

Treatment of granulomatous rosacea with chromophore gel-assisted phototherapy

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CASE STUDY

50-year-old woman with a 3 month history of papulopustular eruption affecting glabellar, malar and mental regions.

Biopsy demonstrated ectatic dermal blood vessels and pandermal granulomatous inflammation with lymphocytes and neutrophils (**Fig. 1 A** and **1B**).

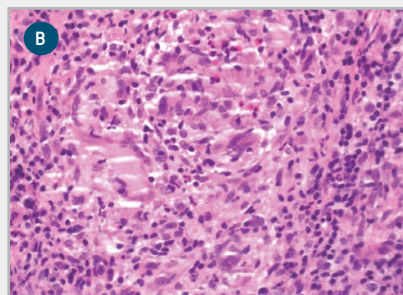
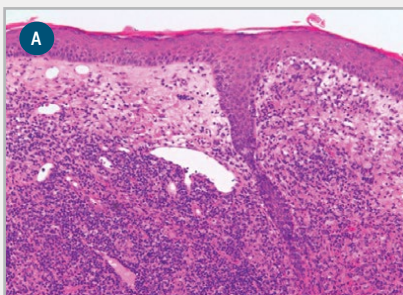


Fig.1 A. Haematoxylin and eosin, original magnification x10.

B. Haematoxylin and eosin, original magnification x40.

A modest improvement was observed with topical systemic treatments like metronidazole, ivermectin and brimonidine. The patient also received systemic minocycline 50 mg BD, but this led to the development of headache.

After these different attempts, the patient was reticent to pursue any alternative systemic treatments, and therefore, Kleresca® Rosacea Treatment was chosen. She received 12 treatment sessions over the course of 6 weeks.

RESULTS AFTER KLERESCA® ROSACEA TREATMENT

Significant improvement was observed in both the papulopustular and erythematotelangiectatic components of her rosacea.

6 months after the treatment finalised, there was no relapse in her rosacea. No active treatment used during this 6 month period.

Granulomatous rosacea is notoriously difficult to treat, and there is no current consensus regarding the best approach. Moreover, as seen in this case study, a systemic treatment is not always accepted or tolerated.

CONCLUSIONS

- Kleresca® treatments have been shown to be effective in papulopustular rosacea, as well other conditions such as acne and erlotinib induced acneiform eruptions
- It is biologically plausible that Kleresca® may be effective in the management of rosacea due to its proposed anti-inflammatory and antibacterial effects
- Kleresca® shows promise as a treatment for managing granulomatous rosacea
- The noteworthy response of the patient to the treatment suggests that Kleresca® may be of therapeutic value

For more information, visit the original [publication](#).