

## Chapter 8: Skin Disorders and Diseases

### **Why study skin disorders and diseases? (p. 177)**

A cosmetologist needs to understand the underlying structure of the skin and common skin problems because you should be able to understand the most basic skin care services; being able to offer skin services adds another dimension of service to your clients; and you must be able to recognize problems and know which conditions are treatable by a cosmetologist and which should be referred to a doctor

### **Disorders and Diseases of the Skin (p.177-180)**

**Dermatologist-** a physician who specializes in diseases of the skin, hair, and nails

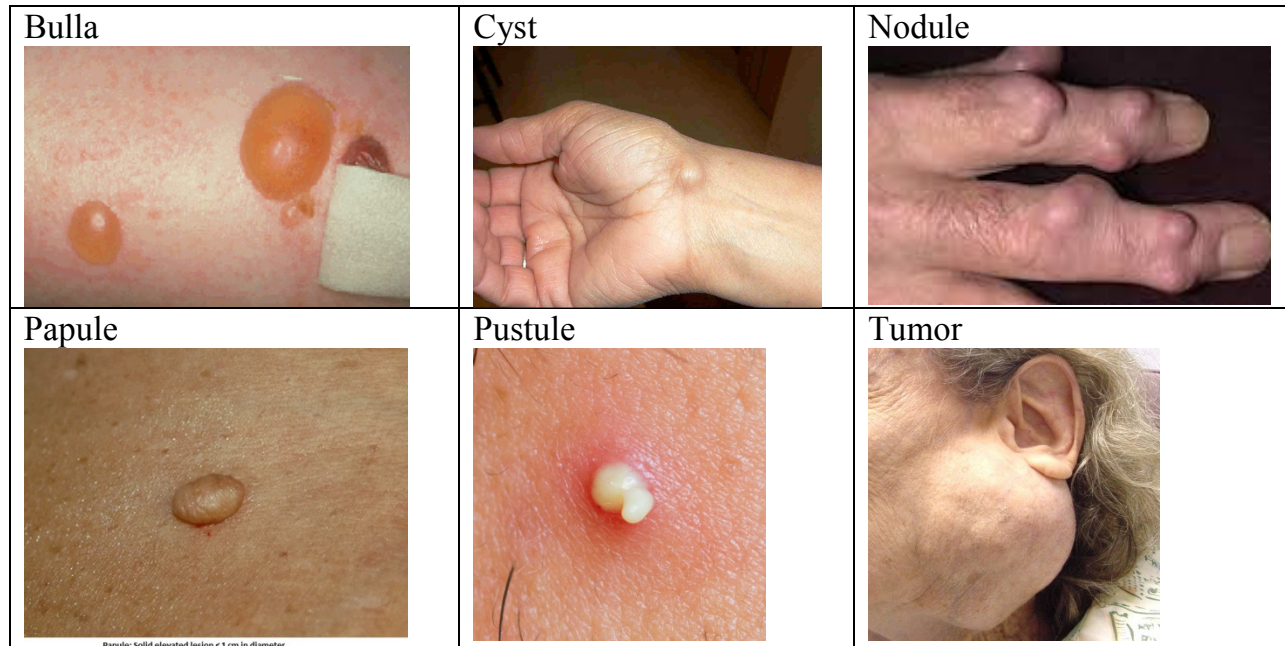
### Lesions of the Skin

A **lesion** is a mark on the skin that may indicate an injury or damage

The following are *primary lesions* (p. 178-179)

**Primary lesions** are lesions that are a different color than the color of the skin and/or lesions raised above the surface of the skin






- **bulla-** a large blister containing watery fluid
- **cyst-** closed, abnormally developed sac that is filled with fluid; may be above or below the skin
- **nodule-** solid lump larger than 1 cm that can be easily felt
- **papule-** large sore bump that does not have a head of pus
- **pustule-** inflamed papule containing pus
- **tumor-** abnormal cell mass that varies in size, shape and color



The following are *secondary lesions*: (p. 179-180)

**Secondary lesions** are characterized by piles of material on the skin surface, such as a crust or scab, or by depressions in the skin surface, such as an ulcer

