

DERMATOLOGY

— & Skin Health —

Rosacea

Clinical description

Rosacea is an acne-like condition. It usually begins with a history of easy facial flushing & blushing. This frequently evolves into red bumps and pustules that look like pimples, and may be painful or itch. It tends to involve the convex surfaces of the face. The intermittent redness of the central face eventually becomes more persistent, and dilated blood vessels may be seen. Rosacea also may result in dry, easily irritated eyes, that may also become persistently red, and the eyelids may be afflicted by styes. The typical rosacea patient is usually fair-complected (rosacea is also called "curse of the Celts"). Longstanding rosacea may result in a bulbous nose called rhinophyma; this is quite uncommon in women.

Cause

Unknown! There are many theories about what can cause rosacea:

- Bacteria
- Blood vessel abnormality
- Neurologic abnormality
- Demodex (follicle mite)

Trigger factors

Trigger factors are things that make rosacea worse in some people. There are a great many potential trigger factors, but they do not affect all people with rosacea. Each individual has to figure out for himself which factors are important, if any. Here are the most common ones:

- Alcohol
- Spicy foods
- Stress
- Exercise
- Extremes of heat or cold
- Some fruits, including tomatoes, citrus, bananas
- Irritants applied to facial skin (soaps, astringents)

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Treatment

- Avoidance of triggers, when reasonable
- Topical antibiotics: metronidazole, sodium sulfacetamide
- Oral antibiotics: usually a tetracycline derivative, but many others may work
- Accutane (low dose)
- Laser ablation of dilated blood vessels

Resources

For more sources of information, go to www.rosacea.org.