

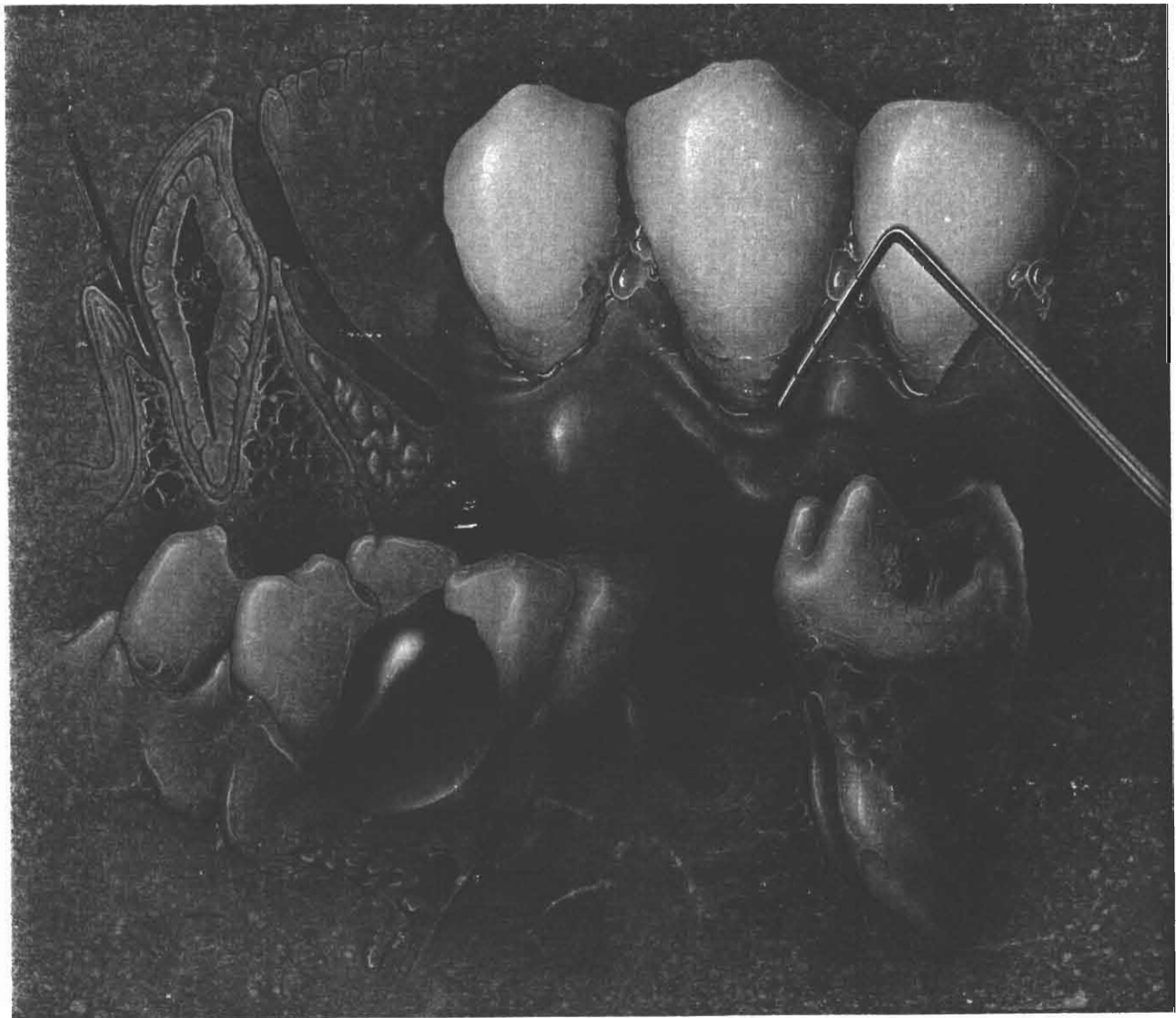
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Articles

1677 Preventive Oral Health Care: A Review for Family Physicians

MINDY FUCHS LOKSHIN, M.D., M.S.P.H.

Family physicians can play a key role in screening for oral diseases, promoting fluoride use and educating patients about oral hygiene and preventive dental care.

Patient information handout: p. 1687

1691 Acne Rosacea

DIANE M. THIBOUTOT, M.D.

Rosacea is a skin disorder that usually affects middle-aged persons. It is characterized by erythema, telangiectasia, edema and rhinophyma.

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1707 Contraindications and Complications of Laparoscopic Cholecystectomy

WILLIAM D. RAPPAPORT, M.D., PAUL GORDON, M.D., JAMES A. WARNEKE, M.D., DAVID NEAL, M.D., and GLENN C. HUNTER, M.D.

Although patients are often referred for laparoscopic cholecystectomy, an understanding of the indications, contraindications and complications of this procedure allows the family physician to carefully select patients for surgery.

