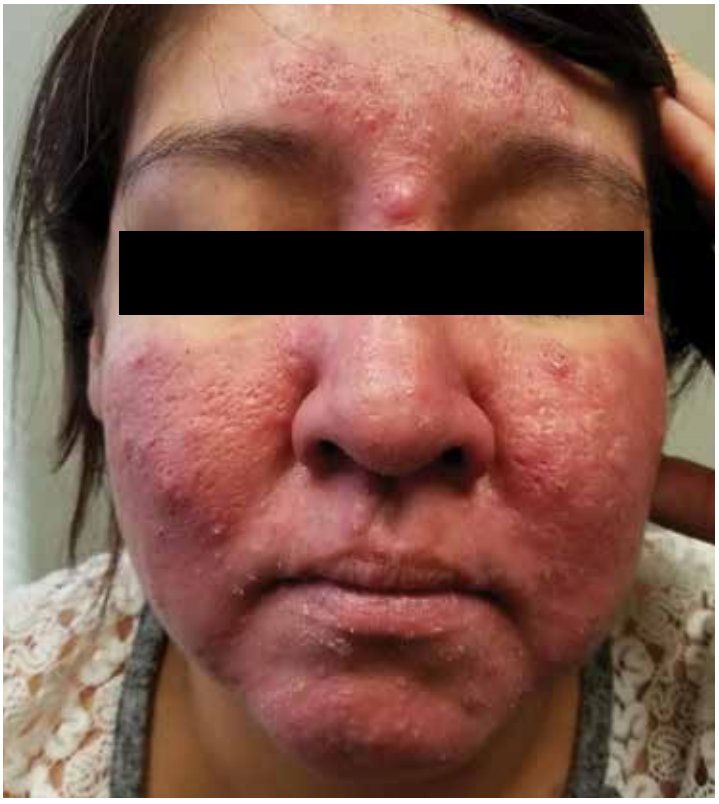
When Insurance Is a Nuisance

A 40-year-old Native American woman is referred by her Indian Health Service provider for evaluation of a facial condition she has had for several years. The condition, which is characterized by pustules and cysts, is slowly worsening over time. Acne medications (oral antibiotics, topical retinoids), oral spironolactone, and birth control pills have all been tried to no good effect.



Additional history-taking reveals that the patient, as well as several close relatives, are "flushers and blushers," readily turning red from exertion, anger, and embarrassment. Alcohol consumption and sun exposure are also exacerbating factors.

On examination, the patient's face is profoundly and uniformly red, sharply sparing the perioral and periocular areas. Many cysts, scars, and pustules are scattered about the face, but there is a notable lack of comedones. On palpation, there is no increased warmth or focal tenderness.

Which of the following is the most likely diagnosis?

a) Cystic rosacea
b) Lupus
c) Acne conglobata
d) Acne vulgaris

ANSWER

The correct answer is cystic rosacea (choice "a").

Two findings corroborated this diagnosis: the lack of comedones (a basic component of acne vulgaris [choice "d"]) and the distribution, which sharply spared the periocular and perioral areas. The personal and family history of flushing and blushing were also significant.

Although chronic cutaneous lupus (choice "b") is in the differential for facial redness, it would not have manifested with papules and pustules.

Acne conglobata (choice "c") is a distinctly uncommon form of acne usually relegated to the trunk, which becomes covered with comedones, cysts, and malodorus drainage. Often, these lesions are connected by deeper tracts. Androgenic hormones appear to play a role in its genesis, possibly explaining its greater prevalence in men than in women.

DISCUSSION

Rosacea can manifest in many forms, but nodulocystic (seen here) is one of the more unusual. Heredity appears to be a major

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factor in its manifestation, but UV exposure, excessive alcohol intake, stress, caffeine, and spicy foods can also play a role. Iatrogenic factors, including injudicious application of topical steroids or retinoids, can also be involved.

Based on her insurance coverage, this patient will have to try a two-month course of minocycline (100 mg bid) before a switch to the more likely effective isotretinoin can be justified. Another option is ivermectin, a topical form of which is specifically indicated for rosacea. Why? Because the commensal mite *Demodex folliculorum*—part of normal periocular flora—has been implicated in the condition.

Unfortunately for our case patient, her insurance will again limit the options to the oral form. To this I would add a prescription for oral fluconazole, since *Demodex* feeds on commensal yeast organisms.

Regardless of pharmacologic choice, the patient will be advised to stop her alcohol consumption and redouble her efforts to protect her skin from UV rays. Even with all these measures taken, a cure is unlikely—but substantial improvement can be achieved. **CR**