inch from head to toe. More than just a protective outer layer, it plays a vital role in your overall health and wellbeing. The skin:

The skin is the largest organ of the human body, covering every

Acts as a barrier against heat, light, injury, and infection Regulates body temperature

- Functions as a sensory organ Prevents water loss
- Blocks harmful bacteria from entering the body

Stores water and fat

- Aids in vitamin D production when exposed to sunlight Separates the internal body from the external environment
- Skin varies in thickness, color, and texture depending on the body part. For
- soles of your feet have none. Interestingly, the skin on your palms and soles is much thicker than elsewhere, providing extra protection and support.

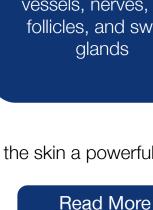
example, your scalp has the highest concentration of hair follicles, while the

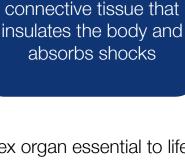
The skin consists of three main layers, each

with specific functions:

Subcutaneous Layer **Dermis: Epidermis:** (Hypodermis) The middle layer, The outermost layer, The deepest layer, containing blood responsible for barrier made of fat and protection and skin vessels, nerves, hair follicles, and sweat tone

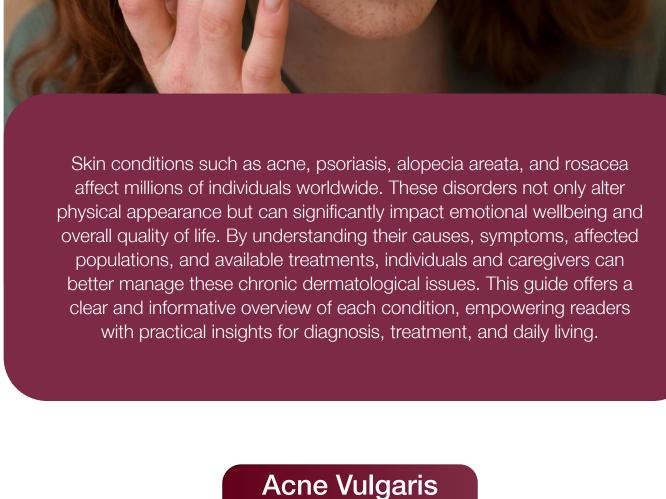






Together, these layers make the skin a powerful and complex organ essential to life. Skin: Layers, Functions, and How to Keep It Healthy **Understanding Common Skin**

Conditions: A Comprehensive Guide



Acne is a widespread inflammatory skin disorder

excess sebum (oil), dead skin cells, and bacteria.

blackheads, whiteheads, and cysts. While most

Diagnosis:

underlying causes are suspected

Treatment options:

hormonal treatments

Topical therapies: Benzoyl peroxide,

retinoids, salicylic acid, azelaic acid

Combination therapies are often most

Oral medications: Antibiotics,

(e.g., oral contraceptives),

isotretinoin for severe cases

common during adolescence, acne can persist into

adulthood—particularly in women due to hormonal

This results in a range of lesions such as

that occurs when hair follicles become clogged with

Affects all ethnicities and age groups Based on clinical examination and medical history Most prevalent in teenagers (especially males) and adult women Laboratory tests if hormonal or other

fluctuations.

Hormonal changes (puberty, menstruation, pregnancy) Excess oil production

Genetics, medications, and certain

- Exacerbated by stress, poor skincare, or high-glycemic diets

Care tips: Cleanse gently twice daily

manage stress

effective

Use non-comedogenic skincare and cosmetics Maintain a healthy diet and

Avoid touching or picking lesions

Psoriasis

Treatment approaches:

Topical treatments: Corticosteroids,

Phototherapy: UVB light therapy for

Systemic therapies: Methotrexate,

vitamin D analogs, salicylic acid

moderate disease

Dermatologists

involvement)

Self-care tips:

