



Medicine for Managers

Dr Paul Lambden BSc MB BS BDS FDSRCS MRCS LRCP DRCOG MHSM

What Does Your Face Say About You?

Happy, sad, angry, content, tired, curious, mystified, and 101 other expressions; beautiful, handsome, and many other facial appearances. We can tell a great deal by simply looking at the faces of those with whom we make contact but, looking past the expressions and the appearance, the face is a barometer of health and a potential library of diseases and disorders.



For the observant clinician the face is one of the first places to assess the health or otherwise of a patient. Many changes are not diagnostic but a clue to possible illness or an indicator of the examination or investigations that should be undertaken.

The Eyes

Of course red or puffy eyes may suggest a minor infection (conjunctivitis) or an allergy such as hay fever. But look more closely. Can you see an

arcus senilis, a white or grey band which may encircle the cornea. Common in the elderly and

not in any way sinister but if appearing in the



young it may suggest hypercholesterolaemia (raised cholesterol). Around the nasal side of the eye or on the inside corners of your eyelids, you may notice hard, yellow, nodular patches. These are called *xanthelasma* (pronounced zan-the-las-mer). They don't cause any harm but



they may not be very attractive and, in the young, they may suggest a higher risk of heart disease because of raised cholesterol.

The eyelid itself on one side may be drooping and it could be an indicator of Bell's Palsy, a condition where there is temporary weakness or paralysis of the muscles of one side of the face as a result of temporary dysfunction of the nerve that supplies the muscles.



Very rarely it could suggest a stroke though usually the stroke is accompanied by more florid signs such as a drooping face, weakness on one side and slurred speech.

The Mouth

The shape may betray muscle weakness when smiling which, like the eyelid may suggest a Bell's Palsy or a stroke. But the lips betray other disorders. Look for the tell-tale signs of viral



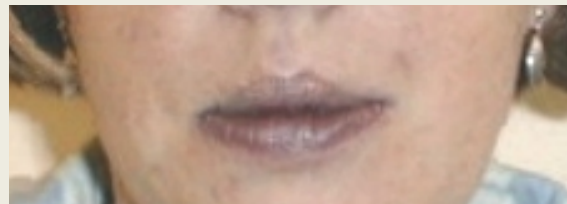
infection. Cold sores, herpes simplex, form a blistery rash along the vermilion border of a lip. They are unsightly and uncomfortable and some patients are plagued with them.

More serious is the rash which may develop along the lips or on other mucous membranes. Usually a reaction to medication or an infection it is called Stevens-Johnson syndrome.



It requires swift treatment to avoid a prostrating illness.

If the lips turn blue it may be the sign of a serious illness. It is usually caused by low blood oxygen or poor circulation. The condition, called ***cyanosis*** occurs when there is a high level of deoxyhaemoglobin in the blood and may occur in serious respiratory or heart diseases. It is a



sign that urgent treatment is required.

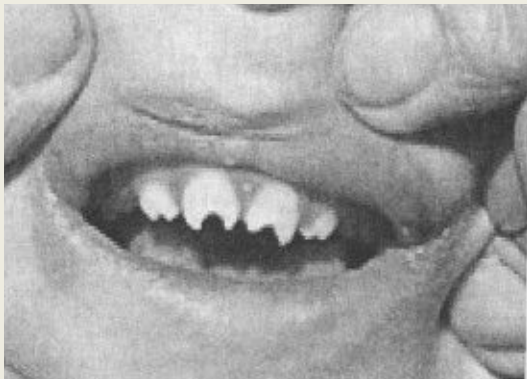
When the patient smiles the teeth may give a clue. Signs of poor dental health, decayed, broken or missing teeth and inflamed gums are a sign of disease in the mouth. Sometimes the teeth may appear shortened and translucent when they are eroded as a result of acid reflux from the stomach



Alternatively the persistent consumption of acidic fizzy drinks can cause erosion at the front of the teeth



Although relatively rare these days the teeth may appear notched and are a diagnostic feature of congenital syphilis.



