Rosacea

DIAGNOSIS:

Rosacea usually presents during the third or fourth decades with facial erythema, papules and pustules, telangiectasia, and eventually can result in diffuse hyperplasia of sebaceous glands. Rosacea is typically categorized as inflammatory (pustules+papules) or erythematotelangiectatic (ETR), characterized by facial erythema with or without inflammatory lesions.

The initial signs include easy flushing with inciting factors such as emotional stress, temperature changes, spicy foods, and caffeinated and alcoholic beverages. The erythema subsequently becomes persistent over the central face.

Patients with rosacea can have ocular involvement manifesting as conjunctival irritation, grittiness, burning, and injection. If a patient has ocular involvement beyond mild conjunctival erythema, refer the patient to Ophthalmology for evaluation and treatment.

REFERRING PROVIDER:

Mild Rosacea:

It is important to remember that the signs and symptoms of rosacea are slow to remit—or may never remit completely—even with a thorough regimen and a compliant patient.

- Daily sunscreen use, SPF 15 or greater, AND topical medications including: metronidazole (MetroCream, MetroLotion, MetroGel, Noritate) or sodium sulfacetamide (Klaron lotion).
- There are several new topical therapies for the erythema of rosacea but they are costly and associated with rebound erythema

Severe Inflammatory Rosacea:

- For patients with conjunctivitis, blepharitis, or multiple papules/pustules: oral antibiotics, typically minocycline or tetracycline, for long-term courses are indicated. Start minocycline 100mg BID or tetracycline 250mg PO QID or doxycycline 100mg BID. Two months is a minimum treatment; patient may end up taking the medication for years. When tapering, add topical treatments. When prescribing minocycline, warn patients about possible dizziness, headaches, and GI upset. If patients take minocycline with food, the nausea can be ameliorated. If a patient complains of mild dizziness, and does not have an occupation where dizziness could put him/herself or others in danger, then try to taper a single 100mg dose QD. If a patient complains of moderate or severe dizziness or persistent headaches, then discontinue treatment. Long term use of minocycline can rarely lead to bluish discoloration of skin and nails.
- Other oral medications that have been found efficacious include metronidazole, doxycycline, and clarithromycin.
WHEN TO REFER:

- If the patient has concern regarding the cosmesis of erythematotalangiectatic rosacea, refer to UM Cosmetic Dermatology & Laser Center. Laser therapy for rosacea is cosmetic and not covered by insurance.
- No improvement after a few months of oral therapy
- Treatment for Rhinophyma is performed by either ENT or Plastic surgery, with surgical debulking, laser, or electrosurgery.