



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

## AN ORIGINAL OBSERVATION OF A FULMINANT ROSACEA!

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**Background:** Fulminant rosacea, affects young women. This entity responds mainly to systemic treatments. We report a case of fulminant rosacea in a man with extra facial extension.

**Observation:** A 58 years old, had for 5 months an itchy facial eruption which extended to the neck and the upper part of the trunk.

The dermatological examination found a leonine facies, multiple erythematous confluent nodules, firm, well limited, surmounted by crusts with pus for some, in the forehead, cheeks, ears, neck and upper part of the trunk. Dermoscopy found polygonal telangiectasia, no lipid deposition. Histology showed dilated hair follicles without Demodex Folliculorum. The cutaneous specimen of pus revealed Staphylococcus aureus colonization, the ophthalmological examination was normal.

The patient was put on prednisolone 40 mg for three weeks with tapering, then isotretinoin at 0.5 mg / kg / day, and oral antibiotic for bacterial superinfection.

**Key message:** Fulminant rosacea is a serious variant of rosacea, occurring particularly in middle-aged women. Extra facial location has been described and may be associated with even ordinary rosacea. The lesions are coalescing nodules with sometimes purulent lesions and can confer a leonine appearance. Diffuse erythema and telangiectasia may be present, the general condition is not affected.

The evolution of lesions is towards atrophic scars, and ocular involvement has been reported. Histology shows eosinophilic and lymphocytic infiltrate around the blood vessels and follicles throughout the thickness of the dermis.

The treatment consists of sometimes combined oral and topical therapy, taking into account the presence of Demodex or not.

Antibiotics based on cyclins, dapsone, erythromycins are often prescribed, oral corticosteroid in the start phase associated with retinoids seem to give a good result, topical metronidazole can be combined in the presence of Demodex.

The physical treatment by vascular laser is indicated after cooling of the symptomatology of several months.

