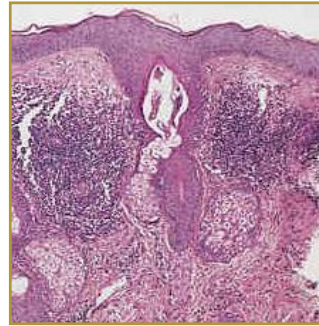
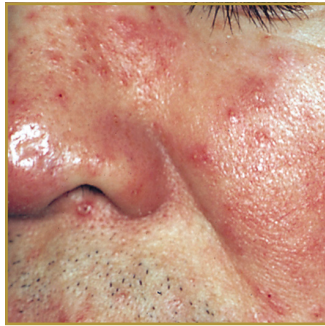




ACNE ROSACEA



EPIDEMIOLOGY: Most commonly, affects patients aged 30 to 50 with fair complexions, but it affects and is probably under-recognized in darker-skinned patients.

ETIOLOGY: Unknown, although associations with impaired facial venous drainage, an increase in hair mites (*Demodex folliculorum*), and *Helicobacter pylori* infection have been proposed.

PATHOGENESIS: Manifests in four phases. Erythematous (telangiectatic), papulopustular, granulomatous and hyperplastic glandular

CLINICAL: Chronic, cutaneous vascular and pustular disorder

HISTOLOGY: Perivascular and perifollicular infiltrate of lymphocytes and plasma cells.

ACNE ROSACEA is a chronic inflammatory disorder characterized by facial flushing, telangiectasias, erythema, papules, pustules, and in severe cases, rhinophyma. Histology is perivascular infiltrate of lymphocytes, usually mild to moderate in intensity. The diagnosis is based on characteristic appearance and histologic features. Similar to acne, rosacea has a significant economic and psychosocial impact. The features of rosacea are extremely visible, leading patients with the disorder to become stressed and self-conscious about their appearance. Frequent triggers for these flares include emotional stress, temperature changes, alcohol, spicy foods, exercise, cosmetics, hot baths or hot drinks. Treatment consists of topical metronidazole ointment.

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