

Different cosmetologic methods in treatment of rosacea: what is better**Anastasia Romashkina****Medical Center AVROMED", Russia**

Introduction & Objectives: Rosacea during the reconvalescenceneeda participation of both a dermatologist and a cosmetologist with the goal of normalization of microcirculation, moisturizing the skin, reducing inflammation and vascular severity. For this purpose laser, injections and peels are used. Each method has its advantages and disadvantages.

Rosacea is a chronic facial disorder characterized by varying degrees of erythema, telangiectasia, flushing, and the presence of inflammatory lesions, with intermittent periods of exacerbation and remission. Clinical symptoms and signs include stinging, burning, pruritus, scaling, and swelling (edema). Although the condition is conventionally classified into several subtypes based on morphologic characteristics, these are not stages. There is no predictable progression from one subtype to another in any given patient. Differences in severity among patients within each subtype occur, and a patient may show clinical features of more than one subtype

Rosacea may be a commonly encountered chronic inflammatory disease of the skin with a predilection for highly visible areas of the skin like the face. The cosmetic symptoms of rosacea are often substantial and should greatly reduce a patient's quality of life. Although there is no definitive cure for rosacea, effective treatment of symptoms can mitigate the deleterious effects of this condition and improve quality of life. we review both in role and innovative cosmetic treatments for rosacea, including topical medications, systemic pharmacologic therapies, light-based modalities, and procedural interventions, and assess their ability to improve the cosmetic symptoms of rosacea. The diagnosis of rosacea is made clinically and rarely requires histologic confirmation. Patients also may report a stinging or burning sensation in affected areas. It is important to note that most patients will only exhibit some of these clinical features and that symptoms often vary in the timing of their emergence or regression. A classification system has been developed for rosacea that categorizes the disease into 4 subtypes (erythematotelangiectatic, papulopustular, phymatous, and ocular) and one variant (granulomatous). These categories are determined by the grouping of clinical features present, but it is not uncommon for patients to exhibit clinical manifestations of more than 1 subtype. The detrimental cosmetic effects of rosacea are obvious given its chronic nature and tendency to affect highly visible areas like the face. As such, rosacea can have a devastating impact on patients' quality of life.⁸ Patients with rosacea have been reported to have higher incidence rates of low self-esteem, embarrassment, social anxiety, and depression as compared to the rest of the population. Effective treatment can improve cosmetic look and remove the negative psychosocial impacts of the disease. Treatment of rosacea focuses on relieving cosmetic symptoms, as no curative therapy currently exists. Treatment comes during a big variety of forms, including topical medications, systemic pharmacologic therapies, light-based modalities, and procedural interventions. Choice of therapy should be determined on a case-by-case basis as guided by the clinical features present, and combination or sequential therapies often are required to achieve optimal cosmetic results. In this article, we review both existing and emerging treatments of rosacea and assess their ability to enhance the cosmetic symptoms of rosacea

Skin-Care Management

Patients with rosacea have sensitive skin that flushes easily. Burning, stinging, and itching are common, which are partially due to disrupted skin-barrier function, characteristically seen in patients with rosacea. The stratum corneum is composed of corneocytes, which are held together by desmosomes and an intercellular lipid membrane comprising physiologic lipids that serve to regulate TEWL. Proper skin care can help repair and maintain the intercellular lipid membrane of the epidermal barrier.

As an integral component of the overall management of rosacea, the suggested skin-care regimen utilizes products containing synthetic detergent surfactants and optimized occlusive and humectant moisturizing components to minimize the effects of skin-barrier dysfunction and reduce skin irritation. In addition, it is recommended that rosacea patients routinely use a high SPF (≥ 15) product to avoid UV-light-induced dermal destruction attributed at least, in part, to reactive oxygen species and upregulation of enzymes, which degrade the dermal matrix. Some patients may also wish to use cosmetic camouflage to conceal erythema and telangiectasias.

The aim of the study: determine the effectiveness of the laser, IPL, peels, injections of hyaluronic and succinic acids and develop protocols for the correction of patients with rosacea.

MATERIALS AND METHODS: The correction of rosacea was performed out in 20 female and male patients aged 25-40 years old in the stage of convalescence. We used a preparation containing high molecular hyaluronic acid (11 mg/ml) and succinic acid (16 mg/ml), laser Nd:YAG 1064 nm, IPL, peels. The course included from 3 procedures (1 every 2 weeks). Results were evaluated using International Global Aesthetic Improvement Scale (GAIS), the questioning of patients before and after the procedures, and in vivo confocal laser scanning microscopy data obtained on the first and the last day of the course, and 30 days after the end of the course.

Results: Two weeks after beginning of the course, skin improvement was observed in all patients a positive dynamic in to varying degrees: a decrease in redness and vascular severity was observed in patients who received laser and IPL treatment, peels - reducing redness and severity of inflammation, injections - reducing redness, skin reactivity and improving skin quality. In case of combination of techniques the maximum result was observed. To increase the effectiveness of laser and IPL, the following protocols are proposed: 1 procedure – Redermalization, 2 procedure – Redermalization, 3 procedure Laser Nd:YAG 1064 nm or IPL. To enhance the effect of plasma therapy, it is proposed to combine it with redermalization. Peels were carried out after preliminary preparation using 2 procedures of redermalization and plasma therapy. GAIS in case of combined treatment was 3 point in both case of doctor and patients, in single procedures 1,8 point of doctor and 2,1 point of patients. Confocal scanning laser microscopy reveal more improvements in case of combined protocols: after treatment there is a pronounced narrowing of previously dilated vessels, both the smallest and larger, including in the papilla of the dermis. The general structure of the upper dermis has a more uniform appearance with a normal arrangement of fibers and vessels. Allergic reactions have not been recorded.

Conclusion: developed protocols for the correction of patients with rosacea, taking into account the clinical picture of the disease.

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