

## Acne Conglobata after Pregnancy

Sir,

Ten days after giving birth to her first child a 34-year-old woman suddenly developed severe acne lesions on her back and to a certain extent on her chest. She had no history of acne and was in good health. Within a week an increasing number of papules and pustules appeared, followed by conglobate lesions over the following weeks. There were also lesions on her face, but these were less severe.

Due to high blood pressure during the last 2 weeks of her pregnancy she had been admitted to the hospital and the delivery had been performed by caesarean section under spinal anaesthesia. During and after the operation one bottle of blood and nadroparine (Fraxiparine<sup>®</sup>, Sanofi Winthrop, USA), a low molecular heparin, was given. During pregnancy no other medicine was taken.

Her acne was treated initially with doxycycline and cyproteronacetate/ethinyl-estradiol (Diane-35<sup>®</sup>, Schering AG, Berlin, Germany). After 2 weeks the lesions became itchy and burning (Fig. 1) and she was therefore referred to the Department of Dermatology, Nijmegen.

Laboratory investigations showed an erythrocyte sedimentation rate of 9 mm/h. Leukocyte and differential counts were normal, with 1% eosinophils and no basophils. Creatinine and liver enzymes were within normal range. Due to an insufficient clinical response the treatment was changed to minocycline 100 mg/day. Her lesions improved during the following 6 weeks. On a control visit 3 months later, the skin showed no signs of inflammation but there were scars with marked hypopigmentation on her back and chest and to a lesser extent on her face. Treatment with topical zinc erythromycin (Zineryt<sup>®</sup>, Yamanochi Pharma, The Netherlands) and tretinoin cream was then started. Her skin condition improved during the following weeks but some scars remained.

### DISCUSSION

There is little published information about acne appearing during pregnancy or post delivery. Ratzner interviewed over 400 women about the influence of marriage, pregnancy and childbirth on acne vulgaris (1). Pregnancy improved acne in 58%. After childbirth 75% of women reported an improvement, 13% experienced no difference and 12% became worse. Reviewing the literature Ratzner found reports of aggravation of acne in 2 patients during pregnancy, but no report of acne during lactation.

The sebum excretion rate in forehead skin increases during pregnancy. After delivery it remains high in mothers weaning their children (2). However, individual variations were high and the importance of the results for more severe conglobate acne is uncertain. Acne conglobata starts in adult life, the antecedent history is often rapid and it is therefore regarded as a separate entity. Its appearance after delivery may be coincident



Fig. 1. Lesions on the patient's back before treatment with minocycline.

tal. There are no reports in the literature that the drugs she received during delivery could be causative.

### REFERENCES

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2. Burton JL, Shuster S, Cartledge M. The sebotropic effect of pregnancy. *Acta Derm Venereol (Stockh)* 1975; 55: 11–13.

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