

Rosacea

Rosacea, or acne rosacea, is a type of non-contagious skin inflammation that typically affects the face. The small surface blood vessels (capillaries) of the skin enlarge, giving the appearance of a permanent flush. The forehead, cheeks and chin may develop yellow-headed pimples. Unlike acne, rosacea does not scar.

In severe cases of rosacea, the nose can become reddened and enlarged (rhinophyma). The condition tends to appear between the ages of 30 and 50 years, initially with frequent flushing. Over time, this flushing becomes permanent as the capillaries enlarge and pustules begin to form. The symptoms tend to worsen with advancing age. The cause is unknown and there is no permanent cure.

Symptoms and signs

The symptoms of rosacea include:

- Enlarged capillaries (telangiectasis)
- A permanent flush across the nose and cheeks
- Yellow-headed pimples on the forehead, cheeks and chin
- Non-tender lumps under the skin
- Mildly swollen cheeks and nose (hyperplasia)
- Frequent blushing
- A sensation of burning or stinging
- The rash is confined to the face.

Risk factors

The cause of rosacea is unknown. Some researchers believe that people with rosacea are sensitive to the *Demodex folliculorum* mite, a microscopic insect that can inhabit the pores of the skin.

Environmental triggers

Some of the factors that can trigger the rosacea blush or worsen symptoms include:

- Alcohol
- Hot drinks
- Coffee and tea
- Spicy foods
- Overexposure to sunlight
- Anxiety
- Emotional stress
- Overheating.

Complications involve the nose and eyes

Some of the complications of rosacea include:

- **Rhinophyma** - the skin of the nose becomes severely reddened, swollen and pulpy. This is caused by the enlargement of the sebaceous glands. Men, in particular, are prone to this complication.
- **Conjunctivitis** - inflammation of the conjunctiva (membrane of the eye).

Diagnosis methods

Rosacea is diagnosed by physical examination and medical history. Blood tests to rule out lupus erythematosus may occasionally be taken. Rosacea must be distinguished from other types of similar skin disorders including:

- **Acne** - this skin condition is characterised by tender lumps and pustules in a young person, usually adolescent. It does not have easy flushing.
- **Seborrhoeic dermatitis** - has a similar area of redness, but includes a characteristic scale of greasy skin and dandruff in the scalp. It does not have the pustules of rosacea.
- **Perioral dermatitis** - small pustules dot the skin, around the mouth in younger women.
- **Systemic lupus erythematosus** - there is a red skin rash on the cheeks, but there are no pustules.

Treatment options

Treatment options for rosacea depend on the severity but may include:

- **Cold packs** - to reduce inflammation and swelling.
- **Avoidance of known triggers** - such as sunlight, alcohol and spicy foods.
- **Antibiotics** - such as tetracycline. It is not clear how antibiotics reduce the severity of the rash.
- **Creams and gels** - containing antibiotics, such as metronidazole, applied to the skin.
- **Diathermy** - a small device that generates heat is applied to the damaged blood vessels.
- **Laser surgery** - to treat the enlarged capillaries.
- **Surgery** - to treat the nose, if disfigured by rhinophyma.

Where to get help

- Your doctor
- Dermatologist.

Things to remember

- Rosacea is a type of non-contagious skin inflammation that typically affects the face.
- Symptoms include enlarged capillaries, a permanent flush and non-tender pustules.
- The cause is unknown and there is no cure.
- Treatment options include medications, surgery and avoidance of known triggers such as sunlight, spicy foods and alcohol.

This page has been produced in consultation with, and approved by:

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