

# Rosacea

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Rosacea is an acne-like condition. It usually begins with a history of easy facial flushing and blushing. This frequently evolves into red bumps and pustules that look like pimples, and may be painful or itchy. There is a tendency to involve the convex surfaces of the face. The intermittent redness of the central face eventually becomes more persistent, and dilated blood vessels may appear. Rosacea also may result in dry, easily irritated eyes that may also become persistently red, and the eyelids may be afflicted by styes. The typical rosacea patient is usually fair-complected (rosacea is also called “curse of the Celts”). Longstanding rosacea may result in a bulbous nose called rhinophyma—this is seen most often in men, is very uncommon in women.

## Cause:

Unknown! There are many theories about cause:

- Bacteria
- Blood vessel abnormality
- Neurologic abnormality
- Demodex (follicle mite)

## Trigger factors:

Trigger factors are things that make rosacea worse in some people. There are many potential trigger factors, but they do not affect all people with rosacea. Each individual has to figure out for himself which factors are important, if any. The most common ones:

- Alcohol
- Spicy foods
- Stress
- Exercise
- Extremes of heat or cold
- Some fruits, including tomatoes, citrus, bananas
- Irritants applied to facial skin (soaps, astringents)

## Treatment:

- Avoidance of triggers, when reasonable
- Topical antibiotics: metronidazole, sodium sulfacetamide
- Oral antibiotics: usually a tetracycline derivative, but many others may work
- Accutane (low dose)
- Laser ablation of dilated blood vessels
- Product lines that reduce redness and facial inflammation—please discuss with Carol, our aesthetician.

For more sources of information, go to [www.rosacea.org](http://www.rosacea.org)