



SYCOSIS

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Synonyms: Acne sycosis; Sycosis barbae, seu menti; Sycosis non parasitica; Mentagra; Folliculitis barbae, seu pilorum.

Sycosis is a chronic inflammatory disease of hairy parts of the skin characterized by tubercles, papules and pustules, each of which is pierced invariably by the shaft of a hair. In the great majority of cases the disease is limited to the region of the beard in men, though it may occur on the eyebrows, scalp, axillae and pubes. On the face it starts usually as one or more ill defined patches and may remain confined in certain areas or spread so as to include in time the whole bearded region. The disease does not extend onto non-hairy parts. The lesions may be discrete and relatively few in number, or, in very severe cases, so numerous and closely set as to form almost continuous patches of infiltration. The inflammation starts in the walls of the hair follicles and the first surface manifestations are papules or tubercles situated at the orifices, with a hair passing through each little elevation. The papules and tubercles soon change into pustules. Occasionally in old patches, pustules develop about the hairs without preceding papulation. The pustules exhibit slight tendency to rupture, but the inflammatory exudate often escapes alongside the hairs from the mouths of the follicles and dries to form small crusts. When the lesions are closely set one crust may cover the openings of several follicles. The removal of such a crust does not expose a raw, oozing surface, but tears the tops off a number of pustules. The amount of crusting is never very great. Burning and tension are usually the only subjective symptoms complained of. At the onset of an attack traction on the hairs which issue from inflamed follicles causes considerable pain, but later the root sheaths become swollen with pus and the hairs loosen and may be easily extracted. At times they fall out spontaneously.

The hair loss is seldom permanent, though in some cases the thinning of the beard is quite noticeable. Untreated the disease persists indefinitely. Periods of quiescence alternate with exacerbations and the outbreak of acute symptoms is as a rule without any apparent cause. Sycosis on the upper lip, which is a favorite location, is often associated with chronic rhinitis. The nasal secretion may be the cause of the sycosis or the sycosis by extension may affect the vibrissae and cause the Schneiderian membrane to become swollen and exquisitely sensitive. Sycosis sometimes develops from eczema of the bearded region. The disease is feebly contagious and is not infrequently transmitted by the barber shop razor. The pyogenic staphylococci are invariably present in the pus. **DIAGNOSIS:** Numerous pustules pierced by hairs are almost pathognomonic of the disease. *Trichophytosis barbae* begins as a scaling spot and later produces a lumpy condition of the skin; from every node many hairs project and these may be twisted, split or broken. The spores are easily found with the microscope. In *pustular eczema* the pustules are not so accurately located about the hairs, the crusting is greater and the crusts cover raw, oozing surfaces. The disease spreads readily to non-hairy parts. Itching is severe. **TREATMENT:** Epilation is the most essential part of the treatment. Each day all the hairs in a given area of the affected region should be extracted. Pasta zinci Lassar, N. F., is to be applied plentifully and kept as constantly as possible in close contact with the skin. In very obstinate cases with thickening of the skin the amount of salicylic acid may be increased to 10-15 per cent. Exposures to the X-rays carried to the point of producing a slight erythema and falling of the hair, have a brilliant curative effect, but every precaution must be observed not to cause dermatitis actinica.