

Identifying and Treating Rosacea

*Dr. Rachael Eckel
Board-Certified Cosmetic Dermatologist
Trinidad and Tobago*

Case Study Overview

Diagnosis and treatment of rosacea in a 32 year-old female with increasing skin sensitivity, eruptions and discolouration.

ZO® Treatment System

Her multi-faceted treatment program included daily use of the ZO® GSR™ System, the ZO® Multi-Therapy Hydroquinone System and oral Isotretinoin 20mg.

ZO® MULTI-THERAPY HQ SYSTEM

Used to 'bleach' and 'blend' hyperpigmentation while minimizing new melanin formation and stimulating epidermal renewal.

- MELAMIN™ Skin Bleaching & Correcting Crème, HQ USP 4%
- GLYCOGENT™ Exfoliating Accelerator
- Ossential® Daily Power Defense
- MELAMIX™ Skin Lightener & Blending Crème, HQ USP 4%
- Oclipse® Sunscreen + Primer SPF 30

ZO® GSR™ System (Getting Skin Ready)

Used daily to cleanse, replenish moisture and balance pH while also calming the skin.

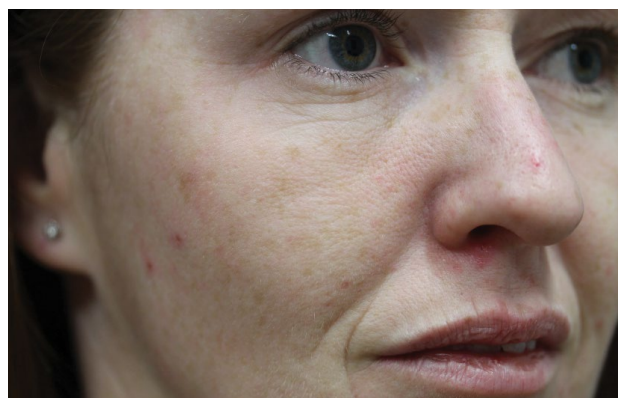
- OILACLEANSE™
- Effects® Exfoliating Polish
- Effects® TE-Pads Acne Pore Treatment

Optional, used as needed.

- HYDRAFIRM™ Eye Brightening Repair Crème
- Ommerse® Renewal Crème

Case Profile

- A 32-year-old female of Celtic decent described changes to her facial skin over the preceding two years, including papules and erythema.
- The patient's skin had become markedly sensitized, and when using topical skincare products that included a regimen of oil-based cleansers and cosmetic moisturizers, she felt irritation and burning.
- Heavy facial make-up was applied daily to conceal the appearance of her displeasing skin.
- She denied having received any previous medical treatments for her underlying disorder.



Patient Pre-Treatment

Patient Assessment and Rosacea Diagnosis

The patient stated that she recently developed sensitivity and intolerance towards temperature extremes and over-the-counter skincare products. Her facial skin had become increasingly red and responded to sunlight by flushing.

Upon examination, there was evidence of recurrent acniform eruptions concentrated over the facial convexities. These could not be evacuated manually, consistent with papule formation. Pore size was visibly increased and skin texture rough to palpation. Freckling had also worsened despite sun avoidance and the use of sunscreen.

The Zein Obagi Skin Classification System and the Zein Obagi Skin Health Analysis System were further conducted, and rosacea was determined to be the underlying skin disorder.

Patient's Skin Health Analysis

- Rough texture
- Weak
- Loose
- Normal contour
- Uneven color (ephelides)
- Diseased (rosacea)
- Dry
- Sensitive

Patient's Rosacea Features

- Oily skin evidenced by large pores
- Inflammatory papules
- Fixed background erythema with telangiectasia
- Exaggerated pigmentation
- Seborrheic dermatitis
- Accelerated aging due to chronic underlying inflammation

Treatment Regimen for Rosacea

The patient began a 14-week at home treatment regimen which included daily use of the ZO® GSR™ System, the ZO® Multi-Therapy Hydroquinone System and oral Isotretinoin 20mg.



Note: The photos taken at 14 weeks were comparatively red due to residual irritation and peeling; the red appearance diminished soon after.

Case Conclusion

Since receiving treatment the patient no longer wears concealer or foundation. She reports pride in the appearance of her 'flawless' healthy skin. Her sensitivity and intolerance have also since dissipated.