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RADIOGRAPHIC HIGHLIGHTS

1717 The Role of Scintigraphy in the Evaluation of Fever of Unknown Origin

ALAN F. WEISSMAN, M.D., LORRAINE M. FIG, M.B., CH.B., M.P.H., JAMES SISSON, M.D., ALBERT SEOW, M.D., and BRAHM SHAPIRO, M.B., CH.B., PH.D.

Scintigraphy can make an important contribution to the investigation of a patient with fever of unknown origin, when used in combination with a careful history and physical examination, blood and tissue cultures, and anatomic imaging modalities such as computed tomography and ultrasound.

PUT PREVENTION INTO PRACTICE

1729 Blood Pressure Screening in Adults

U.S. PUBLIC HEALTH SERVICE

Approximately 50 million Americans have elevated blood pressure that puts them at increased risk for coronary artery disease, peripheral vascular disease, stroke, renal disease and retinopathy, and warrants monitoring or drug therapy. Over the past two decades, antihypertensive therapy has resulted in a significant reduction in mortality from stroke and coronary artery disease.

PUT PREVENTION INTO PRACTICE

1737 Alcohol and Other Drug Abuse in Adolescents

U.S. PUBLIC HEALTH SERVICE

Alcohol and drug abuse is a major problem for older children and adolescents, and affects children in all cultural and socioeconomic groups, not just minorities, the poor and the undereducated. Family physicians can play a pivotal role by counseling parents and their children about the physical and social consequences of alcohol and drug abuse.

Cover illustration by Floyd Hosmer, Birmingham, Ala.

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Acne Rosacea

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Rosacea is a multifactorial skin disorder that usually affects middle-aged persons. Little is known about the etiology of rosacea, although the disease most likely represents a vascular anomaly occurring in patients with fair skin. The mainstay of treatment for inflammatory lesions has been oral antibiotics, but topical metronidazole also may be effective. Because recurrences are common after discontinuation of therapy, doses should be tapered as tolerated. Antibiotics are more effective for inflammatory lesions than for erythema and telangiectasia. Isotretinoin may be effective for inflammatory lesions, edema and rhinophyma in some resistant cases, but its use is limited by its side effects and teratogenicity. Ablation of telangiectasia with the tunable dye laser and various surgical approaches to rhinophyma are effective newer treatments but are more expensive and less available than conventional therapy.

Rosacea is a skin disorder that occurs in adults between the ages of 30 and 60 years. Little is known about the etiology of rosacea. Current opinion regarding pathogenesis favors a multifactorial disorder in which the basic defect is vascular hyperresponsiveness. Symptoms include facial flushing, erythema, inflammatory lesions and, occasionally, lymphedema and hypertrophy of the connective and vascular tissue of the nose (rhinophyma). Therapy includes treatment with oral and topical antibiotics and surgery for erythema, telangiectasia and rhinophyma.

Etiology

The etiology of rosacea is believed to be related to a combination of a genetic predisposition and provocative environmental factors. Patients with rosacea tend to have fair hair and skin. They may have a

tendency to flush frequently in response to emotional stimuli such as excitement, worry or a hurried feeling, environmental stimuli such as heat or cold, and physiologic stimuli such as indigestion, ingestion of spicy foods or postprandial fullness.¹

The mite *Demodex folliculorum* inhabits facial hair follicles and has been implicated in the pathology of rosacea. The significance of the presence of *D. folliculorum* is uncertain, however, since the mite is variably present in patients with rosacea and is often found in control subjects.²⁻⁴ Whether *D. folliculorum* is involved in the pathogenesis of rosacea is unknown, but it is possible that an inflammatory reaction to the mite may play a role in this condition.

The presence of bacteria within the hair follicle does not seem to play a role in the pathogenesis of rosacea, unlike the pathogenesis of acne vulgaris. Several investigators^{5,6} have failed to demonstrate bacteria in skin samples from patients with rosacea.

Many provocative factors have been shown to exacerbate rosacea by causing an increase in flushing. These factors include exposure to heat, cold or sunlight, and consumption of hot or spicy foods and alcoholic beverages.⁷ It has been suggested that the basic problem in patients with rosacea is a functional vascular anomaly with a tendency toward recurrent dilation and flushing, which may result in inflammatory mediator release, extravasation of inflammatory cells and the formation of inflammatory papules and pustules.⁸

Clinical Findings

Rosacea involves a spectrum of clinical findings. Recurrent facial flushing is believed to be one of the major causative factors in rosacea as well as one of its stig-

Acne Rosacea

mas.⁷ One study showed that patients with rosacea flushed more frequently than members of a control population.⁵ Facial edema often follows a flushing reaction. In some cases, the edema can take the form of persistent facial lymphedema.

Frequent episodes of flushing represent the first of four stages in the pathogenesis of rosacea. The second stage consists of persistent erythema with telangiectasia, which are dilated superficial veins (*Figure 1*). In rosacea, telangiectasia often occurs paranasally and on the cheeks. The third stage

of rosacea is the development of inflammatory lesions: papules, pustules and nodules (*Figure 2*). A minority of patients progress to the fourth stage, which is manifested as rhinophyma, a bulbous hypertrophy of the nose resulting from proliferation of sebaceous glands and connective and vascular tissue (*Figure 3*). This stage occurs more commonly in men than in women.⁹ In a study of 108 patients with rosacea (*Table 1*),² 62 percent of patients with lymphedema and 93 percent of patients with rhinophyma were men.

