



FAVRE-RACOUCHOT SYNDROME

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Skin changes are an expected and normal process of aging. These changes vary from person to person based on a number of factors including amount of sun exposure, environmental exposures, nutrition, and skin type. One of the possible skin changes is a type of sun aging known as Favre-Racouchot syndrome.

Favre-Racouchot syndrome consists of open comedones (black heads), closed comedones (white heads), and epidermal cysts located on the temples, lateral cheeks, periorbital areas, and nose of facial skin that has been sun-damaged. The skin condition is also referred to as "senile comedones" or "nodular elastosis with cysts and comedones." In the United States, fewer than 10 percent of individuals are reported with the condition, and it generally affects middle-aged white men. The condition was originally described by Maurice Favre in the 1930s and expanded upon several decades later by Favre and his pupil Jean Racouchot. Favre-Racouchot syndrome is benign and is usually more of a cosmetic than a health concern for affected individuals.

Favre-Racouchot syndrome usually presents on the face of patients with prolonged sun exposure and is also associated with heavy cigarette smoking. The condition may also manifest on skin that was treated with radiation therapy. Although rare, the skin changes have also been reported on the neck, behind the ears, and on the forearms. Unlike the comedones of acne vulgaris, the comedones of Favre-Racouchot syndrome are non-inflammatory. The comedones and cysts usually present symmetrically on both sides of the face. However, one side of the face may be more extensively damaged due to more sun exposure to that area, such as the left side (driver's side) facial skin. Because Favre-Racouchot syndrome is primarily caused by chronic sun exposure, other signs of sun damage such as deep wrinkles, crow's feet, mottled skin, yellow discoloration, and milia often are present as well.

The diagnosis of Favre-Racouchot syndrome is clinical and based on skin appearance. A biopsy of affected skin is an additional option for diagnosis, but it is typically unnecessary. If a skin biopsy were performed, the histologic findings would show epidermal atrophy and extensive actinic elastosis. The comedones are often colonized with various bacterial and fungal inhabitants of the skin such as *Propionibacterium acnes*, *Corynebacterium acnes*, *Staphylococcus*, and *Malassezia*.

The treatment for Favre-Racouchot syndrome includes sun protection using wide-brim hats and **sunscreen** containing both UVA and UVB coverage. In addition, smoking cessation is highly encouraged to prevent further damage to the skin. **Topical retinoids, isotretinoin, curettage**, surgical excision, and dermabrasion with or without superpulsed CO2 **laser** have been used with limited benefit, especially in individuals with severe disease. Quality of life, reduction of symptoms, and cosmesis are the primary reasons to initiate treatment for this benign skin disorder.

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