



ACNE, ROSACEA, AND RELATED DISORDERS (INCLUDING HIDRADENITIS SUPPURATIVA)

LOW-DOSE ISOTRETINOIN VERSUS DOXYCYCLINE FOR THE TREATMENT OF MODERATE AND SEVERE ROSACEA WITH OCULAR INVOLVEMENT: AN OPEN RANDOMIZED CLINICAL TRIAL

Fabiola Picosse⁽¹⁾ - *Helio Miot*⁽²⁾ - *Ediléia Bagatin*⁽¹⁾

Unifesp, Dermatology, São Paulo, Brazil⁽¹⁾ - *Unesp, Dermatology, Botucatu, Brazil*⁽²⁾

Introduction: Doxycycline (DOXI) is well established for treatment of rosacea. Some studies indicate low-dose oral isotretinoin (ISO) for rosacea resistant to other treatments.

Objective: To evaluate the efficacy, safety, impact in quality of life and remission promoted by low-dose oral ISO compared to DOXI for the treatment of moderate and severe rosacea, with ocular involvement.

Materials and Methods: Open randomized controlled trial: 36 participants were treated with ISO (0.3-0.4mg/kg/d) or DOXI 100mg/d for 4 months (T4) and followed-up for further 6 months to observe relapse. The severity of rosacea was assessed through an 8-point clinical score. Adverse events were registered at T1, T2 and T4. Quality of life (DLQI) was assessed at T0 and T4.

Results: 19 participants were allocated to ISO and 17 to the DOXI group, 28 were female and the mean age was 44.3 years. There were no baseline differences between the groups regarding to clinical or demographic characteristics ($p>0.2$). There was one dropout at month 3 not related to the treatment (ISO). All participants depicted clinical improvement at T4 ($p<0.01$). The mean severity score decreased from 4.8 to 1.0 (ISO) and from 4.9 to 1.9 (DOXI) ($p<0.01$). DOXI showed improvement in the first 2 months and stabilized, while ISO showed slow and progressive improvement during the 4 months. DLQI scores were reduced for all participants ($p<0.01$). The mean DLQI score decreased from 14.4 to 3.6 (ISO) and from 11.7 to 3.2 (DOXI) ($p=0.29$). Regarding ocular involvement, 6 participants in ISO and 8 in DOXI were better or much better ($p=0.52$). Among the participants who followed for 6 months, 6 of the ISO group and 5 DOXI remained free of lesions ($p=0.70$). The adverse events were predictable without any serious occurrence.

Conclusions: Low-dose oral ISO is safe and effective for the treatment of moderate and severe rosacea.

