



PHOTOTHERAPY, PHOTODYNAMIC THERAPY

TREATMENT OF GRANULOMATOUS ROSACEA WITH CHROMOPHORE GEL-ASSISTED PHOTOTHERAPY

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Background: Granulomatous rosacea is a variant of rosacea characterized by discrete erythematous papules most commonly affecting the central face. It is a rare condition reported primarily in middle-aged women, and tends to have a chronic course. We report a case of a case of granulomatous rosacea successfully treated with chromophore gel-assisted phototherapy (CGAP).

Observation: A 50-year-old woman with a three-month history of a papulopustular eruption presents with clinical findings and histopathology consistent with granulomatous rosacea. Modest improvement was observed with topical metronidazole, ivermectin, and brimonidine and minocycline 50mg BD led to the development of headache. The patient was reticent to pursue alternate systemic treatments and accordingly a trial of CGAP was pursued. The patient received twelve treatment sessions over six weeks involving application of a 2mm layer of the photoconverter chromophore gel followed by irradiation with a multi-LED lamp (447nm). Significant improvement was observed in both the papulopustular and erythematotelangiectatic components of her rosacea. To date, there has been no relapse in her rosacea off all active treatment, at a time-point six months after cessation of CGAP.

Key message: Granulomatous rosacea is notoriously difficult to treat, and there is no current consensus regarding first line treatments. Anecdotal therapeutic options include dapsone, minocycline, isotretinoin and hydroxychloroquine, however, as in the case of our patient – systemic treatment is not always accepted or tolerated. CGAP is a new therapeutic modality used in the management of acne. There is emerging evidence for the effectiveness of CGAP in acne as well as other dermatological conditions with adnexal pathology such as rosacea and erlotinib induced acneiform eruption. CGAP is non-invasive, in-office intervention with no known systemic side effects. This case suggests that there is promise in CGAP as management of granulomatous rosacea.

