Rosacea Rosacea:
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Introduction

- Clinical Features
- Flushing
- Telangiectasia
- Erythema
- Papules & Pustules
- Rhinophyma
- Coarseness of skin
- Ocular – blepharitis, conjunctivitis, and keratitis
- 20% of Rosacea patients may exhibit only ocular manifestations

History

- 14th century - Dr. Guy de Chauliac
- Goutereose – French for rosacea
- Early literature
  - Chaucer’s Canterbury Tales
  - Shakespeare’s Henry V
- Cirnlandau’s – “An Old Man and His Grandson” – 15 century – Louvre
- Leeches
“An Old Man and His Grandson”

Epidemiology?
- Mainly affects Caucasians
- May affect up to 10% of US population
- 40% of those have ocular involvement
- Female to Male ratio ~ 2:1
- 95% have + FmHx
- Severity is greater in men
- Female manifestations are about equal between men and women
- Rosacea can be very disfiguring and lead to blindness

Pathophysiology?
- Flushing triggers
  - ETOH, hot beverages, tobacco, spicy foods, vasodilating meds, stress
  - UV light?
  - Migraines?
  - Demodex Mites?
  - Helicobacter pylori?
  - Any condition that triggers vasodilation?
- Conclusion:
  - We just don’t know!

Types of Rosacea
1. Erythematotelangiectactic
2. Papulopustular
3. Phymatous
4. Ocular
5. Neuropathic
1. Facial Redness
2. Papules & Pustules
3. Facial Skin Growth/Thickening, Rhinophyma
4. Eye Symptoms
5. Facial Burning/Stinging Sensations
Erythematotelangiectatic Subtype

- May mimic lupus
- then becomes scale-like.
- Evolves into a chronic low-grade dermatitis

Papulopustular Subtype

- Concomitant signs & symptoms of flushing
- Erythematous papules
- Pinpoint pustules
- Resembles acne vulgaris but in an older patient

Phymatous Subtype

Skin becomes thickening with an irregular surface
Fibrous nodules
Rhinophyma
Ocular Rosacea

Symptoms
- Stinging
- Burning
- Dryness
- Light Sensitivity
- Foreign Body Sensation
- Blurred Vision

Signs
- Blepharitis
- Rosettes
- Meibomitis
- Conjunctivitis
- Conj. Hyperemia
- Conj. Telangiectasias
- Keratitis

Ocular signs and symptoms may be the only manifestation in up to 20% of rosacea patients.
“Neuropathic” Subtype

- Not an “official” subtype (yet) but presents with:
  - Burning and pain following exposure to triggers
  - Damaged nociceptors (pain)
  - Can become somewhat permanent
  - Resembles Diabetic neuropathy

Differential Diagnosis (Facial)

- Seborrheic Dermatitis
- Systemic Lupus Erythematosus
- Carcinoid Syndrome
- Perioral Dermatitis
- Cutaneous Sarcoidosis
- Other Photodermatoses

- Clinical Diagnosis
- Biopsy can rule out other diseases
- Histological findings vary depending on stage and severity
Differential Diagnosis (Ocular)
- Allergic Conjunctivitis
- Bacterial Conjunctivitis
- Viral Conjunctivitis
- Atopic Dermatitis
- Cicatricial Pemphigoid
- Chalazion
- Episcleritis
- Dry Eye Syndrome
- Chlamydia
- Adult Blepharitis
- Central Sterile Corneal Ulcer
- Recurrent Corneal Erosion
- Bacterial Keratitis
- Keratoconjunctivitis Sicca
- Atopic Keratoconjunctivitis

Facial Therapy
- Avoid triggers
- Avoid products that irritate skin
- Non-ablative laser – 3 x over 4 months
- Intense pulsed-light therapy
- Electrosurgery/Radiosurgery
- Dermabrasion/Laser Skin Resurfacing

Skin Products
Too many to count…
Vascular Lasers

- Pulsed dye laser
- Potassium-titanyl-phosphate laser
- Diode-pumped frequency-doubled laser
- Oxyhemoglobin
  - 532-595nm

- Diode laser
- Long-pulsed Alexandrite laser
- Long-pulsed Nd:YAG laser
  - 755-1064nm

Erythema Reduction

Telangiectasia Removal
CP5 Face Lift Laser

Pharmaceuticals

- OTC Acne Preps - benzoyl peroxide, azelaic acid, sodium sulfacetamide
- Antibiotics - azithromycin (Azasite), metronidazole, erythromycin, fusidic acid, clindamycin, tetracycline, minocycline, doxycycline (Oracea), clarithromycin (H. pylori)
- Retinoids - tretinoin and isotretinoin (Accutane)
- Immunosuppressants - tacrolimus

Ocular Therapy

- Lid Hygiene
- Hot compresses???
- Artificial tears
- Antibiotics
- Retinoids
- Amniotic Membrane Graft
- Keratoplasty
Conclusion

- Common skin disorder
- Pathophysiology is unknown
- Clinical Diagnosis
- Palliative treatment

Rosacea can not be cured, but it can be controlled