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ACNE ROSACEA,

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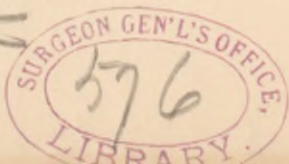
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AMONG the more common diseases of the skin acne rosacea may be numbered on account of its frequency as well as the fact that it may be seen at different ages and that it is due to so many causes. It is seen from early to late adult life. Before puberty it does not occur, as a rule, and this is no doubt due to the fact that at this period neither the skin nor its appendages, especially the sebaceous glands, have attained their full development. Males and females are affected, but the trouble is not as frequent in the latter as in the former.

Acne rosacea has been divided into three stages, which, if unchecked, untreated or permitted to be aggravated by the exciting cause, will naturally follow each other. However, there are cases observed in which the affection does not progress beyond the first or the second stage, seeming to assume a chronicity in that particular form. The three different forms of the disease which are seen are the hyperemic, the inflammatory and the hypertrophic, each one of which presents a marked difference from the others, and presents appearances and characteristics which will not only easily lead to its recognition but to its differentiation as well. This is an important point so far as the method of treatment to choose is concerned and is also valuable in the way of formulating prognosis. The forms are rather easy to distinguish from one another, as the salient characteristics of each one are sufficiently marked to enable even a superficial observer to do this.

The hyperemic stage is one not infrequently seen and almost as many times incorrectly interpreted. In this form, as in the others, it is the nose which is principally involved. At times it is the only part which presents the objective signs of the disease. The trouble is one easy to recognize from the fact that it appears as a more or less diffused redness of the nose, which is more marked at the tip. It is not unusual, however, to note this heightened color existing over the malar eminences, chin and that part of the forehead situated at the root of the nose. Any or all of the localities mentioned may be involved, but it is rare to find other areas of the integument of the face share in the process, whereas, in erythematous eczema the entire face, the ears and the neck are simultaneously the seat of the disease. In this form of acne rosacea, frequently called rosacea, to distinguish it from the other forms, more or less seborrhea exists. This latter may be of the oily form, or it may be of the dry. When seborrhea sicca co-exists it manifests itself in the form of fatty scales, or comparatively

presented by the author



small accumulations of sebum, as shown in Figure 1. In all cases of this form the integument is tense and more or less shining, the congestion being quite marked. Among the most prominent subjective symptoms complained of is a sensation of heat, which is almost always present. This form does



FIG. I. Acne Rosacea.

not long continue in men, but in women it is apt to be persistent and continue for years, and it produces much anxiety and mental disturbance on account of the disagreeable appearance which it presents. The condition is a passive hyperemia, somewhat inclined to stasis and accompanied by some infiltration and hyperplasia of the tissues.

The second stage of acne rosacea is the inflammatory, and is really that to which the name is properly applicable. It is simply the inflammatory stage which is naturally the sequence of the hyperemic. It is an exaggerated form, and here we have always a greater generalization of the symptoms. The color is a much brighter red in hue, and the parts involved are the nose, cheeks, chin, the space between the eye-brows, and not infrequently the entire forehead. The nose is markedly involved, the tip being shiny and often bulbous in form, as well as painful to the touch. Bright red branching lines are interspersed through each affected area. They are comparatively long and taper away until they are entirely imperceptible to the naked eye. They are comparatively subepithelial, and consist of enlarged capillaries, whose tendency it is to increase in caliber and thus aggravate the inflammatory condition, which has declared itself by bringing increased quantities of blood to the affected parts. Whilst some cases do not progress any farther, in many a distinct eruption of a papular or pustular character manifests itself. It is the latter form of lesion which predominates, giving a distinctly acneic appearance to the face. The diffuse and bright redness present, together with the enlarged capillaries, are sufficient to distinguish a case from acne vulgaris or from sycosis, for either of which it might be mistaken by an uninformed observer.

In the third, or hypertrophic stage, we have the final expression of the trouble, but before considering this the etiology and treatment of the forms described will be taken up. To begin with, acne rosacea is essentially chronic, and this applies with equal truth to all of its stages. The causes of acne rosacea are numerous and varied. Among some of these causes the following may be mentioned: Indigestion, both intestinal and gastric, as well as dilatation of the stomach. A hyper-acid condition of the stomach will also act as a causative factor. Excesses in eating or drinking, especially indulgence in alcoholics, are prolific causes of acne rosacea. Exposure to either heat or cold will bring about angio-neurotic changes in the integument of the face, which finally culminate in acne rosacea. Uterine disorders not infrequently act as causative factors in a very active manner. It has been asserted that stricture, or an atonic condition of the male urethra, has brought on the trouble, which was relieved by the systematic use of steel sounds, but this lacks confirmatory proof at the hands of others. There can be no doubt whatever that, as has been pointed out by a number of rhinologists, nasal catarrh is often the active causative agent in the production of acne rosacea of the hyperemic type. From the very large list of causes, it will easily be seen that the trouble is far from being such a simple one as might be supposed. The determination of the etiological factors in any given case is a complicated problem, requiring much research and careful investigation in order to arrive at a correct and positive conclusion. Moreover, it must not be forgotten that the determination of any

one single cause is sufficient. It is far from rare to find that several are at work which may be interdependent or entirely foreign to one another, and yet all conspiring to the same end of producing the cutaneous affection which is present. It is very much for this reason that many cases are so stubborn to treatment and even apparently incurable.

