CONDITION

Rosacea

Rosacea is a long-term inflammatory condition that causes facial redness, flushing, bumps, and sometimes eye symptoms.

WHAT IT IS
Chronic inflammatory condition of facial skin and eyes

BODY SYSTEM
Skin and eyes

MAIN SYMPTOMS
Facial redness, flushing, bumps, eye irritation

WHAT CAUSES IT
Unknown; immune, nerve, blood-vessel, and microbial factors

HOW IT IS DIAGNOSED
Skin and eye examination; no single confirmatory test

MAIN TREATMENT
Skin care, medicines, light or laser procedures

CAN IT BE CURED?
No - treatment controls symptoms and flares

IS IT AN EMERGENCY?
Sometimes - sudden vision loss or severe eye pain

LONG-TERM OUTLOOK
Usually manageable, with flares and possible persistent changes

Overview

Rosacea is a long-term inflammatory condition that mainly affects the central face. It may cause flushing, lasting redness, visible small blood vessels, and acne-like bumps. Some people also develop irritated eyes or thickened skin.

Rosacea is not acne, although the two conditions can look similar. Unlike acne, rosacea usually does not cause blackheads or whiteheads. It is also not contagious and is not caused by poor hygiene.

Symptoms often come and go. A period when symptoms become more noticeable is called a flare. Sunlight, heat, alcohol, spicy food, stress, skin products, and other factors can trigger flares in some people. Triggers do not cause rosacea itself, and not everyone has the same triggers.

Rosacea can affect any skin tone. Redness and small blood vessels may be less obvious on brown or Black skin, where the condition may appear as warmth, swelling, dryness, bumps, or a darker facial colour. This can make diagnosis more difficult.

Treatment cannot remove the underlying tendency to develop rosacea. However, it can reduce symptoms, limit flares, and help prevent some lasting changes.

Symptoms

Rosacea most often affects the cheeks, nose, chin, and central forehead. Symptoms may begin with occasional flushing and later become more persistent. Different features can occur together or at different times.

Common skin symptoms include:

Some people develop thickened, uneven skin. This is known as phymatous change . It most often affects the nose, making it appear enlarged or bumpy, but it can affect other parts of the face. Thickening usually develops gradually and is more common in men.

Rosacea can also affect the eyes and eyelids. This is called ocular rosacea . Symptoms may include watery or bloodshot eyes, gritty discomfort, burning, dryness, light sensitivity, blurred vision, or swollen eyelids. Repeated styes or crusting around the eyelashes can also occur.

Eye symptoms may be mild, but they sometimes appear before obvious skin symptoms. Eye pain, marked light sensitivity, or changes in vision need prompt assessment because they may signal inflammation affecting the eye's surface.

- Flushing or warmth that comes and goes
- Lasting facial redness or a darker facial colour
- Small visible blood vessels
- Red or pus-filled bumps without blackheads
- Burning, stinging, itching, dryness, or swelling
- Skin that reacts easily to cosmetics or skin-care products

Causes and risk factors

The exact cause of rosacea is unknown. Research suggests that several processes may contribute, including an overactive inflammatory response, unusually sensitive facial nerves, and changes in how small blood vessels react.

Microscopic mites called Demodex normally live in hair follicles. They may be more numerous or trigger more inflammation in some people with rosacea. This does not mean the condition is an infestation, and rosacea cannot be passed to another person.

Rosacea often begins in adulthood. A family history may increase susceptibility. People with lighter skin are diagnosed more often, but the condition occurs in every racial and ethnic group.

Factors that may bring on a flare include:

These are possible triggers rather than universal restrictions. Keeping a brief record of symptoms and exposures may help identify patterns without removing foods or activities unnecessarily.

- Sun exposure, hot weather, cold, or wind
- Hot baths, saunas, or strenuous exercise
- Alcohol or hot drinks
- Spicy foods
- Emotional stress
- Irritating cosmetics or skin-care products
- Some medicines that widen blood vessels
- Steroid like prednisone or hydrocortisone creams used on the face

Diagnosis

There is no single blood test, scan, or skin test that confirms rosacea. A healthcare professional usually diagnoses it by examining the skin, asking how symptoms have changed over time, and checking for features such as persistent central facial redness, thickened skin, flushing, bumps, or visible blood vessels.

An eye examination may be needed if you have dryness, grittiness, eyelid inflammation, light sensitivity, or visual symptoms. An optometrist or ophthalmologist, a doctor specialising in eye care, may assess the eyelids, tears, and clear front surface of the eye.

Tests are not usually required. They may be arranged when another condition is possible. Conditions that can resemble rosacea include acne, eczema, contact reactions, lupus, and inflammation caused by steroid creams.

Diagnosis can take longer in darker skin because redness and visible blood vessels may be harder to see. Describing warmth, stinging, flushing, product sensitivity, or changes in facial colour can help with assessment.

Treatment and management

Treatment is selected according to the features causing problems. Redness, bumps, visible blood vessels, skin thickening, and eye symptoms do not all respond to the same treatment. More than one approach may be used.

Gentle skin care is an important part of management. Wash with lukewarm water and a mild, fragrance-free cleanser. Avoid scrubbing, facial brushes, and products that sting. A simple moisturiser may help repair the skin barrier, which is the outer layer that holds in moisture and protects against irritants.

Sunlight commonly worsens rosacea. Broad-spectrum sunscreen, shade, and a hat can help. Mineral sunscreens containing zinc oxide or titanium dioxide may be easier for sensitive skin to tolerate, although the best product is one you can use comfortably and regularly.

