Dear Editor,

We congratulate the authors of the article “Treating papular nodular lesions of rosacea with a medium chemical peel” (“Peeling químico médio em lesões papulonodulares de rosacea”), published in Surgical & Cosmetic Dermatology’s July-September issue.¹

In the article, Costa and Mesquita describe the treatment of rosacea with Jessner’s solution, followed by the application of 35% trichloroacetic acid (TCA). They reported long-lasting improvement of the papular nodular lesions in the 15 patients treated. In one case, the improvement lasted for 17 years, even with no further rosacea-specific treatments.

The authors mentioned that the response was not satisfactory for the erythema and the facial telangiectasias, and observed that maintenance treatment is often necessary for patients with rosacea.

Since references to the use of exfoliation in treating rosacea treatment are rare, we have written to share our experience with weekly low concentration TCA peelings in the maintenance of this condition.

In patients with rosacea and other skin diseases, we initially make four weekly applications of increasing concentrations of TCA (10-20%) with a slightly moistened gauze, as previously mentioned and also described by the authors.²³

Superficial chemical peeling in the maintenance treatment of rosacea

Peeling químico superficial para o tratamento de manutenção da rosácea

ABSTRACT

Rosacea is a chronic and prevalent condition. Low concentration trichloroacetic acid peeling, applied by the patient using a slightly damp gauze, is presented as a maintenance treatment for this condition.

Keywords: chemexfoliation; trichloroacetic acid; rosacea

RESUMO

A rosácea é doença crônica e prevalente. O peeling com ácido tricloroacético em baixas concentrações usado pelo paciente com gaze levemente umedecida é apresentado como tratamento de manutenção para a rosácea.

Palavras-chave: abrasão química; ácido tricloroacético; rosácea

Authors:
Paulo Eduardo Neves Ferreira Velho¹
Aparecida Machado de Moraes²

¹ Professor and Dermatology Discipline Coordinator, General Practice Department, Faculdade de Ciências Médicas, Universidade Estadual de Campinas (UNICAMP) – São Paulo, Brazil
² Habilitation in Dermatology from Faculdade de Ciências Médicas, Universidade Estadual de Campinas (UNICAMP), Associate Professor, Dermatology Discipline, General Practice Department, Faculdade de Ciências Médicas, Universidade Estadual de Campinas (UNICAMP)

Correspondência para:
Dr. Paulo Velho
Rua Tessália Vieira Camargo, 126 – Barão Geraldo
13084-971 – Campinas - SP
Tel.: (19) 3521-7602

Received on: 11/02/2010
Approved on: 01/12/2010

This study was conducted at the Dermatology Discipline, General Practice Department, Faculdade de Ciências Médicas, Universidade Estadual de Campinas

Financial support: none
Conflicts of interests: none

In order to maintain the results achieved and further improve the skin quality, we prescribe daily – and even weekly – self-application of 2.5-10% TCA. As the exfoliation speed varies from patient to patient, the results observed in the ambulatory experience define the concentration and frequency that the patient should use after the first four weeks.

TCA is safe in such concentrations. Although it does not cause whitening – even if applied with a gauze soaked in 10% solution – patients are instructed to apply TCA with a slightly damp gauze.

The only consequence in such concentrations is desquamation, usually furfuraceous. The desquamation can be reduced to imperceptible levels by decreasing the prescribed concentration.

Among the advantages of TCA peelings are the low cost, the ease and safety of handling at these concentrations and the absence of immediate and late discomfort. Additionally, TCA can be used during pregnancy.

TCA superficial peeling is, in this manner, a good option for the initial treatment and in the maintenance therapy in patients with various dermatoses, including Erythematous Telangiectatic Rosacea and Poikiloderma of Civatte – improving capillary dilatation in both.

**REFERENCES**