

STANDARD TREATMENT WORKFLOW (STW)

ACNE and ROSACEA

Binod K Khaitan, Deepika Pandhi, Ananta Khurana, Dipankar De, Rahul Mahajan, Renu George, Vishal Gupta

¹All India Institute of Medical Sciences, New Delhi; ²University College of Medical Sciences, New Delhi; ³Dr. Ram Manohar Lohia Hospital, New Delhi; ⁴Postgraduate Institute of Medical Education and Research, Chandigarh; ⁵Postgraduate Institute of Medical Education and Research, Chandigarh; ⁶Christian Medical College, Vellore; ⁷All India Institute of Medical Sciences, New Delhi

CORRESPONDING AUTHOR

Dr Binod K Khaitan, Department of Dermatology, All India Institute of Medical Sciences, New Delhi

Email: binodkhaitan@hotmail.com

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Department of Health Research
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Standard Treatment Workflow (STW)

ACNE AND ROSACEA

ICD-10-L70-71



Acne is a common dermatosis of adolescence and often persists into adulthood

Rosacea often mimics acne but has distinct management issues

WHEN TO SUSPECT?

ACNE

- Comedones (open-blackheads, closed-whiteheads) ± any one or more of the following
- Papules, pustules
- Painful nodules containing pus
- Cysts
- Scarring
- Sites: Face and/or trunk

ROSACEA

- Photosensitivity
- Persistent erythema, telangiectasia ± papules and pustules in absence of comedones
- Sites: Convexities of the face (cheeks, forehead, nose, chin)
- Bulbous enlargement of nose- rhinophyma
- Symptoms: Sensitivity to hot and spicy food, and

USEFUL INFORMATION

- Acne and rosacea can co-exist
- It is important to treat acne early so that scarring is minimal
- In Indian scenario, consider 'topical corticosteroid induced acne and rosacea'

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Acne is a common dermatosis of adolescence and often persists into adulthood



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WHEN TO SUSPECT?		USEFUL INFORMATION
ACNE <ul style="list-style-type: none"> Comedones (open-blackheads, closed-whiteheads) ± any one or more of the following Papules, pustules Painful nodules containing pus Cysts Scarring Sites: Face and/or trunk Symptoms: None/pain/pricking 	ROSACEA <ul style="list-style-type: none"> Photosensitivity Persistent erythema, telangiectasia ± papules and pustules in absence of comedones Sites: Convexities of the face (cheeks, forehead, nose, chin) Bulbous enlargement of nose- rhinophyma Symptoms: Sensitivity to hot and spicy food, and emotional triggers 	<ul style="list-style-type: none"> Acne and rosacea can co-exist It is important to treat acne early so that scarring is minimal In Indian scenario, consider 'topical corticosteroid induced acne and rosacea'

ADDITIONAL INFORMATION FOR CLINICAL EVALUATION	
<ul style="list-style-type: none"> History of cosmetics/topical steroid use- as such, or in combination with creams/fairness creams Age of onset usually around puberty; onset before 8 years of age requires hormonal evaluation History of recent drug intake (>fortnight/ month)- Drug induced acne History of contact with cutting oils/ halogens (ingestion of iodides/ bromides) 	<ul style="list-style-type: none"> History of menstrual irregularities (oligomenorrhea), weight gain and hirsutism- look for polycystic ovarian syndrome History of premenstrual flare Persistence or onset/ recurrence after 25 years of age History of dry and gritty eyes- requires ophthalmologic evaluation for ocular rosacea

ACNE VARIANTS AND DIFFERENTIALS	DIFFERENTIALS OF ROSACEA
<ul style="list-style-type: none"> Acne conglobata: Severe scarring on trunk and face with nodular lesions Drug induced acne (with corticosteroids/ antiepileptic drugs/ antitubercular drugs/ vitamin and protein supplements): Extensive, monomorphic papules and pustules in absence of comedones Topical corticosteroid induced acne: Hypertrichosis, shiny, thin skin, pigmentary changes with papulo-pustules Hormonal acne: Adult female with seborrhea, hirsutism, androgenetic alopecia, insulin resistance and PCOS, premenstrual flare, menstrual irregularities and prominent involvement of mandibular area Occupational acne: Predominantly comedones with history of exposure to cutting oil/ petroleum products Acne excoriee: Predominantly picked and excoriated lesions with prominent pigmentation Acne fulminans: Fever and bone pains in association with severe necrotic acne lesions Hidradenitis suppurativa: Association to consider when axillae/groins/ other flexures are involved with polyporous comedones/ pustules/ nodules/ abscesses/ scarring 	<ul style="list-style-type: none"> Connective tissue diseases like lupus erythematosus or dermatomyositis: Photosensitivity, presence of Raynaud's phenomenon, arthralgia, muscle weakness, dyspnea, dysphagia, oral/ genital ulcers, abdominal pain, frothy urine, seizures, or alopecia Steroid induced rosacea: Photosensitivity, hypertrichosis, atrophy and pigmentary changes, prior history of topical corticosteroid application for a long time Seborrheic dermatitis: Predominant involvement of nasolabial folds, eyebrows with erythema and greasy scales Contact dermatitis or atopic dermatitis: Significant itching, exudation and crusting



ACNE VULGARIS



ACNE EXCORIEE



DRUG INDUCED ACNE



NODULOCYSTIC ACNE



ROSACEA

MANAGEMENT	
ACNE <ul style="list-style-type: none"> Stop unsupervised topical corticosteroid and cosmetic use on face Clean face with soap/ mild cleanser Mild-moderate acne: 2.5% Benzoyl peroxide gel or 0.025% Tretinoin cream or 1% Adapalene gel ± Clindamycin gel for local application, at night time Moderate acne, not controlled with topicals: Cap Doxycycline 100mg OD for minimum of 4-6 weeks Severe nodulocystic acne: Isotretinoin treatment at tertiary level after documentation of normal lipid profile and liver functions Acne fulminans: start Prednisolone 0.5-1 mg/kg/day and refer to higher center Hormonal acne: Treatment with anti-androgens at tertiary level Drug induced acne: Stop offending drugs if feasible; treatment as per severity as detailed above 	ROSACEA <ul style="list-style-type: none"> Avoid triggers (alcohol, caffeine, spicy food, cosmetics, topical steroids) Photoprotection Mild papulopustular rosacea: topical Azelaic acid (15%) or Metronidazole (1%) or Ivermectin (1%) Moderate disease, not controlled with topicals: Cap Doxycycline 100mg OD for minimum of 4-6 weeks Severe/phymatous/ ocular rosacea: refer to a specialist for low dose Isotretinoin/interventional treatment

 **TREAT ACNE EARLY TO PREVENT SCARRING**

This STW has been prepared by national experts of India with feasibility considerations for various levels of healthcare system in the country. These broad guidelines are advisory, and are based on expert opinions and available scientific evidence. There may be variations in the management of an individual patient based on his/her specific condition, as decided by the treating physician. There will be no indemnity for direct or indirect consequences. Kindly visit the website of DHR for more information: (stw.icmr.org.in) for more information.
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