

International Conference on

AESTHETIC MEDICINE AND ENT

July 06-08, 2017 Kuala Lumpur, Malaysia

Management of erythema and flushing in patients with erythematotelangiectatic rosacea

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Rosacea is a chronic inflammatory skin disorder which may present with transient or persistent erythema, telangiectasia, inflammatory papules and pustules, phymatous changes and/or have ocular involvement (e.g., blepharitis, keratitis, episcleritis, conjunctivitis). Patients may also report a burning or stinging sensation over the affected areas. The condition may be aggravated by the consumption of spicy food, hot food/drinks, alcohol consumption, use of topical/oral corticosteroids, exposure to heat (saunas, hot sun) or physical activities such as exercise. Patients with the erythematotelangiectatic variant of rosacea often seek treatment for persistent erythema, increased sensitivity to cosmetics and topical products as well as pain and discomfort. While there have been no single effective treatment for rosacea, there exists numerous options for treatment. The objective of this presentation is to identify effective options to manage persistent or recalcitrant erythema in patients with rosacea. Treatment options include topical therapy, oral medication, intradermal injectable therapy and laser & light treatments. Topical therapy options that may be beneficial include topical metronidazole 1% gel, azelaic acid 20% cream, permethrin 5% cream, ivermectin 1% cream, brimonidine tartrate 0.33% gel and oxymetazoline hydrochloride 1% cream. Oral medications that have been prescribed include tetracyclines, metronidazole, isotretinoin, clonidine, beta blockers (e.g., carvedilol), ondansetron, naloxone and selective serotonin re-uptake inhibitors (SSRIs). Intradermal botulinum toxin A has been reported to be helpful in reducing erythema associated with rosacea. Intense pulsed light, copper bromide laser, pulsed dye laser or long pulsed Nd:YAG laser may be considered in recalcitrant cases.

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