

# Rosacea

A frequent **inflammatory disease of the center of the face**, which begins with erythema with telangiectasias, turns into papulopustules and even limited hyperplasia of ligaments and sebaceous glands. It affects middle-aged to elderly people with the highest incidence in 40-60 years, more often women.<sup>[1]</sup>

## Etiology and pathogenesis

They are unclear. Rosacea is caused by genetic influences, skin type, genetically determined changes in vascularization. Diseases of the digestive tract, hypertension and saprophytic bacterial flora may also play a role. The course is worsened by external factors, especially congestion of the face, which can be caused by hot drinks or spirits. Aggravation can be induced by topical corticosteroids and UV radiation.

## Clinical pictures

The finding is symmetrical, typical areas affected by **erythema** are the nose, cheeks, forehead and chin (omitting periorbital and perioral skin). The mildest form is manifested by transient erythema and the gradual **appearance of telangiectasias**. At first, the disease is inconspicuous, the erythema is transient, provoked by hot drinks, emotions, the sun. Then a persistent erythema with telangiectasia develops. **Papules and papulopustules**, also develop, which heal without scars. The finding resembles acne, but no comedones are present. The last stage is **inflammatory nodules and infiltrates arising as a result of chronic inflammation** accompanied by hyperplasia of the sebaceous glands and fibrosis leading to **thickening and thickening of the skin** (phyma), on the nose this finding is referred to as rhinophyma (resembles cauliflower). Papular rosacea often occurs after steroids, with a yellowish shine through in vitro pressure. Complications can be congested conjunctivae, keratitis, iridocyclitis.



Typical localization of rosacea in the face

## Diagnosis

The presence of a typical clinical picture and histological findings.

### Differential diagnosis

- Acne vulgaris
- Lupus erythematosus
- Sarcoidosis

## Therapy

- topical – creams and gels with metronidazole or antibiotics (erythromycin), sulfur pastes, topical retinoids, <sup>[2]</sup>
- general (in severe forms) – antibiotics (tetracyclines), retinoids (isotretinoin), <sup>[2]</sup>
- surgical – lasers for rhinophymatous and telangiectasias.<sup>[1]</sup>

Prevention – by photoprotection and avoiding worsening effects.

## Prognosis

The disease has a chronic course and a good prognosis.

## Links

### Reference

1. ŠTORK, Jiří. *Dermatovenerologie*. 2. edition. Praha : Galén, 2013. 502 pp. ISBN 978-80-7262-898-8.
2. PIZINGER, Karel. *Dermatovenerologie*. 1. edition. Plzeň : Euroverlag, 2012. 0 pp. ISBN 978-80-7177-985-8.

### Resources

- ŠTORK, Jiří. *Dermatovenerologie*. 2. edition. Praha : Galén, 2013. 502 pp. ISBN 978-80-7262-898-8.

