

## Unilateral Acne Formation With Facial Paralysis

*To the Editor.* -A 23-year-old female patient presented to our clinic due to the pustulation that had been present on the left half of her face for the last 1 month. The patient stated that she had facial paralysis in the left half of her face three months ago and received 30 mg/day prednisolone treatment for a period of 1 month. Apart from that, she did not describe any history of treatments received, menstrual irregularities and increased hair growth on the body; she did not have history of any other medication use, either.

Dermatological physical examination showed erythematous papulae and pustulae on the left half of her face. There were no acneiform lesions on the right half of her face (**Figures 1 and 2**). Her systemic examination results were normal. Her routine laboratory and hormone study results were normal. No pathological findings were identified during pelvic ultrasonography. The patient was started on combination treatment with 1% clindamycin in gel form, 5% benzoyl peroxide and azithromycin in tablet form. Since the patient did not come to her follow-up visits, the treatment results could not be evaluated.

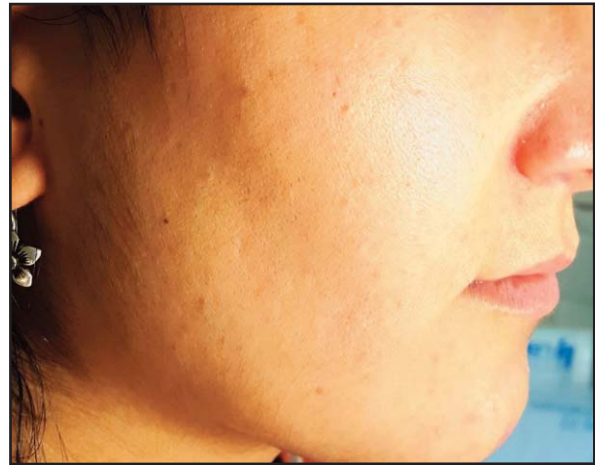
In cases of facial paralysis, steroid treatment is often required. Various dermatological side effects are seen during steroid use. Acne formation, which is frequently observed during systemic steroid treatment, is in the form of development of uniform, inflamed papulae and pustulae especially in the face and shoulder sites [1].

Acne formation is observed with facial paralysis (Bell's palsy). A limited number of publications are present regarding the development of acne lesions unilaterally on the face. Pathogenesis of unilateral acne formation with facial paralysis is not fully known. While there is a continuous outward flow in the lumen of sebaceous gland with normal facial movements, this sebum flow does not take place on the paralyzed side in case of paralysis. Since the accumulation of sebum in the lumen triggers acne formation, the use of systemic steroids increased acne formation especially in the areas where the paralysis is concentrated [2,3].

Differently from other cases reported, our case had no acne lesions on the side that was not paralyzed. The cosmetic concern caused on the part of the patients should be overcome via treatment.



**Figure 1.** There are erythematous papulae and pustulae on the left half of her face



**Figure 2.** There aren't acneiform lesions on the right half of her face

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