ACNE KELOIDALIS NUCHAE (AKN) IN SKIN OF COLOUR

Written by: Dr Fikki Orekoya, Dr Rajani Nalluri

WHAT IS ACNE KELOIDALIS NUCHAE?

Acne Keloidalis Nuchae (AKN), sometimes called folliculitis keloidalis, nuchal keloidal acne, or keloidal folliculitis, is a chronic skin condition that affects the back of the neck and the lower part of the scalp. The name "Acne Keloidalis Nuchae" can be misleading, as it is not traditional acne, nor does it involve true keloids, although the resulting scars are thick and raised, resembling keloid scars.

AKN usually begins in early adulthood and develops slowly. In the early stages, the bumps may not be very noticeable or painful, but if left untreated, the condition can lead to permanent scarring, hair loss in the affected areas, and larger, more visible plaques.

While AKN isn't contagious or dangerous to your health, it can be uncomfortable and affect how you feel about your appearance. If you notice signs of AKN, it's important to see a doctor or dermatologist early, as they can help manage the condition, prevent scarring, and stop it from getting worse.

UNIQUE CONSIDERATIONS FOR SKIN OF COLOUR

This condition most commonly affects men, particularly those with tightly curled or coiled hair textures, and is significantly more common in individuals of African or Afro-Caribbean descent.

KEY MESSAGES:

AKN is a chronic skin condition that commonly affects men with tightly curled hair, particularly those with darker skin tones.

It starts as small bumps but can progress to thickened scars and hair loss if untreated.

Preventive measures, such as avoiding close shaving and reducing friction, can help reduce the risk of flare-ups.

skin of colour Training UK
FACTSHEET

info@SOCTUK.org
www.soctuk.org

It can also occur in people of Hispanic, Middle Eastern, or South Asian backgrounds, though it is less common in other ethnicities.

As AKN is especially common in individuals with darker skin tones, the condition may leave more pronounced dark marks (hyperpigmentation) and raised scars that can be challenging to treat. Additionally, some treatment options may cause irritation or skin lightening in darker skin. It's essential to consult a dermatologist who has experience treating skin of colour to ensure effective and safe care.

CAUSES AND TRIGGERS

The exact cause of Acne Keloidalis Nuchae (AKN) isn't fully understood, but several factors can contribute to its development:

- Hair texture and growth patterns: Tightly curled or coiled hair is more prone to ingrown hairs, which can irritate the skin and trigger inflammation.
- Friction and irritation: Regular rubbing or pressure from tight shirt collars, hats, helmets, or headgear can worsen the condition.
- Shaving habits: Frequent close shaving of the back of the neck or scalp can irritate hair follicles and increase the risk of inflammation.
- Blocked hair follicles: When hair follicles become clogged with dead skin cells, oils, or other debris, they can become inflamed, leading to bumps and scarring.
- Genetic factors: A family history of AKN or similar conditions may make some individuals more prone to developing it.

These factors, especially when combined, can create a cycle of irritation, inflammation, and scarring that leads to the progression of AKN. Understanding these triggers can help in managing and preventing flare-ups.

WHAT DOES IT LOOK LIKE?

AKN typically begins as small, firm, itchy bumps that appear on the back of the neck or scalp. Over time, these bumps may enlarge, merge, and form thick scars or plaques. The condition can cause hair loss in affected areas and may leave dark marks or hyperpigmentation. If the bumps become infected, they may develop pus or crusting, causing additional discomfort.

ACNE KELOIDALIS NUCHAE IN SKIN OF COLOUR

Written by: Dr Fikki Orekoya, Dr Rajani Nalluri

skin of colour Training UK
FACTSHEET

info@SOCTUK.org
www.soctuk.org

ACNE KELOIDALIS NUCHAE IN SKIN OF COLOUR

Written by: Dr Fikki Orekoya, Dr Rajani Nalluri

DIAGNOSIS

A healthcare professional or dermatologist can usually diagnose AKN based on its appearance. A physical examination is often enough to identify the characteristic features of AKN.

TREATMENT OPTIONS

While AKN cannot always be completely cured, treatments can help manage symptoms and prevent further progression:

- **Topical treatments:** such as antibacterial washes and creams, steroid creams, or retinoids, are often used to reduce inflammation and clear blocked follicles.
- **Medications:** In more severe or resistant cases, oral antibiotics or isotretinoin may be prescribed.
- **Procedures:** Intralesional steroid injections can flatten raised scars and reduce itching, while laser therapy may help remove hair and reduce scarring. Cryotherapy, which involves freezing the bumps or scars with liquid nitrogen, can be another option. For large, thick plaques, surgical removal may be recommended, though there is a risk of recurrence.

PREVENTION AND SELF CARE TIPS

Preventing AKN involves minimising irritation to the affected areas.

- **Avoid close shaving:** Use clippers to leave hair at least 1-2 mm long.
- **Reduce friction:** Avoid tight collars or hats that can irritate the back of the neck.
- **Use gentle haircare products:** Opt for fragrance-free products that do not clog pores (non-comedogenic),
- **Sun protection:** Apply sunscreen to exposed areas to prevent dark marks and hyperpigmentation

CONCLUSION

Acne Keloidalis Nuchae (AKN) is a chronic condition that can have a significant impact on quality of life if left untreated. Early diagnosis and appropriate treatment are essential for managing symptoms and preventing scarring. With proper care and attention, flare-ups can be minimised, and the condition can be effectively controlled.

skin of colour Training UK
FACTSHEET

info@SOCTUK.org
www.soctuk.org

Produced | January 2025
Next review date | January 2028