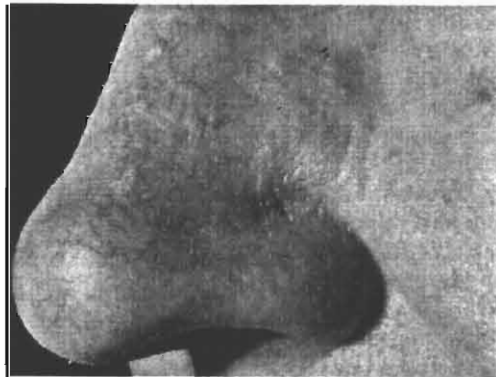


FIGURE 1. Nasal telangiectasia in patient with rosacea.



FIGURE 3. Rhinophyma.

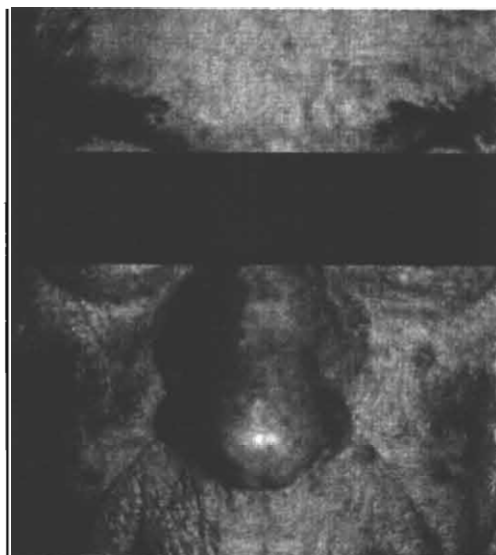


FIGURE 2. Multiple inflammatory papules and pustules on the central part of the face in patient with rosacea.



FIGURE 4. Granulomatous rosacea. Note the clinical similarity of the lesions to perioral dermatitis, steroid acne and sarcoid.

TABLE 1

Clinical Findings in Patients with Rosacea

Finding	Percentage of patients (N = 108)
Erythema	97
Papules	83
Pustules	67
Telangiectasia	50
Flushing	42
Lymphedema	24
Rhinophyma	14

From Sibenge S, Gawkrödger DJ. Rosacea: a study of clinical patterns, blood flow, and the role of *Demodex folliculorum*. *J Am Acad Dermatol* 1992;26:590-3. Used with permission.

A subset of patients with rosacea have facial papules resulting from a granulomatous inflammatory infiltrate in the skin.³ Clinically, these patients have firm papules with an "apple jelly" color that is also characteristic of granulomatous inflammation found in other conditions, such as cutaneous sarcoid, tuberculosis and leprosy (Figure 4).

In addition to the cutaneous problems, rosacea may also cause ocular manifestations, including blepharoconjunctivitis, keratitis and scleritis or episcleritis. The prevalence of ocular involvement in patients with rosacea has been reported to be as low as 3 percent and as high as 58 percent.¹⁰

Blepharoconjunctivitis is characterized by erythematous eyelid margins that may demonstrate telangiectasia. Conjunctivitis

in rosacea can be either a diffuse hyperemic type or a less common nodular variant.¹¹ The diffuse hyperemic form is characterized by engorged blood vessels of the tarsal and bulbar conjunctivae. In nodular conjunctivitis, small, highly vascularized nodules appear in the interpalpebral area. Keratitis frequently involves the lower portion of the cornea and is associated with pain, photophobia and a sensation of a foreign body in the eye. Corneal involvement commonly presents as punctate epithelial erosions in the inferior half of the cornea.¹²

Differential Diagnosis

Rosacea can be diagnosed in middle-aged to elderly patients who present with facial erythema, a history of flushing, telangiectasias, papules, pustules and, occasionally, nodules or rhinophyma, or any combination of these findings. The medical history should be negative for use of topical corticosteroids and symptoms or signs of sarcoidosis.

Skin conditions that share certain features with rosacea are listed in Table 2. Rosacea can be distinguished from acne vulgaris by the fact that acne tends to affect younger persons and results in the formation of comedones, which are notably lacking in rosacea. Use of topical corticosteroids on the face can result in an acneiform eruption consisting of papules, pustules and comedones that tend to be in the same stage of development—unlike the lesions in acne vulgaris (Figure 5).

Perioral dermatitis often affects young to middle-aged women and is characterized

TABLE 2

Differential Diagnosis of Rosacea

Acne vulgaris
Steroid-induced acne
Perioral dermatitis
Seborrheic dermatitis
Lupus erythematosus
Cutaneous sarcoid



FIGURE 5. Steroid-induced acne.

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