Moisturise regularly

cyclosporine, biologics

(e.g., TNF-alpha inhibitors)

Healthcare providers:

Rheumatologists (for joint

Mental health professionals

Bacterial overgrowth (Cutibacterium acnes)

cosmetics

bumps)

lumps)

Who is affected:

Types of acne lesions:

Whiteheads (closed comedones)

Blackheads (open comedones)

Papules & pustules (inflamed

Nodules & cysts (deep, painful

Causes and triggers:

Symptoms and course:

and remission

Common types:

develop

Fluctuates between active flare-ups

Itching, burning, and skin pain may

Nail changes and joint pain may

Plaque psoriasis (most common)

(less common but more severe)ets

Guttate, inverse, pustular, and

erythrodermic psoriasis

Psoriasis is a chronic, immune-mediated

skin disease marked by rapid skin cell



- All age groups; commonly begins in childhood or early adulthood Increased risk with family history or other autoimmune disorders

Who is affected:

Symptoms:

cases

Diagnosis:

scarring Tingling or mild discomfort prior to hair shedding Nail changes (e.g., pitting) in some

Sudden, patchy hair loss without

Clinical evaluation and dermoscopy

Occasionally, scalp biopsy or lab

tests to exclude other causes

disorder primarily affecting the face, characterised by persistent redness, visible

Identify and avoid personal triggers Manage stress effectively

Alopecia Areata

targets hair follicles, leading to hair loss. It often presents as round, smooth patches on the scalp or face and can progress to

Alopecia areata is an autoimmune disorder

complete loss of scalp (alopecia totalis) or

Treatment options:

Minoxidil (may aid regrowth)

Other immunomodulators for

Psychosocial support:

Hair prosthetics (wigs, scarves)

Counseling or support groups

resistant or extensive cases

JAK inhibitors (e.g., baricitinib for

Topical or intralesional

severe adult cases)

corticosteroids

body hair (alopecia universalis).

Seek emotional and peer support when needed Rosacea Rosacea is a chronic inflammatory skin

products

- Sun exposure, hot beverages, spicy foods, alcohol, stress, temperature extremes Skin-care products with irritants
- lupus, or seborrheic dermatitis
- More common in women but often more severe in men Predominantly affects fair-skinned individuals Symptoms: Flushing and facial redness

Papules, pustules, and visible

Skin thickening (especially around the

Eye symptoms: redness, dryness,

capillaries

irritation

Triggers:

Diagnosis

nose – rhinophyma)

Typically affects adults aged 30–60

Who is affected:

- Clinical history and physical exam Exclusion of similar conditions like acne,

Living well with alopecia: Protect exposed skin from sun and

Use gentle hair and scalp care

potential eye involvement (ocular rosacea). Symptoms may flare and remit over time.

blood vessels, acne-like eruptions, and

Ophthalmic treatments: For ocular symptoms **Healthcare providers:**

Ophthalmologists (for eye

Mental health professionals

Lifestyle & skincare tips:

Use gentle, fragrance-free cleansers

Treatment approaches:

azelaic acid, ivermectin

doxycycline), isotretinoin

redness or thickened skin

for severe cases

Dermatologists

involvement)

(as needed)

follow-up

Topical therapies: Metronidazole,

Oral medications: Antibiotics (e.g.,

Laser and light therapy: For persistent

- Apply daily broad-spectrum sunscreen Track and avoid personal flare triggers Maintain regular dermatologic

healthcare professionals and staying informed can empower individuals to

take control of their skin health with confidence and resilience.

Conclusion Acne, psoriasis, alopecia areata, and rosacea are chronic dermatological conditions that present diverse challenges but are manageable with the right knowledge, treatment, and support. Early diagnosis, individualised care plans, and attention to both physical and emotional health are key to improving outcomes and enhancing quality of life. Working closely with

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References:

Skin Diseases, Conditions, & Disorders | NIAMS Skin Disorders: Pictures, Causes, Symptoms, and Treatment