Chapter 8
Skin Disorders and Diseases
“Attitude is more important than the past, than education, than money, than circumstances, than what people do or say. It is more important than appearance, giftedness, or skill.”

– Charles Swindoll
Objectives

• Recognize common skin lesions.
• Describe the disorders of the sebaceous glands.
• Name and describe changes in skin pigmentation.
• Identify the forms of skin cancer.
• Understand the two major causes of acne and how to treat them.

• List the factors that contribute to the aging of the skin.

• Explain the effects of overexposure to the sun on the skin.

• Understand what contact dermatitis is and how it can be prevented.
Skin Disorders

- Dermatologist – a physician who specializes in diseases and disorders of the skin
- Inflamed skin disorders, whether infectious or not, should not be served in the salon.
A lesion is a mark on the skin or structural change in tissues caused by injury or disease.

- **Bulla (plural: bullae):** Same as a vesicle only greater than 0.5 cm
  - Example: Contact dermatitis, large second-degree burns, bullous impetigo, pemphigus

- **Macule (plural: maculae):** Localized change in skin color of less than 1 cm in diameter
  - Example: Freckle

- **Tuberosis:** Solid and elevated, however, it extends deeper than papules into the dermis or subcutaneous tissues, 0.5–2 cm
  - Example: Lipoma, erythema, nodosum, cyst

- **Papule:** Solid, elevated lesion less than 0.5 cm in diameter
  - Example: Warts, elevated nevi

- **Pustule:** Vesicles or bullae that become filled with pus; usually described as less than 0.5 cm in diameter
  - Example: Acne, impetigo, furuncles, carbuncles, folliculitis

- **Vesicle:** Accumulation of fluid between the upper layers of the skin; elevated mass containing serous fluid, less than 0.5 cm
  - Example: Herpes simplex, herpes zoster, chickenpox

- **Tumor:** The same as a nodule only greater than 2 cm
  - Example: Carcinoma (such as advanced breast carcinoma); not basal cell or squamous cell of the skin

- **Wheat:** Localized edema in the epidermis causing irregular elevation that may be red or pale
  - Example: Insect bite or a hive
Primary Lesions

- **Bulla** – blister
- Cyst – sac containing fluid pus
- Macule – small, discolored spot or patch
- Nodule – solid bump larger than .4 inches
- Papule – pimple
Primary Lesions *(continued)*

- Pustule – raised, inflamed pimple
- **Tubercle** – abnormal rounded, solid lump
- Tumor – abnormal cell mass
- Vesicle – small blister with clear fluid
- Wheal – itchy, swollen lesion (hives)
Secondary Lesions

- Crust – dead cells formed over a wound or blemish
- **Excoriation** – skin sore or abrasion
- Fissure – crack in the skin
Secondary Lesions (continued)

- **Keloid** – thick scar
- Scale – thin plate of epidermal flakes
- Scar or cicatrix – light-colored, slightly raised mark on skin
- Ulcer – open lesion with pus
Sebaceous Gland Disorders

- Comedones – blackheads
- Milia – benign, keratin-filled cysts
- Acne – common pimples
• Sebaceous cyst – large, protruding, pocketlike lesion filled with sebum

• **Seborrheic dermatitis** – inflammation of the sebaceous glands

• **Rosacea** – chronic inflammatory congestion of the cheeks and nose
Sudoriferous Gland Disorders

- **Anhidrosis** – lack of perspiration
- **Bromidrosis or osmidrosis** – foul-smelling perspiration
- **Hyperhidrosis** – excessive perspiration
- **Miliaria rubra** – prickly heat
Skin Inflammations

- **Conjunctivitis** – pinkeye
- Dermatitis – inflammatory skin condition
- **Eczema** – acute, chronic lesions (dry or moist)
Skin Inflammations (continued)

- Herpes simplex – fever blisters
- **Impetigo** – weeping lesions
- **Psoriasis** – common, chronic, inflammatory skin disease
Pigment Disorders of the Skin

• Pigment can be affected by internal factors such as heredity or hormonal fluctuations, or outside factors such as prolonged sun exposure.

• Abnormal coloration (dyschromia) accompanies every skin disorder and many systemic disorders.
Changes in Skin Pigmentation

- Hyperpigmentation – darker than normal pigmentation, appearing as dark splotches
- Hypopigmentation – absence of pigment, resulting in light or white splotches
Changes in Skin Pigmentation (continued)

- **Albinism** – absence of melanin pigment
- **Chloasma** – increased pigment in spots
- **Lentigines** – freckles
- **Leucoderma** – light, abnormal patches
Changes in Skin Pigmentation (continued)

- Nevus – birthmark
- Stains – abnormal brown skin patches
- Tan – caused by exposure to UV rays
- **Vitiligo** – hereditary, hypopigmented spots
Hypertrophies of the Skin

- Keratoma – callus
- Mole – small brownish spot or blemish
- Skin tag – small brown or flesh-colored outgrowth of the skin
- **Verruca** – wart
Skin Cancer

- Basal cell carcinoma
- Squamous cell carcinoma
- Malignant melanoma
Skin Cancer Checklist

• A – Asymmetry
• B – Border
• C – Color
• D – Diameter
• E – Evolving
Acne and Problem Skin

- Retention hyperkeratosis – hereditary tendency for acne-prone skin to retain dead cells in the follicle

- *Propionibacterium acnes* – anaerobic (cannot survive in the presence of oxygen)

- Main food source – fatty acids
Acne Treatment

• Cleansers and toners for oily skin
• Follicle exfoliants
• Avoidance of fatty skin-care products
• Avoidance of harsh products
Intrinsic Skin Aging Factors

- Genetic aging
- Gravity
- Facial expressions
Extrinsic Aging Factors

- Sun exposure
- Smoking
- Excessive alcohol and smoking
- Illegal drugs
- Cumulative stress
- Poor nutrition
- Exposure to pollution
The Sun and Its Effects

• 80 to 85 percent of aging is caused by sun’s rays.

• UVA rays – weaken the collagen and elastin fibers

• UVB rays – burning rays that cause sunburn and tanning by affecting the melanocytes
Sun Exposure Precautions

- Avoid prolonged exposure.
- Apply sunscreen liberally 30 minutes prior to exposure and after swimming.
- Use full or broad-spectrum sunscreen.
- Avoid exposing children under six months old.
- Wear hat and protective clothing outdoors.
Dermatitis

• Medical term for abnormal skin inflammation
• Can result from contact with chemicals or tints
• Allergies from product ingredients
Contact Dermatitis

• Most common work-related skin disorder for cosmetology professionals

• Caused by certain substances touching skin
Allergic Contact Dermatitis

- Caused when skin is allergic to an ingredient or product
- Sensitization – an allergic reaction created by repeated exposure to a chemical or substance
Irritant Contact Dermatitis

• Caused when irritating substances temporarily damage the epidermis

• Examples: corrosive substances or exfoliating agents

• Avoided by wearing gloves when working with irritating chemicals
Self-Protection

• Keep tools and surroundings clean (proper disinfection of brush handles, containers, surfaces, etc.).

• Wear protective gloves.

• Keep hands clean and moisturized.
Summary and Review

• What is a skin lesion?

• Name and describe at least five disorders of the sebaceous glands.
• Name and describe at least five changes in skin pigmentation.

• Name and describe the three forms of skin cancer.

• What are the two major causes of acne and how should they be effectively treated?
Summary and Review (continued)

• List the factors that contribute to the aging of the skin.

• Explain the effect of overexposure to the sun on the skin.

• What is contact dermatitis and explain how can it be prevented?
Congratulations!

You have completed one unit of study toward course completion.