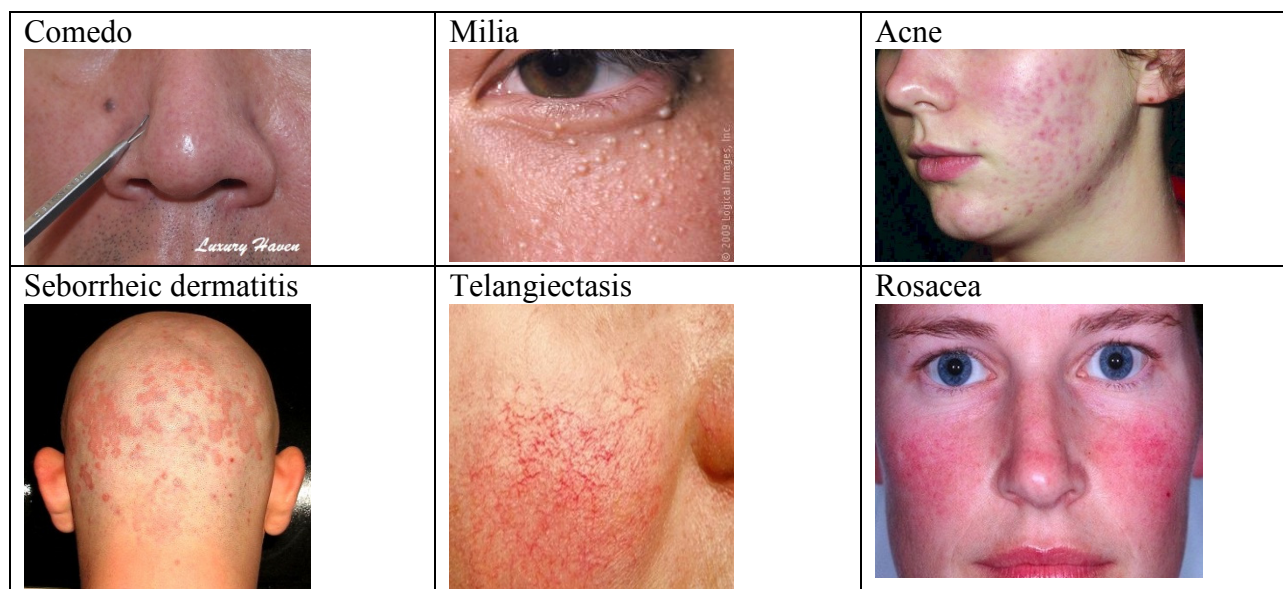
- **crust**- dead cells that form over a wound or blemish while it is healing
- **fissure**- crack in skin that penetrates the dermis layer (ex: chapped lips)
- **keloid**- thick scar caused by excessive growth of fibrous tissue
- **scale**- thin dry or oily epidermal flakes (dandruff)
- **ulcer**- open lesion on the skin or mucous membrane of the body accompanied by loss of skin depth

<p>Crust</p> 	<p>Fissure</p> 	<p>Keloid</p> 
<p>Scale</p> 	<p>Ulcer</p> 	

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### Disorders of the Sebaceous (oil) Glands (p. 180-181)

- **comedo** (blackhead)- hair follicle filled with keratin (protein) and sebum (fatty oil); *may be treated in salon*
- **milia**- benign, keratin-filled cysts that appear under the epidermis and have no visible opening; *may be treated in salon*
- **acne**- chronic inflammation of the sebaceous (oil) glands
- **seborrheic dermatitis**- inflammation of the sebaceous glands; may be red, dry/oily, itchy, crusty; *may be treated in salon, however, severe cases treated by dermatologist*
- **telangiectasis**- distended or dilated surface blood vessels
- **rosacea**- chronic condition that occurs primarily on the cheeks and nose

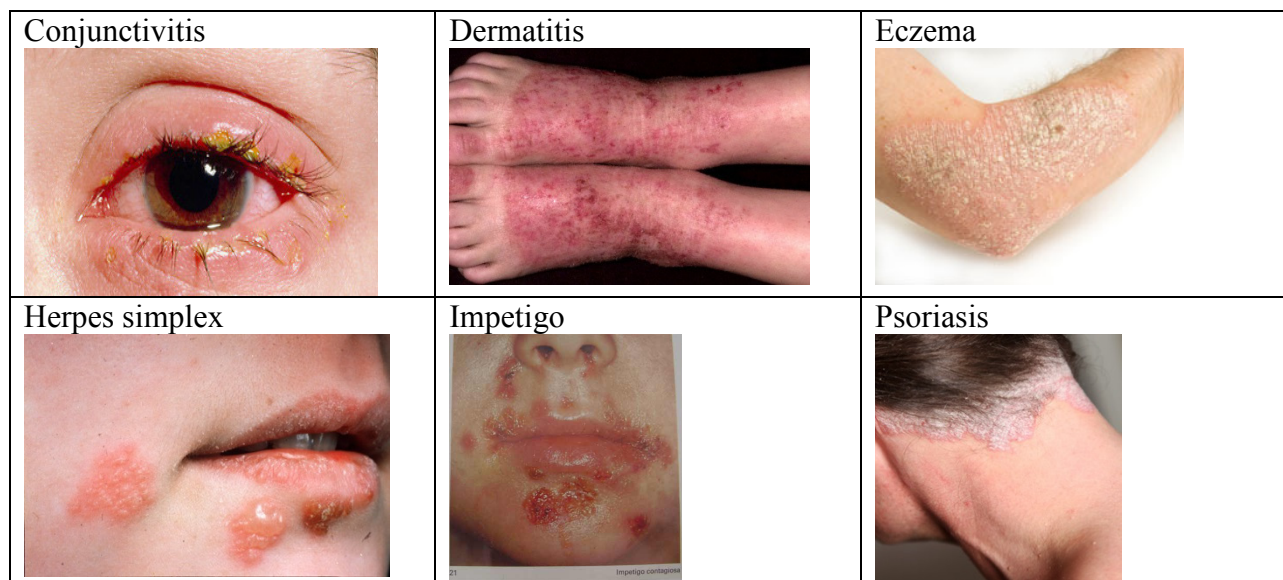


### Disorders of the Sudoriferous (sweat) Glands (p. 181)

- **hyperhidrosis**- excessive sweating caused by heat or general body weakness
- **anhidrosis**- deficiency in perspiration
- **bromhidrosis**- foul-smelling perspiration
- **miliaria rubra**- also known as prickly heat; inflammatory disorder of the sweat glands; accompanied by burning and itching

