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Combination treatment on clinical improvement in rosacea patients

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Introduction & Objectives:

Rosacea prevalence, chronic recurrent course, pronounced psychoemotional disorders, and a decrease in the quality of life of patients with Rosacea contribute to further study of the improvement of therapy. Despite the methods used to treat rosacea, there are still difficulties in achieving a stable and pronounced effect, including combined ones with high therapeutic and preventive effectiveness. The aim of the study is to evaluate the effectiveness and safety of combination of topical, pulsed dye laser and botulinum therapy in patients with Rosacea.

Materials & Methods:

We observed 30 patients aged 18 to 58 years, with an established diagnosis of Rosacea erythemato-telangiectatic and papulopustular subtypes of mild severity. The 1 group of 15 patients received pulsed dye laser (PDL) 595 nm procedures and topical therapy with 15% azelaic acid gel in combination with 1% ivermectin cream. The laser treatment protocol included repeated passes over the treated areas of the face using subpurple settings with a spot size of 7 to 10 mm, a pulse duration of 3, 6, or 10 ms, and an intensity of 6 to 10 J/cm^2. Course was 3 procedures with an interval of 1 month. The 2 group of 15 patients received botulinum therapy procedures incobotulotoxinumA in combination with PDL 595 nm and topical azelaic acid therapy in combination with ivermectin. The course of treatment was three months, began with a daily applying 15% azelaic acid gel to the skin of the face, once a day, in the morning. In the evening ivermectin cream 1% was used. On the first visit, laser therapy was also performed on the PDL 595 nm device, on the third visit, eight weeks after the start of treatment, an injectable procedure of incobotulotoxinumA was performed immediately after laser therapy.

Results:

All patients tolerated the treatment satisfactorily; no side effects were registered, which indicates the possibility of combined use of azelaic acid and ivermectin preparations in combination with botulinum therapy with incobotulinumtoxinA and PDL 595nm.

According to the total DISS index, the greatest effectiveness in relieving the vascular and inflammatory components was observed in the second group 89.1% (from 6,4 ± 1,7 to 0,7 ± 1,0, p <0.05), in the first group 70.2% (from 5,7 ± 1,4 to 1,7 ± 1,2, p <0.05) respectively. The best results in decreasing of inflammatory component were observed in the second group DISS index 80.0% and in the first group - 69.2%, p<0.05. According to the vascular component, in the second group erythema reduction was 84.2%, telangiectasia (TAE) 94.1%, in the first group erythema - 65%, TAE - 66.7%. After 12 weeks of therapy, 87.5% of patients in the second group achieved an IGA score of 0 - “clear skin and”almost clear skin", in the first group - 70.2%, (p <0.05). No side effects were reported.

The DLQI reduction before and after treatment was 93.4%, (from 7,6 ± 6,5 to 0,5 ± 0,9, p <0.05) in the second group and 89.6% (from 4,8 ± 4,7 to 0,5 ± 1,8, p <0.05) in the first group, respectively.

Conclusion:

According to the data of assessment of the dynamics of the DISS scale, the IGA index, DLQI the effectiveness of therapy of all treatment methods in relation to inflammatory, local and diffuse erythema is shown.

Combination therapies are effective against both vascular and inflammatory components, local and diffuse erythema and increase patient satisfaction, represent a promising approach to the treatment of patients with erythematotelangiectatic and papulopustular subtypes of Rosacea.