Ocular Rosacea

What is Ocular Rosacea

Ocular rosacea is associated with a chronic skin condition known as acne rosacea. The problem usually affects those with light skin, and is characterized by redness and bumps concentrated on the forehead, nose and cheeks. One of the earliest symptoms of rosacea (often experienced during puberty) is facial flushing brought on by changes in body temperature, emotion, or hot drinks. Eventually, the skin may become chronically red, irritated and inflamed.

Approximately 60% of patients with rosacea develop related problems affecting the eye (ocular rosacea). Patients with ocular rosacea most commonly experience irritation of the lids and eye, occurring when the oil-producing glands of the lids become obstructed. Styes, blepharitis, episcleritis, and chronically red eyes are also typical conditions. Ocular rosacea may also affect the cornea, causing neovascularization (abnormal blood vessel growth), infections, and occasionally ulcers.

Signs and Symptoms

Acne Rosacea

- Red, flushed skin
- Breakouts or papules concentrated on the nose, forehead, and cheeks
- Facial flushing after drinking alcohol, eating hot or spicy foods, or events that increase body temperature
- Dry, flaking skin

Ocular Rosacea

- Chronically red eyes and lid margins
- Irritated eyelids (blepharitis)
- Styes (chalazion)
- Dry, irritated eyes

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Ocular Rosacea

- Burning
- Foreign body sensation

Detection and Diagnosis

Those with ocular rosacea are frequently under the care of a dermatologist and are referred for treatment when the patient develops related eye conditions. However, the ophthalmologist may also make the initial diagnosis with a routine eye exam and evaluation of the skin.

Treatment

Patients with this condition should avoid hot drinks, spicy foods, alcohol, or activities that cause the body temperature to become elevated. Care should be taken to protect the skin from ultraviolet light exposure by using sunscreen with a high SPF factor and wearing hats and sunglasses when outdoors.

Controlling skin inflammation may give marked relief of the eye conditions. Because of this, the eye physician and dermatologist often work together to treat the problem. Eye-related symptoms can often be relieved with warm (not hot) compresses on the lids, eyelid scrubs and artificial tears. Topical and/or oral antibiotics may also be prescribed to reduce symptoms.

About half of Rosacea patients will have Ocular Rosacea. To what degree the eyes are affected appears to bare little relation to the severity of inflammation of the face. For instance you may have severe Rosacea on the face and little or no problems with the eyes. Similarly severe Ocular Rosacea may accompany mild Rosacea.

Common complaints are a dry and gritty feeling in the eyes, these symptoms may be alleviated by over the counter eye drops but this is not treating the condition you must see your Doctor and perhaps take some literature with you that shows the connection between facial Rosacea and Ocular Rosacea as the condition remains under diagnosed.

Symptoms of Ocular Rosacea may be:

- Blepharitis, an inflamed, dry and crusty eyelid probably at it's worse in the morning.

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- Conjunctivitis, feels like grit in the eyes, caused by inflammation of the white part (conjunctiva) of the eye.

More serious problems arise in about 5% of those with Ocular Rosacea:

- Iritis, inflammation of the iris causing pain.
- Keratitis, ulceration of the cornea.

This may lead to visual dysfunction, rarely blindness. Treatment will be to reduce the inflammation of the affected part of the eye. Steroid eye drops may be prescribed. Tetracycline antibiotics also used to treat facial Rosacea has been shown to reduce inflammation and with early intervention can prevent blindness. Your Doctor may refer you to an ophthalmic specialist at a hospital, essential with the more severe forms of Ocular Rosacea. Check to see if there is an eye casualty department at your hospital that you could visit if your eyes are causing you problems.

