

Guideline for the Treatment of Rosacea

Clinical Presentation:

Subtype I – Erythematotelangiectatic rosacea.

Flushing and persistent central facial erythema (redness) with or without telangiectasia.

Subtype 2 - Papulopustular rosacea.

Persistent central facial erythema with transient, central face papules or pustules, or both.

Subtype 3 - Phymatous rosacea.

Thickening of the skin is seen with irregular surface nodularities, and enlargement. May occur on the nose (rhinophyma), chin, forehead, cheeks, or ears.

Subtype 4 - Ocular rosacea.

Characterised by ocular involvement, including inflammation of different parts of the eye and eyelid.

Lifestyle advice

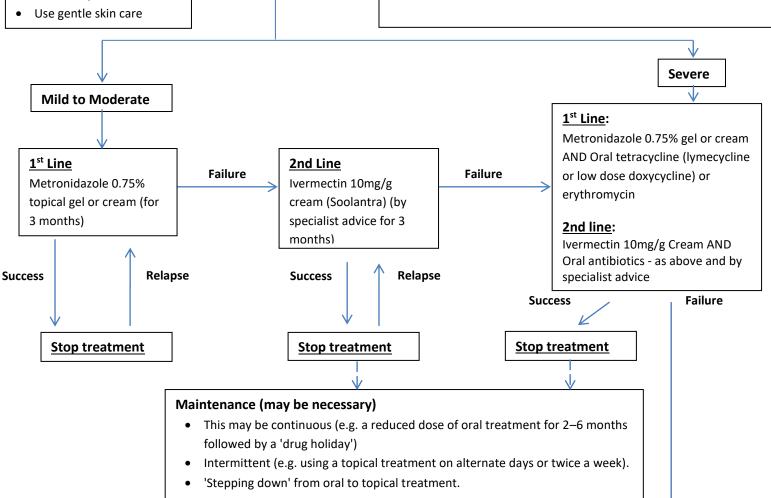
- Avoid trigger factors
- Use a daily sunscreen

Papules and pustules

Transient facial erythema:

Does not respond to antibiotics: consider referral to dermatology service

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Referral Criteria to secondary care

- People with flushing, persistent erythema and telangiectasia that is causing psychological or social distress
- People with papulopustular rosacea that have not responded to 12 weeks of oral plus topical treatment.
- Consider isotretinoin oral (secondary care only), as per British Association of Dermatologists guidance.

This flow chart has been adapted from the NICE Clinical Knowledge Summaries (https://cks.nice.org.uk/rosacea-acne#!scenario), and the British Association of Dermatologists (http://www.bad.org.uk) and The Primary Care Dermatology Society (PCDS) http://www.pcds.org.uk/clinical-guidance/rosacea information on Rosacea.