It will follow from what has been said that the treatment of the trouble should be directed as much to the underlying cause of the disease as to the condition which presents itself. It is also as important that the general treatment should be carried out in a complete and efficient manner if results of a favorable nature are to be expected. The digestive system is one which is almost invariably at fault as well as that whose proper performance of functions is most frequently neglected. A very careful inquiry into any deviation from the normal should be made and judicious management employed, more especially in the way of a proper selection of food and regulation of diet. But it is unnecessary to enter into any fuller discussion of this part of the subject, as it would involve a consideration of too many conditions and their treatment, which properly appertain to the broader domain of general medicine and to the intricate speculations of a number of specialists.

What concerns us more directly is the consideration of the local measures which should be employed. Here, again, we are confronted by a quantity of material which attests to the marvelous ingenuity of therapists, and, unfortunately, also attests to the fact that no certain method applicable to all cases has yet been devised. The methods employed are both medicinal and surgical. To the former is to be accorded the merit of simplicity of application. Pre-eminent in the list of remedies are the reducing agents, or such as have a tendency to contract the capillaries and thus reduce the supply of blood to the parts, and in that manner aid in subduing inflammation by withdrawing from the tissues the pabulum so necessary to carry on this process. Sulphur and its various combinations may be included among the most valuable of the reducing agents which we possess, and there is no doubt that among those easily prepared we have many valuable aids. The *facile princeps* of all, in my opinion, is without doubt that form which seems to be but comparatively little known by practitioners in general, and which is but rarely prescribed except by those who devote particular attention to diseases of the skin. The formula of this lotion is as follows:

℞ Calcis vivæ.....	℥ss.
Sulphuris sublimati.....	℥j.
Aquæ.....	℥x.
M. Coque ad. ℥vj., divide et filtra.	

The boiling of this must be carefully done over a water bath in a graduated vessel. The filtration must also be closely looked after, and the

filtrate should be perfectly clear. If it is not clear the boiling has not been thorough or the process of filtration has been imperfect. The color should be ruby red.

This should be applied thin at night and be followed in the morning by an ointment. If it be preferred an ointment may be applied both night and morning. The ointments may contain any of the following reducing agents in varying proportions: Sulphur, ichthyol, resorcin or salicylic acid, either alone or in combination. The following formulas are given so as to convey an idea of the method of ordering and strengths to employ:

℞ Sulphuris precipit.....	℥ss-℥j.
Ung. aquæ rosæ.....	℥j.
M.	
℞ Sulphuris precipit.....	℥ss.
Resorcin.....	gr. xv.
Ung. aquæ rosæ.....	℥j.
M.	
℞ Ichthyol.....	℥j.
Lanolini puriss.	
Ung. aquæ rosæ.....	aa. ℥ss.
M.	
℞ Acidi salicylici.....	℥j.
Ichthyol.....	℥ss.
Ung. aquæ rosæ.....	℥j.
M.	

Of course there is no limit to the possible combinations which may be made, and the amount of active agent employed must be governed entirely by the susceptibility of the skin to its irritating influence, for every one is an irritant. On this account the factitious redness produced by the remedy must not be confounded with the color due to the disease.

Whilst these applications will prove sufficient in ordinary cases of acne rosacea, others will be found necessitating much more strenuous measures, and it is in these that surgical procedures are indicated. Electrolysis will be found of the highest value in the destruction of the blood vessels which show themselves so prominently in the second stage. The electrolytic puncture coagulates the blood in the vessels and not only removes an unsightly appearance, but removes a prominent aid in promoting inflammation. Multiple electrolytic punctures are also employed to produce a greater destruction of capillaries and aid in the resorption of effused and hyperplastic products of inflammation. Linear and quadrilled scarifications, by means of Vidal's scarifier, are also frequently practiced, but one care should always be taken, viz., that the scarifier be very thin and that the incisions be of a sufficient depth. Another method which has been employed in lieu of the electrolytic needle is Unna's *microbrenner*, an instrument constructed on the plan of the Paquelin thermocautery, whose point, however, is practically a needle. By means of punctate cauterizations the vessels are de-

stroyed and the thickening of the skin diminished. The disadvantage consequent on the use of this instrument lies in the production of scars.

