

ROSACEA

- Unknown cause.
- Chronic, inflammatory skin condition predominantly cheeks, chin, nose, and forehead.
- 30-60y.

Rosacea

Disclaimer:
Read the disclaimer at medimaps.co.uk/disclaimer

References:
1. cks.nice.org.uk
2. GP Update
3. PCDS.org.uk
4. Dermatology lecture, GP Scholar, Oct 2016
5. Dermatology consultant LEO webinar Jan 2021

Symptoms

- Persistent erythema.
- Papules, pustules.
- Flushing.
- Telangiectasia.
- Papules/pustules.
- Rhinophyma.
- Ocular symptoms.

- Pustules clinches Dx.
- In acne you get comedones (white heads and black heads), but not in rosacea.
- Older age group.
- Periorbital dermatitis is a type of rosacea. Do not give steroids. Treat like rosacea i.e. oral lymcycline etc for 3-4/12.

- Can just get redness alone.

- Conjunctivitis
- Blepharitis
- Episcleritis
- Chalazion
- Keratitis

- Pain
- Blurred vision
- Sensitivity to light

Same day referral to eye infirmary

Images from Primary Care Dermatology Society pcds.org.uk



Investigations

- No tests. It's a clinical diagnosis.

Management

Conservative

Avoid triggers

- Tea and coffee, especially taken hot or strong.
- Alcohol.
- Mustard, pepper, vinegar, pickles or spicy foods.
- Excessive heat.
- Direct sunshine (High factor sunscreen, sunglasses if ocular symptoms).
- Emotional stress
- Exercise.
- Vasodilators.
- Topical steroids.

Sun protection

- High factor UVA & UVB sunscreen all yr round.
- UV sunglasses if ocular symptoms.

Skin regime

- Non-oily emollients if dry skin.
- Soap-free over-the-counter cleansers.
- Yellow or green-tinted cosmetics to camouflage skin erythema.

Ocular symptoms

- Lid hygiene
- Lubricant drops
- Lymecycline 408mg OD
OR
Oxytetracycline 500mg BD

if allergic

- Erythromycin 500mg BD.

Flushing/erythema/telangiectasia

Propranolol 40mg BD
OR
Clonidine 50mcg BD

Photodynamic therapy (PDT) or pulsed light therapy.

- Strongly recommended by derm consultant.
- But not available on NHS.
- Five sessions can keep it away for up to 10 yrs.

Brimonidine gel 0.33% gel (Mirvaso) OD

- Derm consultant doesn't use due to how often the rebound flushing is worse than the initial redness.

Brimonidine gel 0.33% gel (Mirvaso) OD
- MOA = alpha-adrenergic agonist
- ↓ erythema within 30 min, peak action at 3-6hrs, then returns to baseline.
- Telangiectasia may be more obvious as general erythema ↓.
- Was a safety alert soon after it was released.
- 16% can have rebound erythema.
- Initiate treatment with a small amount (less than the maximum dose) for at least 1/52 and increase the dose gradually, based on tolerability and response to treatment
- Max 5 pea-sized amounts.
- Stop treatment if increased redness or burning.

Papules/pustules

if mild

if severe

1st line:
Ivermectin (Soolantra) 1% cream OD for 3/12
2nd line:
Metronidazole gel 0.75% (Rozex) BD for 3/12
OR
Azealic acid 15% (Finacea) BD for 3/12

- Rozex cream good if dry skin.
- Metrogel dries the skin out.

antihelminthic and insecticidal preparation

If occasional flares up:
- Can repeat course when required.

If recurrent flare ups:
- Maintenance treatment. i.e. alternate days OR twice a week.

- Alternative topical for 3/12
OR
- Oral (see right).

Lymecycline 408mg OD for 3/12
OR
Doxycycline 40mg M/R OD for 3/12
OR
Oxytetracycline 500mg BD for 3/12

If allergic:
- Erythromycin 500mg BD.

If occasional flares up:
- Can repeat course when required.

If recurrent flare ups:
- Maintenance treatment. i.e. low dose for 2-6/12, then drug holiday.

- Refer to dermatologist
- No point trying alternative oral agent.

- Isotretinoin.