Lagogianni Eirini, J Clin Exp Ophthalmol 2018, Volume 9
DOI: 10.4172/2155-9570-C1-078

19th Global Ophthalmology Summit

February 26-27, 2018 | Berlin, Germany

Rosacea Acne

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What is rosacea acne?: Rosacea acne (rosacea) is a common, chronic inflammatory skin disease that affects mainly the central face (cheeks, nose, forehead, chin). The disease is manifested by erythema, inflammatory papules, pustules and spider veins. It affects 3 to 5 year olds of both sexes, with little preference for women and people with light skin. Rarely, skin lesions extend to the scalp, and more rarely to the neck and upper body. The incidence of the disease ranges from 0.09% to 10%. Rosaceous acne is a harmless disease, but it affects patients psychology, creating a feeling of low self-esteem, affecting their quality of life because facial and nose redness is misleadingly indicative of alcoholism.

Root head acne pathogenesis: The cause of the pathogenesis of the disease remains unknown and is multifactorial. Endogenous factors (genetic predisposition, skin vascular disorders, disorder of natural skin immunity), microorganisms (Demodex folliculorum: a parasite that normally exists in the skin, but rosacea is proliferated), as well as environmental and lifestyle aggravating factors (heat , sun, alcohol and hot drinks, medicines, spices, spicy foods).

Clinical picture: Rosacea disease is manifested by a variety of symptoms (flushing) permanent erythema of the face, spider veins, pustules, inflammatory papules and pustules in the central face, hypertrophy of seborrheic nodules of the nose (rhinophytus), people with rosary acne of severe form often complain of burning, cracking, edema and dry skin, and may also have their eyes affected by keratitis, conjunctivitis and blepharitis.

Rosacea acne is classified into 4 subtypes:

1. Erythro-angiotensive rosacea: Patients have central face erythema. Its progression is gradual and when seborrhea and telangiectasia become permanent. Many times there are pruritus, burning and sensitivity of the skin.
2. Rosemounting rosacea: This type occurs mainly in middle-aged and relatively old-age women. It is characterized by permanent central erythema facials, papules, blisters and intense seborrhea at various points of the face.
3. Prickly rosacea - Rhinophyma: occurs mainly in males. It is characterized by thickening of the skin, due to hyperplasia and fibrosis of the sebaceous glands, mainly causing the nose (rhinitis: a strongly swollen and reddish nose with rough texture) and the parallel appearance of inflammation in the eyes. The forehead (lower back), ears (thigh) or chin (gnatophy) may also be affected.
4. Ocular rosacea: It may co-exist up to 58% of patients suffering from another subtype, but usually remains undiagnosed. It is characterized by hyperemia (erythema) and conjunctival and eyelid conjunctivitis, foreign body sensation, burning, feeling cracked, itching, photosensitivity, blurred vision, erythema around the eyes and eyelids. It is also possible to coexist hazel and barley. There may also be loss of vision due to corneal ulcers. Ophthalmic rosacea is due to dysfunction and inflammation of the meibomian glands (differentiated sebaceous glands). The disorder of lipid build-up of tears leads to thickening of the ocular secretions, decrease in tears and dry eye. There is no correlation of gravity of the eye with dermal rosacea.

There may be progression from one subtype to another, and more than one subtype may occur at the same time during the clinical examination.

How to diagnose rosacea?: The diagnosis of rosacea is performed by a dermatologist and is based on the clinical picture. There is no specific diagnostic test (test). The histological image is not specific. Usually a biopsy is being investigated to exclude other diseases involved in differential diagnosis. The direct microscopic search for Demodex mites, and in particular Demodex folliculorum, which are present in human skin and hyperproliferate during rosacea, helps diagnose and treat the disease. These mites host bacteria and are likely to play an important pathogenic role in rosacea, especially when they are present in large quantities and cause imbalance in the immune system. Contamination by Demodex folliculorum usually remains asymptomatic. Over time, adulthood and constant exposure to sunlight, the skin gradually changes and changes in

the composition of sebum (a fat that helps maintain skin moisture). Studies indicate that semen-fed Demodex mites, in the event of changes in sebum synthesis, increase in number, resulting in an inflammatory condition leading to the emergence of rosacea. When the mites die, bacteria are released that exacerbate the symptoms of rosacea.

The disease coexists with seborrhoeic dermatitis in 26% of patients and scalp in 28%.

Treatment for rosacea: Rosacea is a chronic benign disease with bouts and recesses. Proper treatment is based on patient education to avoid aggravating factors, proper skin care and, of course, appropriate treatment. Good patient and dermatologist collaboration helps keep the disease in a recessive state for a long time and minimize bouts and avoid exacerbations for proper treatment of the disease. Environmental factors and lifestyle affect the symptoms of rosacea. It is advisable to avoid aggravating and excretory factors such as intense exercise, alcohol consumption, hot drinks, spicy food, sun exposure, warm environment, extreme temperatures, hot baths, sauna, of course stress or anger, as well as the use of beauty products and skin care, with acidic and alcoholic ingredients or other substances, irritating to the skin causing intense vasodilation, resulting in disease outbreaks.

It is recommended to daily clean the skin with special cleansers and appropriate medication and dermocosmetics. The choice of treatment is personalized for each patient according to the type of rosacea. It is important and true for all patients, particularly those who suffer from a red-teledgee-like form of the disease, to avoid the use of chemically formulated sunscreen products. products containing natural protective agents are preferred.

For treatment of rosacea there are several treatment options:

1. Oral medicines: antibiotics (tetracyclines, macrolides, metronidazole)
2. Topical treatments: metronidazole and azoleic acid as well as dermocosmetic products
3. Laser devices and light sources to treat erythema and telangiectasia, such as vascular LASER, ie PULSED-DYE LASER, fractional laser, CO2 Laser.
4. Phototherapy has a double effect on the effects of Demodex folliculorum. The phototherapy uses the pure, visible, and life-giving spectrum of light, which is responsible for the presence of life on the planet for the treatment of inflammation and bacteria. With the red light spectrum (633 nm) we achieve a reduction in inflammation, while with the blue light spectrum (415 nm) antibacterial activity, as it affects the bacteria present in the mites. So the treatment of rosacea is effective.
5. Combined use of photodynamic therapy (PDT).
6. In summary, rosacea is a benign dermatopathy with outbursts and recesses, in which good dermatologist and patient collaboration helps to overcome it.

Notes: