ROSACEA
Epidemiology

- Rosacea affects the face of adults, usually women. It’s peak incidence is in the 30-40.
- More common in fair skinned patients
- Symmetrical; cheeks, nose, mid-forehead, chin.

- Discrete papules, papulo-pustules, plaques, nodules.

- Fixed erythema and telangiectases.

- Rosacea is often seen in those who flush easily in response to warmth, sunlight, spicy food, alcohol or embarrassment.
Pathophysiology

- Both genetic and environmental factors
- Abnormally high levels of cathelicidin leading to inflammation & vasodilation.
- Overgrowth of sebaceous glands and connective tissue (nose – rhinophyma)
Rosacea is classified into four major subtypes:

1. **Erythematotelangiectatic** (flushing and fixed erythema, with or without telangiectasia)
2. **Papulopustular**
3. **Phymatous** (more common in males... overgrowth of sebaceous glands... Mc rhinophyma)
4. **Ocular** (blepharitis, conjunctivitis and, occasionally, keratitis.)
Treatment

- **Topical** – metronidazole, azelaic acid
- **Oral antibiotics** – tetracyclines, erythromycin
- **Systemic isotretinoin**
- **Sunscreens** – if sunlight aggravate
- **Lasers** or IPL for telangectasia / erythema
- **Brimonidine** for flushing
- **Surgical excision / laser** and electrocautery for rhinophyma
Never put strong topical steroids on rosacea. If you do it will lead to red faces, skin addiction and rebound flares.