

Dermatology Quiz

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A 28-year-old lady presented with multiple red papules over her face. The problems had started to trouble her a year ago, and had been getting progressively worse over the last 2 months. She had consulted many doctors and had been diagnosed as having acne vulgaris. The topical treatments prescribed made her skin very sensitive, and she was labelled as hypersensitive to several topical creams. On further questioning, she reported that she did not drink alcohol because she could not tolerate it. She was not taking any regular medications or contraceptive pills, and she was not using any regular make-up products. She had normal development of sexual characteristics. Her menstruation was normal and her cycle was regular. On



examination, there were multiple red papules of 3 to 5 mm in diameter over her face, particularly over the frontal and chin areas. Some of the papules had evolved into pustules. Bodily hair was appropriate for her age.

1. What is your diagnosis and differential diagnoses?
2. What clinical features would you search for that do not support the diagnosis of acne vulgaris?
3. How would you interpret the hypersensitivity history?
4. How would you manage this patient?
5. What are the possible long-term complications of this condition?

Answers:

1. The diagnosis is acne rosacea. The other differential diagnoses that need to be considered are acne vulgaris, impetigo, bacterial folliculitis and drug-induced acneiform eruption.
2. Acne rosacea is part of the rosacea pathological evolution. Initially, patients experience prolonged facial flushing and erythema, and this will evolve into papulopustular eruptions. Finally, there is skin thickening such as in rhinophyma. Acne rosacea can be differentiated from acne vulgaris by the more adult age of onset, the absence of open comedones (blackheads), and the presence of dilated vessels as a result of the underlying pathology of rosacea. Moreover, the lesions in acne vulgaris tend to be at different stages (ie, some will be in the early stage and some in latter stages). In this patient, the disease is adult-onset, there are no open comedones and there is fine telangiectasia around the nose.
3. Patients suffering from rosacea, particularly during the acute stage, are very sensitive to topical applications. Drugs that are commonly

used to treat acne vulgaris (eg, benzoyl peroxide, topical retinoid and alcohol-based topical medications) can generate skin reactions or exacerbations of rosacea. These agents are best avoided during management of the acute stage. Moreover, as a general rule for managing acute inflammatory facial dermatoses, it is recommended to try to limit the irritant potential of topical treatments as the patient's tolerance for skin irritation is usually lower.

4. General measures to reduce flares of rosacea include avoidance of sunshine, refraining from alcohol and avoiding hot or spicy food. Emotional stress certainly plays a role, and patients should therefore try to sleep and exercise regularly. A gentle skin cleanser with an emollient base can be used for daily cleansing. Metronidazole gel is effective in preventing the erythema and flare of the disease. Azelaic acid is another effective topical treatment, but one needs to watch out for the irritant potential. Soothing solutions such as sul-

phacetamide solution and a facial mask containing calamine or kaolin can be used to calm down the inflammatory condition. The oral tetracycline group or macrolide group of antibiotics can be tried for more severe disease. Systemic retinoid is often mentioned for rosacea treatment, but should be reserved for extremely severe cases owing to its side effects.

5. Rhinophyma can develop as a result of prolonged suffering from rosacea. Telangiectasia can be very prominent and cause cosmetic embarrassment. These conditions often need lasers and surgical intervention. A special form of rosacea called granulomatous rosacea can complicate the disease, particularly if steroid has been used to treat the rosacea. Eye complications such as blepharitis, conjunctivitis and episcleritis, although very rare, should be sought carefully.

About the Author

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