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Acne and rosacea: Update on pathophysiology and treatment

Understanding the pathophysiology of acne and rosacea is the basis not only for successful treatment but also for prevention of recurrent disease. Acneiform lesions are due to blocked follicles (follicular plugging). This results in failure of drainage of sebum to the skin surface and promotes accumulation of bacteria (*P. acnes*) and yeasts (*Pityosporum ovale*). The resultant neutrophilic chemotaxis promotes the formation of microabscess, cysts and scarring. The follicular plugging is also aggravated by sebaceous hyperplasia. In rosacea, cytokine-induced photosensitivity predominates with accompanying sebaceous hyperplasia aggravating follicular plugging and pustule formation. Successful treatment of both diseases includes a regimen aimed at unplugging the plugged follicles, control of pustule and abscess formation and resolution of acneiform scarring and shrinkage of sebaceous hyperplasia.

Biography

Madalene C Y Heng is a Clinical Professor of Medicine, Dermatology at the David Geffen UCLA School of Medicine. From 1979 to 2003, she was a Chief, Division of Dermatology, UCLA San Fernando Valley Medicine Program. She is currently in private practice in Heng Medical at Camarillo, CA and is a Reviewer for the *Journal of the American Academy of Dermatology*, *American Journal of Geriatric Medicine*, *British Journal of Dermatology*, *Lancet, London*, and *International Journal of Angiology*. She is the author of more than 140 scientific publications, including 78 published peer-reviewed articles on topics such as phosphorylase kinase activity and psoriasis, pathophysiology of common skin diseases, and wound healing.

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