



Rosacea: An Overview from the point of Dermatologist

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EDITORIAL NOTE

Rosacea is a chronic and relapsing inflammatory skin disorder that primarily involves the central face. Common clinical features include facial erythema, telangiectasias, and inflammatory papules or pustules. Many patients seek therapy due to concern over the effect of rosacea on physical appearance. As there is no cure for rosacea, treatment is focused on symptom suppression. Rosacea can manifest with a wide variety of cutaneous features. Examples include persistent centrofacial redness, phymatous skin changes (eg, rhinophyma), papules, pustules, flushing, telangiectases, burning or stinging sensations, edema, and skin dryness.

The classification of rosacea has evolved from a division into distinct subtypes (erythematotelangiectatic rosacea, papulopustular rosacea, phymatous rosacea, and ocular rosacea) to a phenotype-based approach that views the various features of rosacea as manifestations of a continuous multivariate disease process. The approach to treatment is guided by the clinical features present in an individual patient. Given the common presence of multiple features, combination therapy may be necessary to achieve satisfactory control of disease.

Dermatology is a discipline of medical science that deals with the dermal, skin diseases and associated treatment regime. Clinical practises in relation to dermatology embrace several sub disciplines including dermatitis, cosmetic dermatology, dermatopathology, immunodermatology, pediatric dermatology, cutaneous lymphoma, lesions, melanoma, blisters etc. The increase environmental concerns, radiations are directly or indirectly impacting the different layers of skin. Owing to the importance of each sub discipline the Journal of Clinical & Experimental Dermatology Research renders a common platform for the discussion of various important issues which may be helpful for the Dermatologists, clinicians, medical practitioners, patients, researchers, faculty members and students.

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