Granulomatous rosacea associated with dermodex infestation

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Demodex folliculorum is commonly found in the pilosebaceous unit and is the most common ectoparasite in humans. Demodex mites are usually harmless but can induce local inflammation in some individuals when present in excessive numbers or penetrate into the dermis. The role of Demodex folliculorum in various skin disorders has been identified. Demodicidosis may present as pityriasis folliculitis, papulopustular lesions, rosacea-like eruptions, and granulomatous rosacea-like eruptions. We report a case of demodex granuloma presenting with recurrent granulomatous rosacea-like papules on the face in a middle-aged woman.

Case report

50 year old previously healthy lady presented with recurrent itchy facial papules on bilateral cheeks for 4 months duration. There was no history of flushing or photosensitivity. No other systemic symptoms. On examination there was multiple erythematous papulopustular eruptions on bilateral cheeks. No telangiectasia , mucosal lesions or blepheritis . Skin biopsy revealed multiple dermal granulomas with multinucleated giant cells and suspected dermodex mites in the cellular infiltrate. KOH mount of skin scrapings revealed Dermodex folliculorum mite. Patient was treated with topical metronidazole and oral Doxycyclin with complete recovery.

Discussion

Rosacea-like demodicidosis manifests as erythema, scaling, and papulopustules mimicking common rosacea. In demodicidosis gravis, the clinical features are similar to granulomatous rosacea with dermal granulomas containing mite remnants phagocytized by foreign-body giant cells

Differential diagnosis of Demodex granuloma is acne, rosacea, and various papulonodular or granulomatous disorders of the face. Finding Demodex mites in the perifollicular granulomatous infiltrate and finding five or more of Demodexmites in a single low-power field in a potassium hydroxide preparation can be used to establish the diagnosis.

Various treatments can be used in demodicidosis with variable effects, including topical salicylic acid, metronidazole, crotamiton, lindane, sulphur, oral metronidazole, doxycycline . In our patient, the facial papules resolved after 4 weeks treatment with topical metronidazole, and oral Doxacyclin

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