



Emirates Dermatology Society

Rosacea

- ◆ What is rosacea?
- ◆ Who gets rosacea?
- ◆ What causes rosacea?
- ◆ What are the clinical features of rosacea?
- ◆ Triggers
- ◆ What are the complications of rosacea?
- ◆ How is rosacea diagnosed?
- ◆ Is there a cure for rosacea?
- ◆ How to manage rosacea?
- ◆ How is rosacea treated?
- ◆ What medications treat rosacea?
- ◆ Ocular rosacea



Rosacea

What is rosacea?

Rosacea is a common chronic inflammatory skin condition predominantly affecting the central face and most often starts between the age of 30–60 years and can also be seen in children. It is characterized by persistent central facial redness. It is more common in those with fair skin.

Who gets rosacea?

Rosacea is estimated to affect around 5% of adults worldwide.

What causes rosacea?

The exact cause of rosacea is still unknown. However, research suggests that it may result from the following:

- ◆ **Issues with Your Body's Systems:** Rosacea could be linked to problems with your blood vessels, immune system, or nervous system.
- ◆ **Microscopic Skin Mites (Demodex):** Your skin naturally has microscopic mites that live on areas like your nose and cheeks. Having too many of these mites may trigger rosacea symptoms.
- ◆ **Infections:** The *H. pylori* bacteria, which can cause infections, has been associated with the development of rosacea in some people.
- ◆ **Protein Malfunction:** A protein called cathelicidin helps protect your skin from infections. If this protein doesn't function properly, it may lead to rosacea symptoms.

What are the clinical features of rosacea?

- ◆ Transient recurrent redness, ie, flushing
- ◆ Persistent facial redness
- ◆ **Telangiectasia: (Figure 3)** (small, widened blood vessels on the skin)
- ◆ Inflammatory papules and pustules (papulopustular) **(Figure 1&2)**
- ◆ **Phymatous changes: (Figure 4&5)** Thickening of the skin due to fibrosis of the sebaceous glands of the face, mostly affecting nose and commonly seen in men



Fig. 1 Papulopustular rosacea on the cheeks



Fig. 2 Erythematotelangiectatic



Fig. 3 Telangiectatic vessels in a rinophyma shown on dermoscopy

Rosacea

Ocular changes:

- ◆ Dryness
- ◆ Foreign-body sensation
- ◆ Photophobia (Sensitivity to light)
- ◆ Conjunctivitis
- ◆ Keratitis – can lead to long-term eyesight impairment.



Fig. 4 Rhinophyma showing swelling



Fig. 5 Rhinophyma and mentophyma

Triggers:

- ◆ Common triggers for rosacea include:
- ◆ Alcohol
- ◆ Spicy foods
- ◆ Hot drinks
- ◆ Sunlight
- ◆ Hot or cold temperatures
- ◆ Aerobic exercise, like running
- ◆ Being stressed

What are the complications of rosacea?

- ◆ Phymatous rosacea
- ◆ Inflammatory eye complications
- ◆ Rosacea patients may experience negative psychosocial effects

How is rosacea diagnosed?

Rosacea is diagnosed clinically in most cases.

Rosacea



Fig. 6 Papulopustular and ocular rosacea

Is there a cure for rosacea?

There is no cure for rosacea.

How to manage rosacea?

- ◆ General measure is to avoid triggers
- ◆ **General skincare advice:**
 - Moisturize frequently
 - Use gentle over the counter cleansers
 - Use physical sunscreens (ie, zinc oxide/titanium oxide) with SPF ≥ 30
 - Avoid exfoliants
 - Avoid alcohol-based topical products
 - Avoid use of topical steroids as they may aggravate the condition
 - Cosmetics with a green tint are useful to minimise the appearance of redness

How is rosacea treated?

- ◆ **Medicines:** oral and topical medicines to treat bumps, pimples and redness caused by rosacea
- ◆ **Laser treatment:** to remove visible blood vessels and limit the amount of redness on your skin
- ◆ **Surgical procedures:** For severe cases that can happen with rhinophyma

What medications treat rosacea?

- ◆ Antibiotics like doxycycline (pills, gel or creams) to reduce bumps and pimples
- ◆ Brimonidine gel to reduce redness
- ◆ Creams or gels containing azelaic acid, ivermectin or metronidazole to minimize bumps and pimples



Emirates Dermatology Society

Rosacea

Ocular rosacea

♦ General management

- Increase dietary intake of omega-3 fatty acids
- Warm compresses
- Gentle eyelash/eyelid cleansing to express sebum trapped in the meibomian glands

♦ First-line medical management

- **If mild-moderate:** topical azithromycin/topical calcineurin inhibitors
- **If severe:** azithromycin, doxycycline

While every effort has been made to ensure that the information given in this leaflet is accurate, not every treatment will be suitable or effective for every person. Your own clinician will be able to advise in greater detail.