Treatment aims:

- **To achieve remission**

Section 2: Rosacea

clinical features

- Flushing often made worse by alcohol, spicy foods, hot drinks, temperature changes or emotion
- Telangiectasia
- Papules on erythematous background
- Pustules
- Facial disfigurement
- Intermittent or permanent
- Rhinophyma

Ocular Rosacea

treatment

Topical Treatment

- Metronidazole Gel/Cream bd

Systemic Treatment

Tetracyclines

- Oxytetracycline 1g od

- Doxycycline 50mg od
- Minocycline 100mg od

- Lymecycline 408mg od

- Erythromycin 500mg bd

- Tetracycline

therapeutic tips

Early treatment of rosacea is considered to be important as each exacerbation leads to further skin damage and increases the risk of more advanced disease.

Intermittent therapy can be considered for those with very occasional flare-ups but as detailed later frequency of recurrences can be reduced by maintenance therapy.

Mild to moderate cases or where systemic treatment is contraindicated. May be introduced at the end of a course of oral antibiotics to allow their tapering and withdrawal.

Preparations with a cellulose base (e.g. Metrogel) tend to be less cosmetically acceptable to patients.

Avoid topical steroids.

Continue therapy for 6-12 weeks although response is normally more rapid.
NB. Tetracycline is contraindicated in pregnancy, lactation and renal disease.
Continue treatment for 6-12 weeks.
NB. Both drugs can cause photosensitivity.

Patients should be advised to avoid direct sunlight and to wear a suitable sun block when going outside.

Not contraindicated in pregnancy

Advise patient on lid hygiene to manage blepharitis.

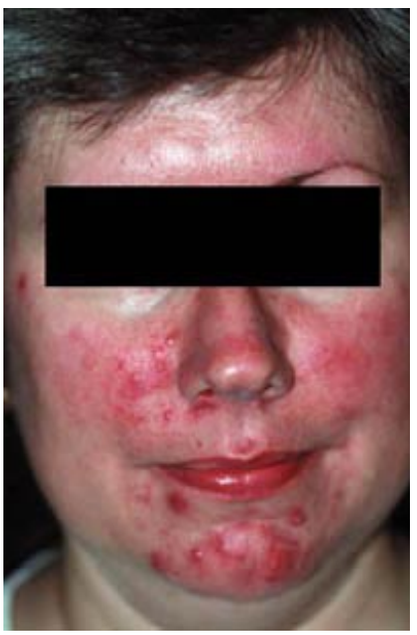
Cont/.

clinical features	treatment	therapeutic tips
Surgical Treatment	Tuneable dye Laser Intense pulsed light Surgical shaving with diathermy	Useful in the treatment of telangiectasia. For the treatment of rhinophyma.
Patient Counselling		Patient counselling. Patients can be advised on a number of issues: heat and cold, alcohol and cosmetics all of which can provoke flushing. Stress management may also be considered.

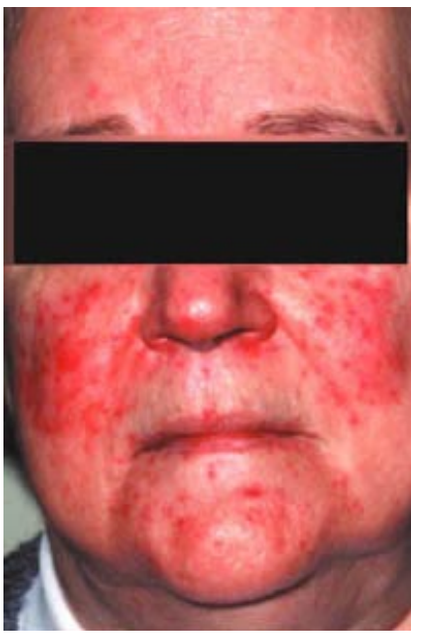
Criteria for Referral

- Doubt over diagnosis
- Severe disease.
- Severe Ocular Rosacea with keratitis or uveitis.

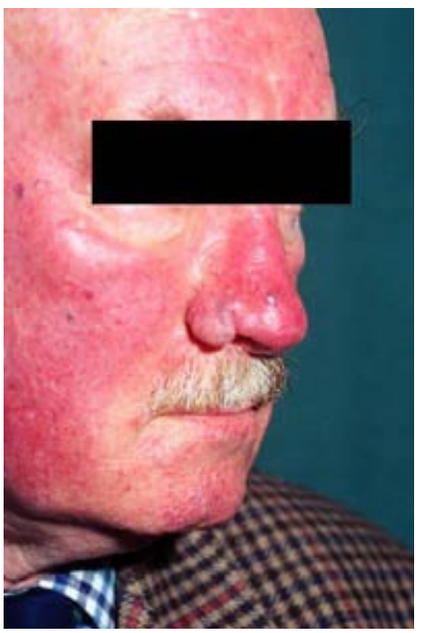
Rosacea



Rosacea



Rosacea



Rosacea (with Rhinophyma)