Prescription creams or gels may be used for inflamed bumps. Options include azelaic acid, ivermectin, and metronidazole. Medicines such as brimonidine or oxymetazoline can temporarily reduce facial redness by narrowing small blood vessels. They do not remove rosacea permanently, and redness can sometimes return strongly as the effect wears off.

An oral antibiotic may be considered for more widespread inflammatory bumps or certain eye symptoms. Some antibiotics like amoxicillin or doxycycline are used mainly for their anti-inflammatory effect rather than to treat an infection. Severe or treatment-resistant rosacea may occasionally be treated with isotretinoin under specialist supervision because it requires careful safety monitoring.

Laser or intense pulsed light procedures can reduce visible blood vessels and some persistent redness. Several sessions may be needed, and results are not permanent. These procedures should be performed by someone experienced in treating rosacea and different skin tones.

Thickened skin may need laser treatment, surgery, or another procedure to reshape the affected area. Medicines may control active inflammation but usually cannot reverse established thickening.

For ocular rosacea, management may include warm eyelid compresses, careful eyelid cleaning, lubricating eye drops, and prescription treatment. Persistent or more severe eye symptoms may require specialist eye care.

Steroid creams should not be started on facial redness unless specifically advised for a diagnosed problem. Repeated use can trigger or worsen rosacea-like symptoms.

Complications

Rosacea does not usually affect general physical health, but untreated or difficult symptoms can lead to lasting facial redness, more visible blood vessels, or thickened skin.

Ocular rosacea may cause repeated eyelid inflammation and dry eye. Less commonly, inflammation can damage the cornea, the clear front surface of the eye. Prompt assessment of pain, light sensitivity, or visual change helps reduce this risk.

Visible symptoms may affect confidence, relationships, or mood. These effects are real even when the skin changes are medically mild. Treatment, camouflage cosmetics, and emotional support can all be useful.

Prevention

There is no proven way to prevent rosacea from developing. It is not caused by unclean skin, and washing more often will not prevent it.

Once rosacea is present, you may be able to reduce flares by protecting your face from sunlight, using gentle products, and avoiding triggers that repeatedly affect you. You do not need to avoid every commonly reported trigger. Focus on patterns that are clear in your own symptoms.

Early treatment of persistent inflammation may help limit worsening redness and skin thickening, although it cannot guarantee that these changes will not occur.

Living with it and what to expect

Rosacea usually follows a long-term course over months and years. Symptoms may settle for periods and then flare again. Some features, such as flushing and bumps, can improve substantially with treatment. Visible blood vessels and established skin thickening are less likely to disappear without a procedure.

Treatment often takes several weeks to show its full effect. A medicine that helps bumps may have little effect on persistent redness, so treatment sometimes needs to be adjusted according to which symptoms remain.

Your skin may continue to be sensitive even when the rosacea looks controlled. A simple routine and slow introduction of new products can reduce irritation. If cosmetics are important to you, fragrance-free products and green-tinted concealers may help cover redness.

Routine follow-up is useful when treatment is not controlling symptoms, side effects occur, or eye symptoms continue. Some people need ongoing maintenance treatment, while others use

treatment during flares. No single plan works for everyone.

Rosacea does not usually shorten life or limit everyday activities. Most people can continue work, exercise, travel, and social activities, sometimes with practical changes such as sun protection, cooling down gradually, or choosing products that do not irritate the skin.

When to get medical help

Arrange a routine appointment if you develop ongoing central facial redness, repeated flushing, unexplained facial bumps, visible blood vessels, or skin thickening. Assessment is also appropriate if presumed acne treatment is not helping or makes your face sting and flush.

Seek prompt medical advice for persistent gritty, red, watery, or uncomfortable eyes, especially if symptoms keep returning. Eye symptoms may need separate treatment even when skin symptoms are mild.

Get urgent same-day help if you have:

Sudden loss of vision is an emergency. Seek emergency medical care rather than waiting for a routine rosacea appointment.

- Eye pain or marked light sensitivity
- New or worsening blurred vision
- A very red eye with significant discomfort
- Difficulty keeping the eye open

Common questions

Is rosacea the same as acne?

No. Rosacea can cause red or pus-filled bumps, but blackheads and whiteheads are usually absent. Rosacea also commonly causes flushing, visible blood vessels, burning, and eye irritation. Some people have both acne and rosacea.

Is rosacea contagious?

No. You cannot catch rosacea through touching, sharing towels, kissing, or close contact. Microorganisms may influence inflammation, but rosacea is not a contagious infection.

Does drinking alcohol cause rosacea?

Alcohol does not appear to be the underlying cause. It can trigger flushing or a flare in some people because it widens blood vessels. People who never drink alcohol can also develop

rosacea.

Will rosacea go away on its own?

Symptoms may improve for a time, but the underlying tendency usually remains. Treatment can control bumps, irritation, flushing, and eye symptoms. Procedures may reduce persistent redness, visible vessels, or thickened skin.

What skin-care products should I avoid?

Avoid products that repeatedly burn, sting, dry, or redden your skin. Common irritants include fragrances, harsh exfoliants, scrubs, and strong alcohol-based toners. Tolerance differs, so introduce one new product at a time rather than following a long universal avoidance list.

Can rosacea affect my eyes?

Yes. Ocular rosacea can cause dryness, grittiness, red eyes, eyelid swelling, or repeated styes. Eye pain, strong light sensitivity, or a change in vision needs urgent assessment.

Sources

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