

Rosacea

Rosacea, or acne rosacea, is a skin disorder leading to redness and pimples on the nose, forehead, cheekbones, and chin. The inflamed pimples and redness of rosacea can look a great deal like acne, but blackheads are almost never present. It is a fairly common disorder -- about one in every twenty Americans is afflicted with it. Rosacea is most common in white women between the ages of 30 and 60. When it occurs in men, it tends to be more severe and may eventually cause the nose to become red and enlarged (rhinophyma). Fair-skinned individuals and people who flush easily seem to be more susceptible to this condition.

Rosacea becomes progressively worse in many of those affected. The real cause of rosacea is now thought to be a tendency to flush and blush in a person with sun damage. Sun damages the supporting fibers of the small blood vessels just under the surface of the skin, allowing the vessels to stretch out (become permanently dilated). The damaged blood vessels leak fluid when flushing occurs, resulting in blotchy red areas. Swelling occurs, but is not usually so prominent to be very visible. The first sign most people see are small red pimples and pustules (pus-filled whiteheads). The redness can come and go and may be tender, inflamed and sensitive to the touch. Later, the skin tissue can swell and thicken. Eventually the redness and swelling can become permanent.

Eventually the capillaries become visible through the skin's surface-these are called telangiectasis. They often start on the sides of the nose. In a fair, delicate skin predisposed to rosacea, any thing that makes you flush will promote rosacea and telangiectasis. A person's lifestyle and habits can be the skin's worst enemy. The more blood vessels one has near the surface of the skin, the more one is likely to flush and stay flushed.

Flushing triggers include a steady diet of hot beverages, spicy food, alcohol (either topically applied or drinking in excess), excessive prescription steroids, physical and mental stress, extremes of weather, harsh soaps, exfoliating creams, and hot baths. These are some of flushing due to rosacea, and others due to unrelated conditions. Controlling the flushing can allow you to control the rosacea, sometimes without using medication. Unfortunately, what aggravates one person's rosacea may have no effect on another's.

Rosacea can affect the eyes. How severely rosacea affects the eye is not related to how severe the facial rosacea is. Symptoms that suggest ocular (eye) rosacea include a feeling of dryness and grittiness in the eyes and inflamed bumps (chalazions) on the lids. The eyelashes may develop scales and crusts, often misdiagnosed as seborrheic dermatitis. A persistent burning feeling, red eyes and light sensitivity suggest the more severe problem of rosacea keratitis. This rare complication can lead to blindness without treatment. All patients with significant symptoms of ocular rosacea should be seen by an ophthalmologist for a thorough examination.

Telangiectasia's (broken blood vessels) can be treated with electrocautery (burning the vessels with an electric needle). It gives just the right result for many people and is less expensive and more available than lasers. To get the really small blood vessels you need to use a pulsed dye laser or the photoderm (one doctor has trademarked the name "Photofacial" for this). If you have rhinophyma from the disorder, a pulsed CO2 or erbium-yag laser can shave away excess tissue to restore a smoother appearance to your skin.

Treatment includes avoidance of anything that makes you flush and known precipitants of flare-ups. Overheating, whether due to direct sun, excess clothing or hot foods, is uniformly a problem. Avoid hot showers, saunas, excessively warm environments, and extremes of weather (strong winds, cold, humidity). Foods are more inconsistent triggers, and most bother no more than one third of rosacea patients. These include fermented products high in histamine (vinegar, yogurt, sour cream, dry cheeses, Soy sauce, Yeast extract), certain vegetables and fruits (Eggplant, Avocados, Spinach, Broad-leaf beans and pods, including lima, navy or pea, Citrus fruits, tomatoes, bananas, red plums, raisins or figs) and spices (any Spicy hot food, Chocolate or Vanilla) and liver.

Other factors include prescription medications (vasodilators, topical steroids) alcohol (red wine, beer, Bourbon, gin, vodka or champagne), menopausal flushing, chronic coughing, and emotional stress and anxiety. Retin-A (the brand name for tretinoin cream) can irritate the skin when used for rosacea, and then make it worse for a time. Used along with hydrocortisone, however, it can make it better. This is the exception to the “no cortisone” rule.

Treatment will control rosacea in most cases. It should be possible to control symptoms and keep rosacea from getting worse. Rosacea comes back in most of the patients in weeks to months of stopping treatment unless all trigger factors have been stopped.

The most effective treatments are oral tetracycline and similar antibiotics and low-dose oral accutane. Mild cases can be controlled by gels or creams such as Metrogel, Cleocin-T, Azelex or sulfa. Often, full doses of pills are needed only for a short while. Maintenance treatment can be intermittent doses or just topical creams. For rosacea of the eyes, warm compresses to lids (hot towel) for 5 minutes twice a day- liquify the oil in the gland ducts-can be very helpful.

Makeup can be an effective aid in rosacea, will not make it worse, and even some male rosacea sufferers use a bit. Dermablend, Covermark and Sher makeups are used, along with dozens of others. A slightly more olive color than usual helps to hide the redness. For some women, hormone replacement pills may be given to reduce menopausal hot flashes. Many advances have been made in recent years. Regular visits are advised for most rosacea patients.