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**NATIONAL OCCUPATIONAL HEALTH STANDARD OF THE
PEOPLE'S REPUBLIC OF CHINA**

GBZ 55-2002

**Diagnostic Criteria of Occupational Acne
(English Translation)**

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Foreword

Article 5.1 of this standard is recommended and the remainder is mandatory.

According to the "People's Republic of China Occupational Disease Prevention Law" to develop this standard. Since the implementation of the standard date, the original standard GB 16375-1996 inconsistent with this standard, subject to this standard.

Occupational acne is a common occupational skin disease, the incidence rate after occupational exposure to dermatitis. For the protection of occupational contacts the health and effective prevention and treatment of occupational skin disease, the development of this standard.

Appendix A to this standard is an informative appendix and Appendix B is a normative appendix.

This standard is proposed and centralized by the Ministry of Health of the People's Republic of China.

This standard by the Chinese Center for Disease Control and Prevention of occupational health and poisoning control is responsible for the drafting of the Shanghai Dermatology STD Hospital, Shanghai Second Medical University, Shandong Province, Labor and Health Occupational Disease Prevention and Control Research Institute, Changchun City, the second hospital to participate in the drafting.

This standard is interpreted by the Ministry of Health of the People's Republic of China.

Occupational acne diagnostic criteria Occupational acne refers to the production of labor in contact with mineral oil or some halogenated hydrocarbons caused by skin follicles, sebaceous gland Chronic inflammatory damage. By the coal tar, shale oil, natural oil and its high boiling fractionation products and asphalt caused by oil acne called;

Caused by certain halogenated aromatic hydrocarbons, polychlorophenol and polyvinyl chloride pyrolysis, etc. called chlorinated acne.

1 Scope

This standard specifies the diagnostic criteria and principles of occupational acne.

This standard applies to the diagnosis and treatment of occupational acne.

2 Normative reference documents

The terms of the following documents are hereby incorporated by reference into this standard. Whichever is the date of the reference file, which subsequently all amendments (excluding corrigenda) or revisions do not apply to this standard, however, encouragement of compliance with this standard all parties discuss whether the latest versions of these documents can be used. For undated references, the latest edition of this document applies standard.

GBZ 18 diagnostic criteria for occupational dermatosis (general)

3 Diagnostic principles

According to a clear history of occupational exposure, the unique clinical manifestations and the incidence of parts; reference service age, age of onset, operating environment survey and epidemiological survey data; combined with the dynamic observation of the disease, a comprehensive analysis, excluding acne vulgaris and non-occupational exogenous Acne can be diagnosed.

4.1 Oil acne

Most of the hair follicle lesions occurred in the contact area, showing pore expansion, hair follicle keratosis, broken hair and blackheads. Often Inflammatory papules, folliculitis, nodules and cysts. Larger blackheads squeeze blackheads with lipid embolization, often with recessive scars.

Skin lesions generally no symptoms or mild itching or tingling. Occurred in the eyelids, auricles, limbs stretch side, especially with oil impregnation of the clothes friction parts, but not limited to the face and neck, chest, back, shoulder and other common parts of acne.

4.2 Chlorine acne

Contact with the site of the hair follicle lesions, the performance of the main blackheads. Early onset often outside the eye and the zygomatic appear dense Set the tip of the big black spots, the course of time in the auricle around the abdomen, buttocks and scrotum, etc. appear large blackheads, accompanied by hair Capsule keratosis, between the millet papules-like lesions, inflammatory papules rare. Auricle around the scrotum and other places often grass yellow cysts.

5.1 Principles of treatment

Refer to the principles of treatment of acne vulgaris, symptomatic treatment. Pay attention to the timely removal of pathogens on the skin. Cysts larger test Surgical resection.

5.2 Other processing

Occupational acne generally does not affect the ability to work, in the case of strengthening the protection, can continue to engage in the original work. Merge multiple hairs Cystitis, multiple cysts and polymerization acne treatment ineffective, may consider the exchange of work, to avoid contact with pathogens.

6 Correct use of the description of this standard

See Appendix A (informative), Appendix B (normative).

Appendix A

(Informative)

Correctly use the instructions in this standard A.1 This standard applies only to the diagnosis and treatment of oil acne and chlorinated acne caused by occupational causes. Other illnesses and occupational contacts Clear cause and effect of acne, according to the provisions of GBZ 18 principles, with reference to this standard for diagnosis and treatment.

A.2 Occupational acne is a chronic skin damage, the onset of latency depends on the nature of the contact with the disease, the dose, the role of time and individual quality and other comprehensive factors. So in the standard only to have a clear longer period of professional contact history, but not with a Body period. Diagnosis can be based on a comprehensive role, a comprehensive consideration of the decision.

A.3 Occupational acne is a multifactorial disease, acne caused by a variety of pathogens, the clinical manifestations are not the same. For ease of control, According to the main pathogen and clinical manifestations are similar, summarized as oil acne and chlorine acne two categories. Both are just classified, not fixed of the rash, the diagnosis should be unified diagnosis of occupational acne. For ease of handling, if necessary, indicate

pathogens in brackets, for example Occupational acne (caused by XX).

A.4 oil acne before the onset of a clear longer contact with tar (or crude oil), asphalt and high boiling fraction of mineral oil (such as wood Oil, oil and various lubricants).

Chlorine acne before the onset of a clear longer contact with polychlorobenzene, polychlorinated naphthalene, polychlorophenol, certain brominated aromatic hydrocarbons and polyvinyl chloride the history of pyrolysis.

Oil acne and acne vulgaris occur in the site of frequent contact with the disease; any age can be disease; the same working conditions of the same type of work may have more similar patients; from the contact with the pathogen after a certain period of time, the condition can be reduced or cured, but the cyst is not easy to subside;

Repeated contact with the disease after a certain period of time, the condition can be aggravated or relapse.

A.5 Diagnosis of occupational acne should be identified with the usual acne. Acne has its fixed predilection site (face and neck, chest, back, shoulder) and good age (15 to 25 years), and occupational acne can occur at any age and any contact parts, which in the differential diagnosis There's important meaning. The occurrence of young workers in the work of acne, such as lesions is limited to the face, then identify it is occupational acne or Acne vulgaris have some difficulties; if the limbs, scrotum, etc. at the same time there are lesions, you can clearly diagnose occupational acne.

A.6 Chlorine Acne is an acne that is caused by certain halogen compounds, which are mainly aromatic compounds of chlorine and bromine, pure chlorine and Bromine does not cause acne. Acne compounds are mainly polychlorinated naphthalene, polybrominated naphthalene, polychlorinated biphenyls, polybrominated biphenyls, polychlorobenzene, polychlorophenol Wait. Some chlorinated aromatic hydrocarbons in addition to skin contact, the inhalation or intake can lead to chlorine acne, such as polychlorinated biphenyl poisoning when the skin appears acne Sore rash, in this case should first deal with systemic poisoning.

A.7 Occupational contraindications require sebum spillage or severe acne patients should not engage in contact with acne work, is taking into account acne and sebum secretion have a certain relationship, according to the physical arrangement of work, may reduce the incidence, but not absolute, so the already the industry can not use this as the basis for changing jobs.

Appendix B

(Normative appendix) the difference between occupational acne and acne vulgaris

Table B1

The main difference points are acne acne acne acne acne acne Age of onset 15 to 25