

CASE 40-2

A 40-year-old woman presents with a 5-year history of acne rosacea. Her inflammatory papules have improved with use of metronidazole lotion 0.75%, but she still has persistent erythema and telangiectasia on her cheeks and nose. She requests treatment for the erythema and telangiectasia.



What would be the single best treatment?

- (A) Increase the strength of the metronidazole lotion to 1% lotion
- (B) Switch to tretinoin cream 0.1% at night
- (C) Inject the telangiectasia with a sclerosing agent
- (D) Treatment with the 595-nm pulsed-dye laser (PDL) or the 532 KTP laser
- (E) Treatment with a Q-switched laser

The correct answer is (D), treatment with the 595-nm pulsed-dye laser (PDL) or the 532 KTP laser.

Treatment of persistent erythema and telangiectasia associated with rosacea on the cheeks and nose would be best achieved with the pulsed dye (595 nm) or the KTP (532 nm) lasers. These are vascular specific and when used with large spot sizes will have good depth penetration. Although port-wine stains are probably best treated with shorter pulses, the appearance of erythema telangiectatic rosacea can be helped significantly with longer pulse durations without the bruising.

1% Metronidazole lotion would likely not be effective if the 0.75% concentration was not beneficial.

Tretinoin cream may worsen the erythema. Sclerosing agents are typically not used to treat erythema and telangiectasia on the face.