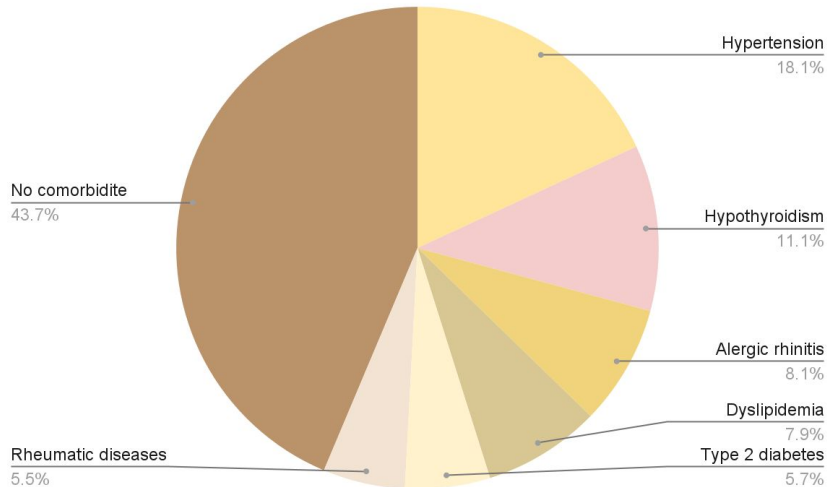


Comorbidities in rosacea, common origin or random chance?

David Castillo-Molina, Jorge Andres Rios-Duarte, Jesus D. Fierro-Lozada, Sara Muñoz-Ordoñez, Maria Juliana Sanchez-Zapata, Jennipher Andrea Blanco Gomez, Tatiana Solorzano-Rojas, Paula Celeste Rubiano-Mojica, Penelope A. Hirt, Diego Mauricio Martinez-Zuñiga

Fundación para la Investigación en Dermatología - FUNINDERMA

Authors have no relationships to disclose



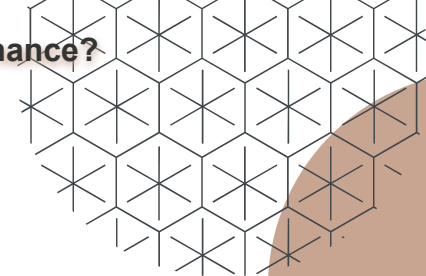
Background

It is known that rosacea's etiology is multifactorial, even though there are mechanisms not completely elucidated. A lot of comorbidities have been described in this disease. Chronic inflammation may be an important factor explaining its association. In Colombia there are few studies describing the rosacea population. We aim to describe the comorbidities of a group of patients with rosacea in a dermatology center in Bogotá, Colombia.

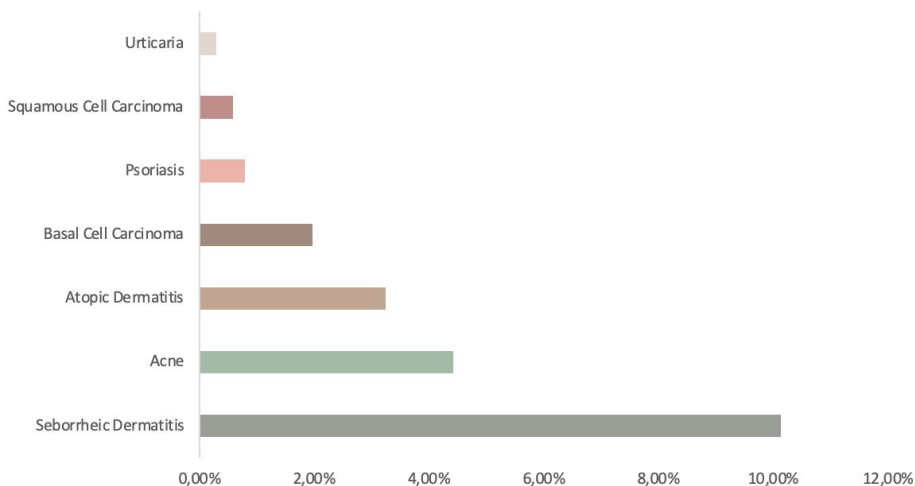
Materials and methods

A descriptive retrospective study was performed. Data was collected from January 2014 to July 2021 in a dermatology center in Bogotá, Colombia. We recorded comorbidities and demographic variables. We used relative and absolute frequencies. Data analysis was performed in Epi-Info 7.

Comorbidities in rosacea, common origin or random chance?



Comorbid skin conditions in patients with Rosacea



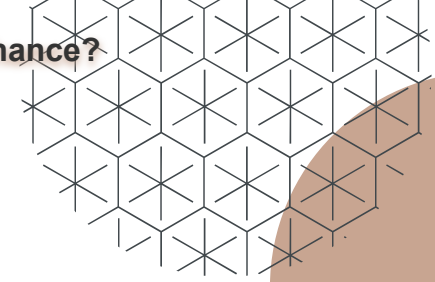
Results

Of 1017 patients, 79,25% (n=806) were women. Mean age was 46,12 (SD±17,55). The most common comorbidity was hypertension in 18,10% of patients (n=184), followed by hypothyroidism with 11,11% (n=113). Approximately 1 of 5 patients reported having at least one family member with rosacea (n=216). Allergic rhinitis was present in 82 patients (8,06%), 7,86% (n=80) had dyslipidemia, 6,09% (n=62) had diabetes, 5,70% (n=58) had rheumatologic disease, 5,50% (n=56) had gastroesophageal reflux disease, 3,54% (n=36) had migraine, and depression was present in 14 patients (1,38%). Other coexisting dermatoses were seborrheic dermatitis in 10,12% (n=103) acne in 4,43% (n=45) and atopic dermatitis in 32 patients (3,24%).

Conclusions

As reported in the literature, we found that rosacea is linked to several diseases whose pathophysiology involves an inflammatory mechanism. This finding should alert dermatologists to review rosacea patients with a holistic approach.

Comorbidities in rosacea, common origin or random chance?



References

- Haber, R., & El Gemayel, M. (2018, April 1). Comorbidities in rosacea: A systematic review and update. *Journal of the American Academy of Dermatology*. Mosby Inc.
- Vera, N., Patel, N. U., & Seminario-Vidal, L. (2018, April 1). Rosacea Comorbidities. *Dermatologic Clinics*. W.B. Saunders.
- Marchitto, M. C., & Chien, A. L. (2020). Rosacea and Associated Comorbidities: A Google Search Trends Analysis. *Journal of Clinical and Aesthetic Dermatology*, 13(7), 36–40.
- Tsai, T. Y., Chiang, Y. Y., & Huang, Y. C. (2020). Cardiovascular Risk and Comorbidities in Patients with Rosacea: A Systematic Review and Meta-analysis. *Acta dermato-venereologica*, 100(17).
- Aksoy, B., Ekiz, Ö., Unal, E., et al (2019). Systemic comorbidities associated with rosacea: a multicentric retrospective observational study. *International journal of dermatology*, 58(6), 722–728.

