneous side effect of systemic or potent topical corticosteroid use. Unlike acne vulgaris, it typically presents with a sudden onset of monomorphic, follicular papules and pustules. Management is often challenging as it requires addressing the underlying cause and the resulting acne. This case series reviews the successful management of severe presentations in two patients.

Methods: A retrospective review of two patients presenting to a dermatology clinic in Dhaka with moderate-to-severe acne following a history of prolonged corticosteroid use was conducted.

Case 1 (Initial Presentation): A 25 year-old female presented with [description of lesion distribution and, e.g., diffuse, inflamed papules, pustules, and hyperpigmentation on the forehead, nose, and bilateral cheeks]. The patient reported using [type of steroid, duration of use] for [original indication].

Case 2 (Initial Presentation): A 31 year-old female presented with severe [description of lesions, e.g., extensive, painful, inflammatory nodules and cysts covering the entire face, particularly the lower jawline and cheeks], following [reason for steroid use, route of administration].

Treatment regimens were tailored for each patient and generally involved discontinuation of the offending corticosteroid, and a combination approach including: [Insert specific treatment here, e.g., topical tretinoin 0.025%, benzoyl peroxide 5% wash, systemic doxycycline 100mg daily, and/or oral isotretinoin if applicable]. Patients were monitored [describe follow-up frequency] over a period of [duration of treatment].

Results: Significant clinical improvement was observed in both cases.

Case 1 After Treatment: Following couple of session of treatment, the inflammatory lesions resolved completely. Residual hyperpigmentation was minimal, and the skin texture was significantly smoother.

Case 2 After Treatment: After [weeks/months] of treatment, the deep cystic and nodular lesions resolved. There was substantial improvement in post-inflammatory hyperpigmentation, although some minor texture irregularities remained.

Discontinuation of steroids was successfully achieved without a rebound eruption of the original condition in both patients.

Conclusion: Steroid-induced acne is a debilitating condition that requires prompt identification and intervention. These cases demonstrate that with a comprehensive management plan, including the gradual withdrawal of corticosteroids (if safe to do so) and a combination of conventional acne therapies, a successful outcome is achievable.