They are called Hutchinson's teeth.

Another problem much more rarely seen nowadays because of improved medical knowledge and a much wider range of antibiotics from which to choose are



tetracycline stained teeth. If the drug is used during the formative stage of the tooth crowns it is taken up into the teeth and produces the characteristic discoloration.

The tongue is also a clue to health. The loss of the papillae which cover the surface of the tongue (***atrophic glossitis***) suggests a nutritional deficiency or anaemia. The tongue appears bald



and shiny.

In pernicious anaemia where failure of absorption of Vitamin B12 produces ***megaloblastic anaemia***, the condition may present as a glossitis



The tongue is red, sore and smooth and is sometimes (unhelpfully) called 'beefy'.

The tongue may also develop glossitis in a variety of other conditions including alcoholism, Crohn's disease, AIDS, other vitamin deficiencies and a number of localised conditions such as bacterial or fungal infections of the mouth, lichen planus or pemphigus.

The tongue may also become black when the normal papillae overgrow and become colonised by pigment producing bacteria.



Normally a black tongue is a sign of poor oral hygiene, smoking or following antibiotic use.

The Hair

Changes in the hair, particularly in women, may signal disease. Thyroid disorders may lead to thinning hair, though the mechanism by which it occurs is not fully understood. Iron deficiency may also lead to hair loss, especially in women because of disturbances in iron binding.



Some women suffer from excessive facial hair and acne and it may indicate the presence of polycystic ovaries. It is a condition where the ovaries contain multiple cysts, ovulation is irregular and there are high levels of androgen (male hormone). It may also be a change which accompanies the menopause.

Alopecia may cause a patchy or sometimes total hair loss in men and women. When it causes a



patchy loss it is called ***alopecia areata*** but when the whole of the hair is lost it is called ***alopecia***



universalis, and the comedian Matt Lucas is a well-known sufferer.

The Cheeks

Of course the cheeks go red at times of embarrassment but they may appear persistently red in Cushing's syndrome. The



patient also adopts a 'moon face' because of weight gain. The condition is caused by high circulating levels of the steroid hormone cortisol, either because of high doses of medication or because of a tumour in the

adrenal glands where the cortisol is manufactured.

Red cheeks or **malar flush** as they are described medically, may have a number of other causes; it may occur in skin diseases such as acne vulgaris, acne rosacea and atopic dermatitis, and infections such as **erythema infectiosum** (also known as **fifth disease**) a mild viral illness commonly called 'slapped cheek disease' because of the florid redness of the cheeks. A range of other infections may cause red cheeks including measles and scarlet fever. Allergies such as anaphylaxis (a very acute reaction to an allergen to which the body has become hypersensitive) and contact dermatitis also cause red cheeks, as do a number of cardiovascular diseases, most notably **mitral valve stenosis** where there is narrowing of the valve between the left atrium and ventricle



which causes flushing because there is a back up of blood in the vessels to a from the lungs (called pulmonary hypertension).

A malar frash extending across the bridge of the nose may also be a feature of **systemic lupus erythematosus** which is an auto-immune



disease in which the body's immune system mistakenly attacks healthy body tissue. The disease produces many systemic symptoms but the characteristic rash is not uncommon. Very common is **acne rosacea** which is a long term skin condition. The features include dilated blood vessels and papules and pustules which may give it an acne-like appearance.



Acne rosacea is of little medical consequence and its impact is primarily cosmetic.

Receding Chin

Patients with a small lower jaw or a thick neck may well present to doctors complaining of extreme daytime tiredness and snoring. In fact the clinical observation could lead to a diagnosis of sleep apnoea. The condition could have serious sequelae and should be treated either by an intra-oral mandibular advancement



device (in milder cases) or (in more severe cases) continuous positive airway pressure (CPAP) which, as its name suggests, keeps the airways open.

