



ROSACEA

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Synonyms: *Acne rosacea*; *Gutta rosea*; *Telangiectasis faciei*.

Rosacea is a passive hyperemia of the skin of the face, with dilatation and often permanent enlargement of the superficial venules, accompanied, in advanced cases, by hypertrophy of the soft tissues on and about the nose. In addition there is nearly always considerable seborrhoea, causing marked oiliness of the skin in the affected areas favoring the formation of acne papules and pustules. The disease is usually confined to the nose and adjacent parts of the cheeks, the glabella and chin, though in pronounced cases the lesions may spread all across the forehead and cheeks and even onto the sides of the neck. In the earliest stage there appear at intervals circumscribed or diffuse patches of redness and vascular dilatation which last for a few hours or days. After a time the vessels lose much of their power to contract, the redness becomes permanent though it continues to fluctuate in intensity, and the dilated venules form a network across the surface of the lesion. The redness may be uniform or blotchy and varies from pink to scarlet purple. The skin looks warm but feels cool and oily. Acne papules and pustules develop in the affected region, the skin grows thick and coarse and the orifices of the sebaceous glands become patulous and often plugged with yellow inspissated sebum. In most cases the disorder does not advance beyond this stage, but endures with little change for many years and finally disappears. In many instances however papules and nodes, first soft but later firm and elastic, develop in the hyperemic area, especially on the nose. Their surface is marked with telangiectases and their color is red or purplish. Very slowly the nodes increase in size and coalesce to form large sessile lobulated protuberances studded with the crater like openings of hypertrophied sebaceous glands. The nose may become converted into an irregular pendulous tumor like a turkey cock's comb (*Rhinophyma*). There are no subjective symptoms. Rosacea is most common in middle life. It is in some

way associated with digestive disturbances and constipation. The aggravation of the disease by all those conditions which tend to cause facial hyperemia is easily observed in the early stages. The intensity of the redness is increased by indulgence in alcohol, strong tea or coffee, by hearty eating, mental excitement, and exposure to heat, cold and winds. Rosacea is sometimes associated with intranasal disorders. In women the disease often accompanies menstrual disturbances, is usually worse at the menstrual period and during pregnancy and not infrequently develops at the climacteric. **DIAGNOSIS:** *Erythematous eczema* burns and itches, causes early infiltration of the skin and scaling but no vascular dilatation, and does not remain confined to the rosacea region. The eczema, however, may complicate rosacea. *Lupus erythematosus* occurs in the same location but the lesions are sharply circumscribed and scaling and cause cicatrization. The distribution of *tubercular syphilids* is never so symmetrical; their grouping is usually serpiginous and they ulcerate. Telangiectases are absent. **TREATMENT:** The disease is obstinate but mild cases can be cured and the others favorably influenced. Attention must first be directed toward the regulation or removal of all the conditions which tend to aggravate the disease. The acne should receive appropriate treatment. The lotion containing three per cent each of zinc sulphate and potassium sulphid, used in acne is beneficial also in rosacea. Or the more powerful liquor calcis sulphuratae may be used. It should be diluted at first with five parts of water and applied twice a day. The dilution is to be lessened by degrees. The object is to produce a mild desquamation. When this is accomplished the treatment should be suspended until the irritation has subsided. The larger venules are best destroyed by electrolysis. The needle attached to the negative pole should be inserted into the lumen of the vessel and a current of two milliamperes employed. Hypertrophic protuberances can be removed only by ablation with the scalpel.