A review of the diagnostic and therapeutic gaps in rosacea management: Consensus opinion

Supplementary material

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Case study of treatment with E-BPO cream, 5%*

Patient profile:

- 43-year-old female (Fitzpatrick skin type III) notably embarrassed by the visible symptoms of her recently diagnosed rosacea
- Previously treated for acne with isotretinoin
- First presented for consultation for laser hair removal and facials, however esthetician recommended a referral for rosacea
- Patient-reported triggers included heat, sunlight, and hot food
- Patient expressed concerns of adhering to and remaining consistent with topical treatment

Clinical presentation:

- Examination by the clinician during initial consultation supported a diagnosis of rosacea:
    - Papules
    - Persistent central facial erythema (PFE) and perilesional erythema with intermittent flushing episodes
    - Sensory symptoms of burning

Treatment plan:

At initial consultation, the patient was started on oral doxycycline 40 mg once daily and ivermectin cream, 1%. The clinician also discussed the importance of an effective skin care routine, as well as the use of photoprotection and avoiding triggers.

By the 3-month follow up, the appearance of papules had reduced, however PFE and flushing were still prevalent. Oxymetazoline cream, 1% was prescribed adjunctly to treat PFE.

At 6-month follow up, carvedilol was also prescribed concomitantly for continued flushing episodes and PFE.

At 9-month follow up, E-BPO cream, 5% was prescribed for use once daily to replace ivermectin cream, 1%.

Combination therapy markedly improved the patient's overall facial erythema by 12-month follow up, with flushing and burning symptoms also well controlled. E-BPO cream, 5% was found to be well tolerated. The patient did present with eyelid dermatitis, however, the patient and clinician did not believe this was associated with any of the products that were used to treat her rosacea.