The Skin

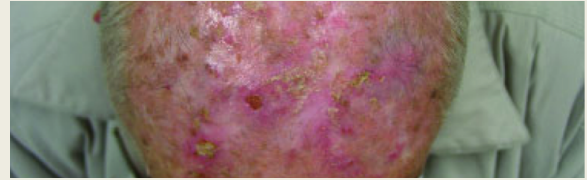
Much of what we see when we look at the face is about blemishes or marks on the skin but of course the skin itself tells us things about a person's health. They may appear pale, highly



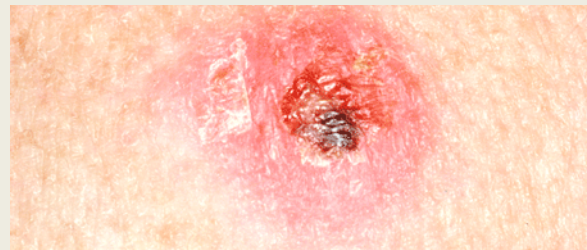
fashionable in some cultures but, in the face untreated with cosmetics, suggesting **anaemia**. Alternatively they may show the tell-tale signs of jaundice, indicating one of the liver diseases.



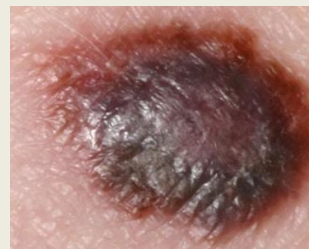
The skin of the face is exposed to sunlight during life and may display the consequences of such damage. **Actinic keratosis** is a skin change associated with solar damage. The patches may



be red, pink or brown, raised and thickened or superficially ulcerated and are seen on the forehead. They may be sore and itchy. They appear unsightly and a small proportion develop the changes of **squamous celled-carcinoma**. This malignant tumour of skin may spread locally or to other parts of the body in about 3-4% of cases.



Of course the classic tumour associated with exposure to sunlight is the **malignant melanoma**. The tumour most commonly develops on the back, legs, arms and face (i.e. where exposed to sunlight).



These tumours are often spotted early on the face and treatment is normally by surgery with a wide excision of healthy tissue.

Basal Cell Carcinomas (Rodent Ulcers) are also common on the face. They are slow growing



malignant tumours which enlarge but only very rarely spread other than by direct growth. They are treated by surgery or by cryotherapy.

The face may also be subject to infections:

Shingles This reactivation of chickenpox virus can affect a single nerve supplying any part of the face. The picture shows ophthalmic shingles



(Herpes zoster) which can also affect the cheek or the jaw. It may have serious consequences if the eye is involved. Treatment is with the anti-viral drug aciclovir and local treatments.

Impetigo is a common and highly infectious skin



condition, common in children and usually responds well to antibiotics either topically or by mouth.

Two other very common skin conditions in the young and in adolescents are eczema and acne.

Infantile Eczema may present as early as two months and presents as reddening, itching and scaling on the face or behind the ears.



It affects about 15% of children and generally subsides as they get older. Treating the face with aqueous cream and, if necessary and under the guidance of a doctor, with steroid cream will help control it.

About one in twelve adults gets atopic eczema. They generally suffer from other allergies. The rash also occurs on the cheeks and it too is treated with topical emollients or by locally applied steroids. Normally the treatments work.



For many teenagers, **acne vulgaris** is a several-year nightmare, or sometimes even longer. The



rash, papular, or pustular is extremely common and very unsightly and heals with scarring

unless treated effectively. It may be treated topically or with systemic antibiotics and, in girls, with hormonal treatments. In 5% of sufferers the condition continues into adulthood.

Over the last fifty years medicine has become ever more dependent on diagnosis by investigation. Sometimes the old fashioned approach of listening to the patient, looking and touching have become sidelined. Before all those tests were available medicine depended on recognition and simply inspecting the face could tell so much. In this article I have described just some of the more common conditions which can be diagnosed and suspected by looking at the face. Next time a train journey is boring, look around you and see what you can diagnose.

Hippocrates (460-370 BC), the father of medicine, said “Declare the past, diagnose the present, foretell the future.”

No better example of the approach exists than in the face.