



INDIAN + COUNTRY

ECHO

LEADING THE WAY ➡➡➡

Growing the Ability to Deliver Quality Healthcare to American Indian and Alaska Native People.

Rosacea

7/16/2024

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Objectives

- I. Clinical Presentation/Diagnosis
- II. Treatments
- III. Case Discussions



Rosacea

- More common in lighter skin types, but has been reported in all ethnicities/races
- ~5-10% of the population
- More common in women
- Usually appears after age 30
- Ocular rosacea may occur in 50% of patients with rosacea



Rosacea

- Etiology: Unknown
- It is classified as an inflammatory skin disease with an underlying neurovascular connection and association with demodex mites.



Clinical Presentation

- Erythematotelangiectatic (most common)
- Papulopustular (second most common presentation)
- Phymatous
- Ocular
 - May present before any cutaneous signs of symptoms



Clinical Presentation



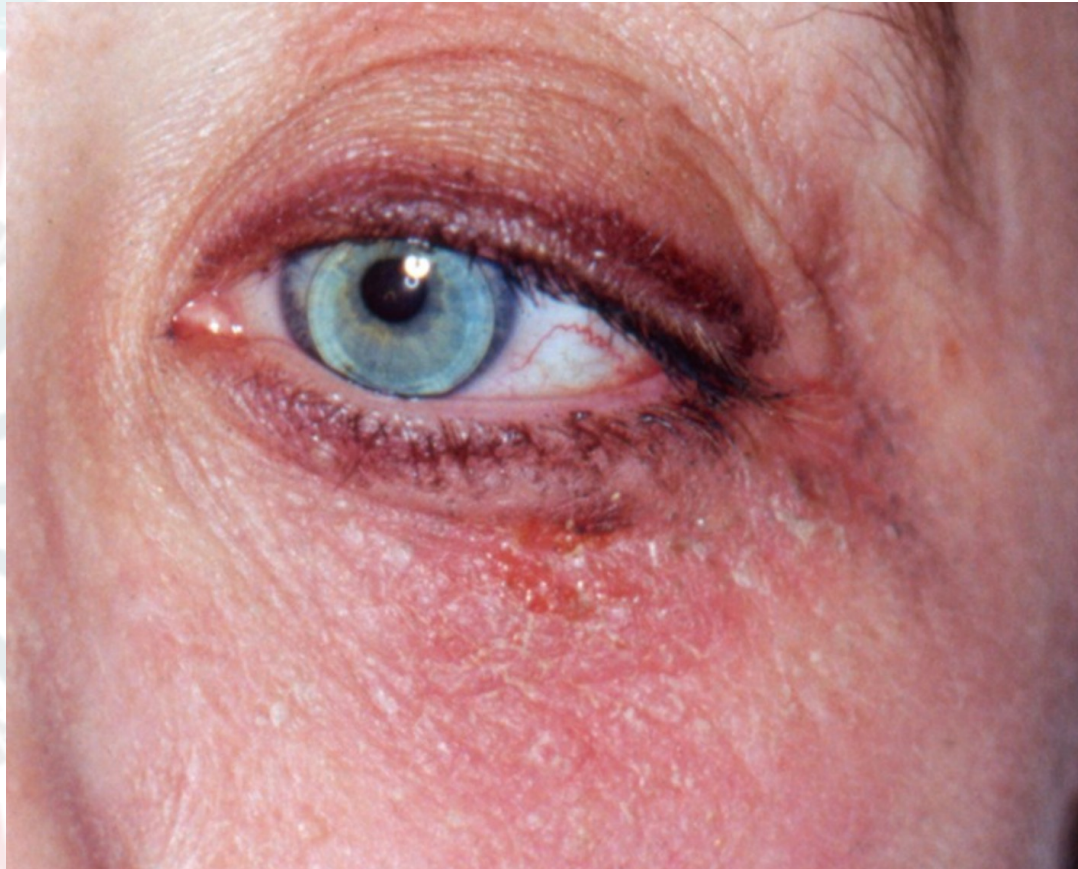
Clinical Presentation



Clinical Presentation



Clinical Presentation



Diagnosis

- Persistent facial erythema, phymas, papules, pustules, telangiectasia, flushing
- Fixed centrofacial erythema in typical pattern that may intensify at times
- Phymatous changes
 1. Rhinophyma –nose
 2. Gnathophyma –chin
 3. Metaphyma –forehead
 4. Otophyma (ear), blepharophyma (eyelid)



