

ACNE ROSACEA

# Rosacea

CATEGORY:

## Inflammation

LOOKS LIKE:

Red, inflamed, thickened skin; broken capillaries (telangiectasia)

FEELS LIKE:

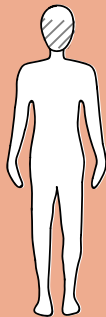
Dry, burning/stinging, rough or bumpy

PREVENTION:

Chronic but flare-ups may be preventable by avoiding triggers

LOCATION:

Middle of the face (particularly cheeks, nose, and eyes)



## WHAT IT LOOKS LIKE —



Red spots and pustules (pus-filled spots) on a background of redness in rosacea



Facial rosacea with ocular rosacea producing red sore eyes



Red spots and pustules with swelling of the nose (rhinophyma)



Symmetrical redness of the cheeks with only a few spots



Swelling of the eyelids (lymphoedema) as a complication of rosacea



Rosacea with darkening of the skin on the cheeks

## What is it?

Rosacea is a common long-term (chronic) skin condition that causes redness of the face. This redness can come and go, varying between calm periods (remission) and flare-ups (relapses).

Rosacea affects about 5% of adults worldwide, usually starting between the ages of 30 and 60 years. It is more commonly diagnosed in people with pale skin or blue eyes. This may be because it is often missed in people with darker skin types.

Rosacea cannot spread between people (ie, it is not contagious), and is not cancerous.

# Rosacea

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## CAUSES —

The exact reason why some people get rosacea is unknown. It may be linked to a combination of factors, including:

- Genetics — can run in families
- Overactive immune system
- How well the skin blocks bacteria & irritants
- Microorganisms found on the skin (eg, Demodex mites) or in the gut (eg, *Helicobacter pylori* bacteria)
- Environmental factors eg, sun damage.

Common triggers causing relapses include hot/cold temperatures, exercise, sun exposure, cosmetic products, alcohol, smoking, stress, and some types of food (eg, spicy food, dairy).

## SYMPTOMS —

Facial redness is the main symptom: both temporary flushing and longer-lasting redness, generally across the cheeks and nose.

You might also notice:

- Small red lines (blood vessels) in the skin
- Bumps or blisters, which may contain pus (pustules)
- That the skin feels thicker, rough, and scaly
- Dry, itchy, or irritated eyes; blurred vision; or sensitivity to bright lights.

## INFLAMMATION

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Rosacea may be under-recognised in people with darker skin, as the redness can be missed. Bumps and blisters may be more common, with inflammation looking darker or purple rather than bright red.

## COMPLICATIONS —

- Eye/eyelid inflammation (ocular rosacea).
- Rhinophyma: overgrown bumpy tissue, often around the nose.
- Stress and self-esteem issues.
- Uncommonly, a burning sensation due to nerve-related facial pain.
- Rarely, severe eye complications and eyesight changes/loss.
- Rarely, widespread swelling of the face and eyelids (Morbihan disease).

## DIAGNOSIS —

Rosacea is diagnosed by a healthcare professional asking some questions and examining your skin. A handheld magnifying tool (dermatoscope) may be used to get a closer view. A sample of the skin (biopsy) isn't often needed, however your doctor may suggest this to rule out other conditions.

If you have eye symptoms, you may be referred to an eye specialist (ophthalmologist).

## TREATMENT AND PREVENTION —

Keeping a symptom diary can help identify triggers to avoid. General aspects of skin care

are also important, such as using gentle facial products, sun protection, and avoiding topical exfoliants and alcohol-based products.

Treatment may also include:

- Increasing dietary omega-3 fatty acids
- Cool compresses for flushing
- Warm compresses, gentle eyelash/lid cleansing, and eye drops for ocular rosacea
- Medications for redness eg, oxymetazoline cream, brimonidine gel, beta-blockers
- Oral antibiotics for inflammation eg, tetracyclines
- Topical ivermectin for Demodex mites
- Vitamin A-related products eg, isotretinoin
- Laser or other light therapy for persistent redness
- Laser or minor surgery for skin overgrowth.

## OUTCOME —

Rosacea is chronic, meaning it is not curable, but flare-up prevention and symptom management is possible. People with rosacea may have periods when symptoms settle (remission), or come back (relapse). It is not life-threatening.



## MORE INFORMATION —

[www.dermnetnz.org/topics/rosacea](http://www.dermnetnz.org/topics/rosacea)



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