TOPICAL STEROID INDUCED FACIAL ROSACEIFORM DERMATITIS

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Context. Abuse of topical steroids on the face for long periods of time is a condition that needs time to cure and also methods to better observe the clinical features and for the follow-up after the cessation of steroids.

Objectives. To investigate which are the most prominent dermoscopic features of the Topical Steroid Induced Facial Rosaceiform Dermatitis (TSIFRD).

Results. All 40 patients showed telangiectasias (100%) and dermoscopic polygonal vessels. 80% of the patients had dermoscopic features for Demodex Folliculorum, 80% had visible and dermoscopic pustules, 75 % had visible erythema on the face and by dermoscopy they all had red diffuse areas. The atrophy was clinically visible at 4 patients (Fig. 1a) as a severe skin thinning, but dermoscopy revealed also atrophic areas at another 4 as white structureless areas between vessels (Fig. 1b). The patients with dermoscopic atrophy were using 2 mometasone furoate, 6 clobetasol propionate – one of them in the periocular area developed a very strong clinically atrophy and also glaucoma but the cortisol levels were normal.

Conclusion. Dermoscopy is a tool for early detection of the infraclinical signs of TSIFRD by dermoscopic features: polygonal vessels, telangiectasias, scales, depressible erythema, pustules, Demodex plugs and tails, atrophy.

Key words: topical steroids, rosaceiform dermatitis, dermoscopy, atrophy.

INTRODUCTION

Abuse of topical steroids on the face for long periods of time is a condition that needs time to cure. Early diagnosis and cessation of steroid use is important, dermoscopy could be an easy to use tool for diagnosis and follow-up of the topical steroids side-effects.

A 49 years old woman was referred to dermatology unit for a persistent chronic facial dermatitis. She used for a contact dermatitis Clobetasol propionate ointment for 11 months at least twice weekly. When she tried to stop using the topical steroid, due to addiction she observed redness, a hot and a burn sensation, pustules, scales. Clinical evaluation revealed erythema, telangiectasias, atrophy, pustules, scales and spinulosis (Fig. 1a). Dermoscopy revealed linear, tortuous and polygonal vessels (capillary loops projected at the inner and outer part of the polygons with a pink or white background),

Figure 1. Topical steroid induced facial rosaceiform dermatitis: A) Clinical picture after Propionate Clobetasole prolonged use; B) White patches of atrophy without pores between telangiectatic vessels.

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follicular plugs and Demodex Folliculorum tails, tiny infra-clinical pustules, scales, atrophic areas as white structureless areas or patches between vessels (Fig.1 b). Cortisol and glucose blood levels were normal. The Patch test was indicated and revealed contact allergy to nickel, chromium and neomycin so they should be avoided from topical products. After the cessation of topical clobetasol propionate the clinical exam and by dermoscopy revealed red diffuse areas and scales and a topical therapy was initiated: tacrolimus ointment, cold thermal water spray, soft emollients, metronidasole cream against Demodex. After two months the red diffuse areas decreased intensity and also the scales and the burn sensation disappeared.

Dermoscopy is a practical tool for early detection of the infraclinical signs of Topical Steroid Induced Facial Rosaceiform Dermatitis by dermoscopic features: polygonal vessels, telangiectasias, scales, depressible erythema, pustules, Demodex plugs and tails, atrophy.

Conflict of interest

The author declares that he has no conflict of interest concerning this article.

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