

# CHAPTER 42

## ROSACEA (L71.9)

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### REMEMBER

- ▶ Rosacea is a chronic inflammatory disease that mainly affects the nose, cheeks, forehead, and/or mental region. Rosacea is characterized by recurrent episodes of flushing or transient erythema, persistent erythema, telangiectasia, papules, pustules, and/or phymatous changes.
- ▶ Worldwide prevalence of rosacea is estimated to be >5% Rosacea affects men and women equally.
- ▶ Rosacea usually begins between the ages of 30-50, however, it may occur at any age. It was reported that rosacea is more common in fair-skinned populations. However, that the disease may be less well-known in individuals with darker skin tones is another possibility that should not be missed.
- ▶ Rosacea can be initiated, and/ or aggravated by a variety of endogenous and exogenous triggering factors such as high temperature, cold exposure, certain foods (especially spicy foods, chocolate, tomatoes, citrus fruits), and beverages (hot drinks, alcohol), and ultraviolet (UV) rays.
- ▶ In addition, the colonization of *Demodex spp.* is increased in some patients having rosacea. Demodex mites may cause and/or exacerbate the clinical picture of rosacea by triggering the formation of proinflammatory cytokines.
- ▶ There are four subtypes of rosacea: Erythematotelangiectatic, papulopustular, phimatous, and ocular rosacea.

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- ▶ It has been reported that there may be a relationship between irritable bowel syndrome, gastroesophageal reflux disease, and helicobacter pylori infection and rosacea. It will be appropriate to follow up the patients in this respect.

## Neurology

- ▶ There is a relationship between rosacea and migraine. Patients describing headache should be evaluated by a neurologist. It has also been reported that there may be a relationship between Parkinson's disease, and rosacea.

## Psychiatry

- ▶ Since rosacea is a disfiguring disease affecting the face, it can cause embarrassment, depression, anxiety, decrease in self-esteem and quality of life, and/or social stigmatization. Thus, patients should be evaluated and followed up by a psychiatrist.

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# BÖLÜM 42

## ROZASEA (L71.9)

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### HATIRLA

- Rozasea, başlıca burun, yanaklar, alın ve çeneyi tutan kronik inflamatuvar bir hastalıktır. Rozasea, tekrarlayan flushing veya geçici eritem atakları, kalıcı eritem, telenjektazi, papüller, püstüller ve/veya fimatöz değişiklikler ile karakterizedir.
- Rozaseanın dünya çapındaki prevalansının >%5'in olduğu tahmin edilmektedir. Rozasea, kadın ve erkekleri eşit olarak etkiler.
- Rozasea genellikle 30-50 yaşları arasında başlar, ancak her yaşta ortaya çıkabilir. Literatürde rozaseanın açık tenli popülasyonlarda daha sık görüldüğü bildirilmiştir, ancak hastalığın daha koyu ten rengine sahip bireylerde daha az tanınıyor olabileceği de başka bir olasılıktır.
- Rozasea, sıcaklık artışı, soğuk, bazı yiyecek (özellikle baharatlı gıdalar, çikolata, domates, turuncgiller) ve içecekler (sıcak içecekler, alkol) ile ultraviyole (UV) ışınları da dahil olmak üzere çeşitli endojen ve eksojen tetikleyici faktörler tarafından başlatılabilir veya var olan hastalık tablosu ağırlaştırılabilir.
- Ayrıca, rozasealı bazı hastalarda Demodeks şuşlarının kolonizasyonunun da arttığı bilinmektedir. Demodeks'ler proinflamatuvar sitokinlerin oluşumunu tetikleyerek rozasea tabloya yol açabilir ve/veya şiddetlendirebilir.

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siyonu ile de rozasea arasında ilişki olabileceği rapor edilmiştir. Hastaların bu açıdan takibi de uygun olacaktır.

## Nöroloji

- Rozasea ile migren arasında bir ilişki vardır. Baş ağrısı tarifleyen hastalar nöroloji uzmanı tarafından değerlendirilmelidir. Parkinson hastalığı ve rozasea arasında da ilişki olabileceği de literatürde bildirilmiştir

## Psikiyatri

- Rozasea yüzü etkileyen bir hastalık olması sebebiyle utanma, depresyon, anksiyete, benlik saygısında ve yaşam kalitesi azalma ve sosyal damgalanmaya neden olabilir. Hastalar psikiyatri uzmanı tarafından değerlendirilmeli ve belirli aralıklarla takip edilmelidir.

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