Diagnosis

Differentiating Rosacea from Acne

Acne

- Comedones
- Cysts
- Involvement of trunk
- History/timing of onset

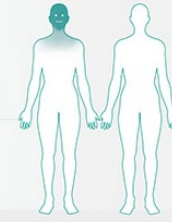
Rosacea

- Redness
- No true Comedones
- Phymatous changes
- Ocular symptoms
- Flushing





Acne DISTRIBUTION



Rosacea DISTRIBUTION



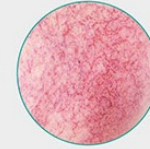
Closed comedones



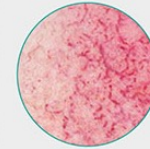
Open comedones



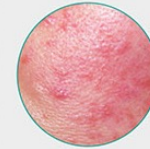
Inflamed papules, pustules, or nodules



Centrofacial erythema



Telangiectasia



Inflamed papules and pustules

SKIN OF COLOR

Erythema and telangiectasias may be subtle in highly pigmented skin.



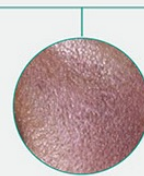
Closed comedones



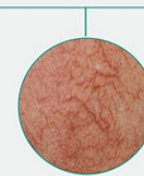
Open comedones



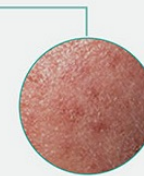
Inflamed papules, pustules, or nodules



Centrofacial erythema



Telangiectasia



Inflamed papules and pustules

Diagnosis

Differential Diagnoses:

- SLE
- Perioral dermatitis
- Folliculitis
- Lupus miliaris disseminates faciei



General Management Principles

- Lukewarm water and soap free cleansers
- Sunscreens
- Avoid abrasive exfoliants, heavily scented, drying agents
- Avoid environmental triggers: alcohol, spicy foods, hot beverages, etc.



Management of Rosacea

- Management of papules and pustules:
- Topicals:
 - Metronidazole
 - Ivermectin
 - Azelaic acid
- Oral therapy:
 - Doxycycline 50mg once or twice daily
 - Isotretinoin for severe cases



Management of Rosacea

- Management of redness:
- Laser is most effective (PDL, IPL)
- Brimonidine gel 0.33% or oxymetazoline 1% daily as needed
 - As needed to avoid rebound redness seen in with overuse.



Management of Rosacea

- Management of rhinophyma:
 - Surgery
 - Isotretinoin
- Management of ocular symptoms:
 - Antibiotics (tetracyclines)
 - Ophthalmology referral



Case # 1

45 yoF patient presents with 6 months of persistent redness and bumps on the face



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Case # 2

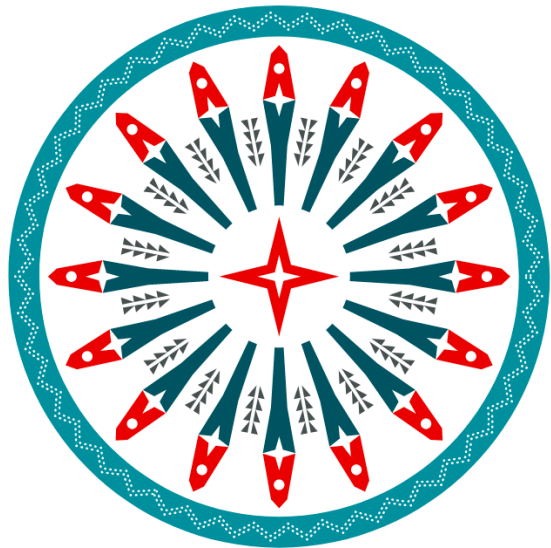
40 yoF patient presents with 'rosacea' not responding to treatment



References:

1. Gether L, Overgaard LK, Egeberg A, Thyssen JP. Incidence and prevalence of rosacea: a systematic review and meta-analysis. *Br J Dermatol*. 2018;179(2):282-289. doi:10.1111/bjd.16481
2. Alexis AF, Callender VD, Baldwin HE, Desai SR, Rendon MI, Taylor SC. Global epidemiology and clinical spectrum of rosacea, highlighting skin of color: Review and clinical practice experience. *J Am Acad Dermatol*. 2019;80(6):1722-1729.e7. doi:10.1016/j.jaad.2018.08.049





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