Rosacea

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Rosacea is an inflammatory skin condition affecting primarily the central facial area. Although rosacea is seen most often in persons of Celtic origins with fair complexion, it occurs in all races of people across all skin pigment types. The 3 components of rosacea are redness of the skin with or without flushing, telangiectasias, and acne. Any 1 or all 3 of these components may be dominant, but all are not necessarily present at the same time. Many persons with rosacea have a history of adolescent acne, but there are numerous exceptions. Typically, onset is in the mid adult years. The underlying cause is unknown. Some persons may have gastric coinfection with *Helicobacter pylori*, but causation has not been proved. Triggering factors include stress, alcohol consumption, environmental exposures, and certain foods. There may be a hereditary component. Concomitant seborrheic dermatitis is common. Severe cases may result in the development of grossly enlarged sebaceous glands and rhinophyma. This latter complication is more common in men than in women.

The differential diagnosis of rosacea includes acne vulgaris, lupus erythematosus, photosensitive disorders, and other causes of flushing, such as the decrease of hormones during menopause, or other metabolic or endocrine diseases. The diagnosis is most often clinical, but tests such as a skin biopsy may be helpful when there is uncertainty.

Management must emphasize removal or minimization of triggering factors and treatment of the acne component if present. Ongoing sun protection is important. Often, topical treatments of sulfur or sulfacetamide or topical antibiotics are prescribed. Oral antibiotics, especially those in the tetracycline family, are often used for cases with an acneiform component. Treatment of telangiectasias includes all the aforementioned, and electrocoagulation utilizing a small epilation needle or photocoagulation with intense light or laser can also be used.