The third stage of acne rosacea, which is better known as "rhinoplyma," is the hypertrophic condition, which may be constantly met with in our streets, and which is popularly known as "rum nose," or, as the Germans call it, *pfundnase*. The nose in these cases often assumes enormous proportions, presenting a tumor-like appearance. A good example of the appearance, history and treatment of a marked example is the following, which I reported to the First Pan-American Medical Congress.*

Mr. X— was about 72 years of age when he applied for treatment. He was of a rather robust constitution, and apparently in good health; he furthermore stated that he had never been ill. His occupation being that of a saloon-keeper, and being of a social disposition, he indulged in alcoholics, and, as a result, acne rosacea developed. He did not particularly notice the time when his affection began; but he observed an enlargement of his nose some six years before he applied for relief. Some little time before this last he had seen that the enlargement was progressing rather rapidly, and the dimensions were assuming proportions of a rather alarming nature to his friends. He, however, paid but little attention to the appearance presented, and he would, in all probability, never have sought relief had it not been for a circumstance which I do not remember having ever heard mentioned in connection with this trouble. It simply consisted in the fact that the hypertrophy became so marked and there was so much adventitious tissue developed that the weight of the superincumbent mass pressed upon his nostrils to a marked degree. This pressure was so great that he could no longer breathe comfortably. The weight of the tumor was such that it produced stenosis of the nostrils, and, as a result, the patient was forced to breathe through his mouth, a condition, which, only uncomfortable at first, finally became intolerable.

The condition presented by the patient, when he applied for relief, was as follows: He appeared to be in good health, somewhat inclined to be stout. His hair was gray, complexion florid, and skin rather flabby. His nose was enormously hypertrophied. The deformity consisted of three masses or lobes, one central and two lateral, attached at their bases by rather large pedicles, as shown in Figure 2. Each lateral mass somewhat pear-shaped, the central one having the appearance of an inverted pyramid. Taken altogether, the hypertrophied portion would make a large handful, and weighed about two pounds. The surface of the integument was irregular, the openings of the ducts patulous, and the mass felt hard to the touch. It was red and shining, and somewhat nodulated in parts.

In such a case there seemed to be but one method of procedure to follow, and it is, on the whole, the best for such cases—to remove the entire

*Transactions First Pan-American Congress, Vol. II., p. 1,688, *et seq.*

mass by the knife. No other method can afford any hope of permanent relief, and it is, upon the whole, the quickest, best and most thorough method. This was accordingly done in the case under consideration in the following manner: The lobes of the tumor were removed, leaving a small flap of the integument of each in order to cover the surface denuded.



FIG. II. Rhinophyma—Before Operation.

The flap in each case was derived from the lower part and laid up in such a manner as to bring the line of stitches at that part of the nose which corresponds to the sulcus of each ala. In the case of the middle lobe, the line of sutures naturally lay directly across the nose. In the dissection of the skin flaps care was taken to make as thin an integument as was consistent with the preservation of the nutrition of the tissue. Healing took place

per primam, the dressing used being iodoform collodion. The final result was a most excellent one, as may be seen in Figure 3. The only ontoward circumstance, and this is hardly noticeable, is, that the nostrils are possibly a little more open than they should be, but this could hardly be avoided in such an extensive operation. This slight tilting up of the nares was no doubt due to the cicatricial contraction which took place at the site of the sutures. This amounted to but little, although it points to the necessity of allowing for contraction both of the skin and of the scar in such cases. In plastic operations of this character, however, it is a most difficult matter to estimate exactly the amount of skin required, and there can be no doubt that a little too much economy is to be preferred to generosity in

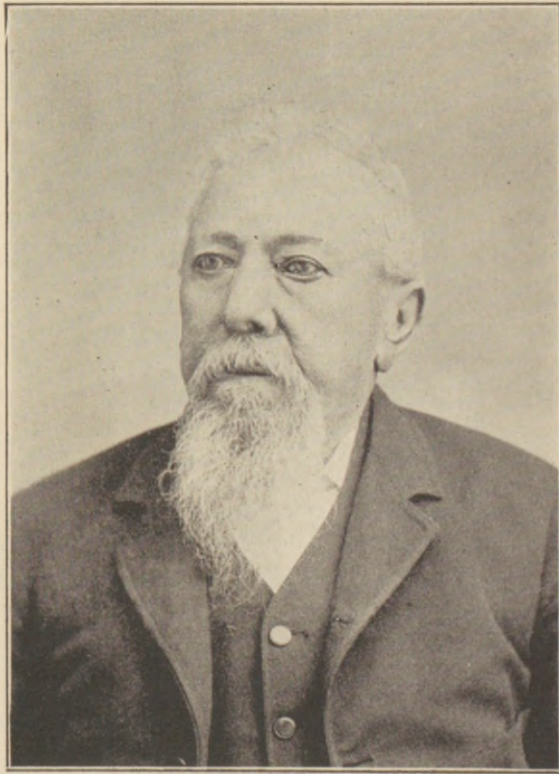


FIG. III. Rhinophyma—Afer Operation.

view of the fact that any redundant tissue is prone to take on the hypertrophic process rapidly.

In rhinophyma we have a distinct hypertrophy of fibrous tissue, the density of the structure being marked. The skin covering the growth is thin, retention cysts of sebaceous matter appearing in the substance of the growth. In the case detailed a large retention cyst nearly half an inch in diameter was observed. Enlarged vessels were observed, the papillæ were atrophied, and some portions of the structure seemed to point to the presence of a degenerative process.

The subject of rhinophyma is one which possesses much interest, and is deserving of much more study than has been devoted to it up to the present time.