## Inflammations and Common Infections of the Skin (p. 182-185)

- **conjunctivitis**- also known as pink eye; bacterial infection of the eye
- **dermatitis**- any inflammatory condition of the skin
- **eczema**- inflammatory condition characterized by moderate to severe inflammation, scaling, and sometimes severe itching
- **herpes simplex**- contagious, recurring viral infection characterized by fever blisters or cold sores
- **psoriasis**- non-contagious skin disease characterized by red patches with silver-white scales found on the scalp
- **impetigo**- red patches covered with silver, white scales; treatable but not curable



## Pigment Disorders of the Skin

- **albinism**- absence of melanin pigmentation in the body
- **chloasma**- also known as liver spots; hyperpigmentation on the skin in spots that are not elevated
- **wart**- also known as a verruca; hypertrophy
- **basal cell carcinoma**- most common and least severe type of skin cancer
- **malignant melanoma**- dark brown patches in the skin that may appear uneven in texture, jagged, or raised
- **vitiligo**- hereditary condition that causes hypopigmentation spots and blotches on the skin that may be related to thyroid conditions

American Cancer Society recommends using the ABCDE checklist to spot signs of change in moles (p. 185):



- **basal cell carcinoma**- most common and least severe type of skin cancer; often characterized by light or pearly nodules
- **squamous cell carcinoma**- more serious than basal cell; often characterized by scaly red papules or nodules
- **malignant melanoma**- least common but most dangerous type of skin cancer; characterized by black or dark brown patches on the skin

### Acne and Problem Skin (p. 186-187)

- Acne is affected by two major factors: heredity and hormones
  - **Retention hyperkeratosis**- inherited tendency to retain dead cells in the follicle forming an obstruction that cause inflammation leading to papules and pustules
  - **Oiliness** of skin is also hereditary; overproduction of sebum leads to acne by coating the dead cells buildup in the follicle with sebum which hardens and oxygen is not present (allowing bacteria to multiply)
  - The **main food source** for acne is **fatty acids** (which are easily obtained from the abundance of sebum in the follicle)
- Propionibacterium acnes are **anaerobic** (cannot survive in the presence of oxygen)

### Acne treatment

- Use cleansers for oily skin; toners also help to remove excess sebum
- Follicle exfoliants are leave-on products that help to remove cell buildup from the follicles, allowing oxygen to penetrate the follicles and kill bacteria
- Avoid using fatty skin care and cosmetic products; use **noncomedogenic products** (designed and proven not to clog the follicles)
- Do not use harsh products or over clean acne-prone skin as this can lead to inflammation
- Mild and moderate cases of acne can be treated by trained salon and spa specialists who have received specialized education in acne treatment

### Aging (p. 187-189)

#### **Factors that influence aging of the skin:**

- **Intrinsic**- those over which we have little control; skin aging factors that include **gravity, genetic aging, and facial expressions**
- **Extrinsic**- environmental; factors that include smoking, exposure to sun, stress, overuse of alcohol, illegal drugs, poor nutrition, and pollution

### The Sun and Its Effects (p. 189)

The sun reaches the skin in two different forms:

- **UVB (Burning rays)**: cause sunburns, tanning, majority of skin cancers
- **UVA (Aging rays)**: deep-penetrating rays; waken collagen and cause wrinkling and sagging

#### Safety Tips:

- Use a broad spectrum sunscreen against UVA and AVB rays daily
- Avoid sun exposure between 10AM and 3PM

- Apply sunscreen thirty minutes before exposure and after swimming or heavy physical activities
- Avoid exposing children under the age of six months to the sun
- If you are prone to burning, wearing a hat and protective clothing when participating in outside activities

### **Contact Dermatitis** (p. 190)

- **Contact dermatitis**- inflammation of the skin cause by contact with certain chemicals or substances
- **Allergic contact dermatitis (ACD)**- when a cosmetologist or client develops an allergy to an ingredient or chemical after repeated skin contact
- **Sensitization**- allergic reaction caused by repeated exposure to a chemical or substance

Once an allergy has been established, all services must be discontinued until the allergic symptoms clear.

### **Irritant Contact Dermatitis** (p. 191)

- **Irritant Contact Dermatitis (ICD)**- occurs when irritating substances temporarily damage the epidermis; can be prevented by using gloves and utensils when handling products
  - Frequent handwashing can dry skin allowing penetration of irritating chemicals; follow handwashing with protective hand cream

## **PROTECT YOURSELF**

- Keep brush handles, containers, and table tops clean
- Wear protective gloves when using irritating products
- Keep hands clean and moisturized

