

A case of granulomatous rosacea

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Clinical Quiz

A 49-year-old housewife had complained of an itchy facial rash for four years. She denied using steroid creams and skin lighteners. On examination, dark grey papules were found on her face, with some coalescing into plaques (see Figures 1 and 2). A skin biopsy revealed many perifollicular non-caseating granulomas (see Figure 3). Periodic Acid-Schiff stains for fungi, Ziehl-Neelson stains for *M tuberculosis*, and Fite-Ferraco stains for *M leprae* were negative.

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Figure 1



Figure 2



Figure 3

What is the diagnosis and differential diagnosis?

Granulomatous rosacea

Differentials include steroid-induced acneiform eruption, sarcoidosis, cutaneous lupus erythematosus and a photo-sensitive reaction.

Rosacea typically affects the convexities of the central face. The presence of one or more of the following primary signs with a central face distribution is indicative of rosacea: flushing (transient erythema), non-transient erythema, papules and pustules, and telangiectasia. Secondary features include burning or stinging, plaque, dry appearance, oedema, ocular manifestations, peripheral location, and phymatous changes. However, the presence of other rosacea signs is not needed for a diagnosis of the granulomatous rosacea variant.

What is the current classification system of this condition?

The National Rosacea Society classification system defines four subtypes and one variant.¹ The rosacea subtypes are: erythematotelangiectatic, papulopustular, phymatous and ocular. One variant, granulomatous rosacea, has been recognised.

What is the treatment?

Treatment is with oral doxycycline 100 mg once or twice daily. Improvement should be evident within two to four months. If available, topical metronidazole could be adjunctively helpful.

Acknowledgments

This diagnosis was made using the teledermatology service at Walter Sisulu University.

References

1. Wilkin J, Dahl M, Detmar M, et al. Standard classification of rosacea: Report of the National Rosacea Society Expert Committee on the Classification and Staging of Rosacea. *J Am Acad Dermatol* 2002 Apr;46(4):584-7.