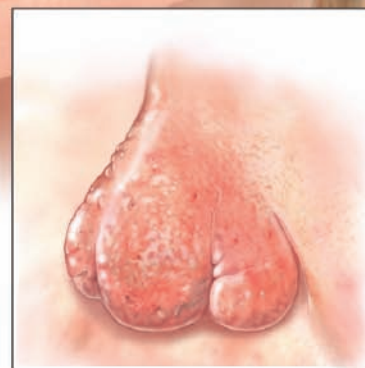


Rosacea



Inflammatory Condition Can Become Chronic

Rosacea is an inflammatory condition of the face which most often occurs in people between 30 and 60 years of age. The primary complaint of patients with rosacea is flushing, redness, and sometimes a stinging sensation of the central part of the face. This redness and flushing can be triggered by a wide variety of situations, including the hot sun or cold wind, specific foods, or even strong emotions. In the early stages of rosacea, this flushing can lead to telangiectasis, or dilating of tiny blood vessels close to the skin. With continued progression, rosacea can become chronic, with swelling and an acne-like appearance to the facial skin. In severe rosacea, patients can develop an enlarged, reddened nose (rhinophyma). In at least half of patients suffering from rosacea, eye problems such as conjunctivitis will occur. These patients often suffer from dry, itchy eyes with swelling and redness of the eyelids.



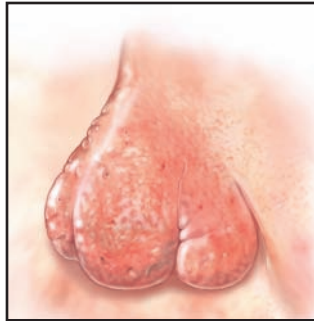
Although there is no specific cure for rosacea, it is often successfully controlled by avoiding the triggers that lead to facial flushing. Prevention is the best treatment, but if that is not successful, antibiotic creams, gels, or lotions can be applied to the skin, or oral antibiotics can be used. The flushing reaction of rosacea can be treated using blood pressure medications. In many cases, the eye symptoms of rosacea improve when oral antibiotics are used to treat the skin condition.

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In the most severe form of rosacea, a thickening of the nose tissue with redness and swelling of the sebaceous glands, known as rhinophyma, can develop.

Cause of Rosacea Not Well Understood

There are about 14 million diagnosed cases of rosacea in the U.S. Many go undiagnosed since it resembles other skin conditions. It is most often identified in Caucasian women between ages 30 and 60 (detection may be more difficult in dark-skinned women). The cause of rosacea is not well understood, but researchers believe there is a relationship between the triggers, flushing reaction, and swelling of blood vessels close to the skin surface (telangiectasis). Inflammation of the affected area is linked to the flushing reaction, but it is not known how these symptoms are related.

Symptoms

The most common complaint of people with rosacea is the periodic flushing of the central area of the face, including the cheeks and nose. This reaction can cause a stinging sensation in some patients. It is often embarrassing for the patient and is mistaken by some as a sign of alcoholism or heavy alcohol intake. The flushing reaction is most often caused by exposure to heat or sunlight, cold or wind, severe emotions, exercise, alcohol, hot drinks, or spicy foods. Early in the development of rosacea, the flushing and telangiectasis are common. If the flushing continues, inflammation becomes chronic and facial swelling can result. Inflammatory changes in the skin can cause pustules and papules to form, resembling acne. In its most severe form, a thickening of the nose tissue with redness and swelling of the sebaceous glands, known as rhinophyma, can develop. This is the most scarring stigma of rosacea and is most often seen in men. Rhinophyma may be attributed to alcoholism, although there is no direct relationship between these conditions. In about half of all patients with rosacea, eye problems can result due to inflammation. The most common eye symptoms of rosacea are itching and dry, burning eyes, with redness and swelling of the eyelids.

Treatment

The first step in the treatment of rosacea is to determine the triggers, or conditions that cause the flushing reaction to occur. Once patients can identify the conditions that begin this flushing reaction, they can take steps to avoid them. Sunscreen products should be used regularly during exposure to the sun, since sun exposure is one of the most common triggers of the rosacea reaction. The patient should also take special care in selecting skin care products that are nonirritating.

Topical antibiotics such as metronidazole or clindamycin can be used to treat the acne-like condition that may develop with chronic rosacea. Topical products may cause a burning sensation in some patients. Oral antibiotics such as doxycycline, metronidazole, or tetracycline can be given a trial unless the patient is pregnant. If antibiotics are not successful in controlling the acne-like lesions, oral or topical retinoids can be tried. Oral antibiotics or retinoids used to treat rosacea skin symptoms have successfully cleared the ocular (eye) inflammation at the same time. Corticosteroids should not be used on the affected skin, since they will most likely worsen the condition. In some cases, corticosteroid eye drops are used for a short time to help treat ocular rosacea symptoms.

Antihypertensive medicines such as beta-blockers or clonidine have been successful in treating the flushing reactions suffered by rosacea patients. If telangiectasis has developed, cosmetics with a greenish tint are most flattering to cover these areas. In severe cases, laser therapy has been used to treat telangiectasis. Surgery is indicated in advanced cases of rhinophyma to remove excess connective tissue and to restore a more normal appearance to the nose.

If you have questions about medications used to treat rosacea, be sure to ask your pharmacist.