

Rosacea phenotype checklist: Usage guide

This checklist is intended to be an ongoing record of a patient's rosacea phenotype, to help monitor changes in disease features and their response to treatment.

The checklist should be completed together with the patient at each consult. For each feature present, the physician should indicate the feature severity grade and the patient should indicate the impact that feature has on their daily life. Specific guidance on measuring severity and patient impact of individual features is under development by the global rosacea consensus (ROSCO) group. It is recommended that interim assessment of severity and patient impact ranges from 0–4, as follows:

0. Clear/none
1. Almost clear/minimal
2. Mild
3. Moderate
4. Severe

Considerations for assessing severity of diagnostic and major features are indicated in the table below:

Feature	Description	Considerations for severity assessment
<i>Flushing/transient erythema</i>	Transient redness (sometimes blushing) of the centropacial area in response to triggers. Requires a careful history to be taken	<ul style="list-style-type: none"> • Intensity • Frequency of episodes • Duration of episodes • Area of involvement • Associated symptoms
<i>Persistent erythema</i>	Persistent redness of the centropacial skin associated with periodic intensification by potential trigger factors. May be difficult to detect in darker skin phototypes (V and VI)	<ul style="list-style-type: none"> • Intensity • Extent
<i>Inflammatory papules/pustules</i>	Dome-shaped red papules with or without pustules, dominant in the centropacial area. Includes nodules but excludes comedones (unless concomitant acne), eczema, drug reactions, demodicidosis, seborrheic dermatitis and lupus	<ul style="list-style-type: none"> • Number of lesions • Extent of facial involvement • Lesional erythema intensity • Non-facial involvement
<i>Telangiectasia</i>	Visible vessels in the centropacial skin, excluding the perinasal area. Excludes steroid use and sun damage	<ul style="list-style-type: none"> • Size of vessels • Extent of involvement
<i>Phymatous changes</i>	Most commonly on the nose; can include patulous follicles, skin thickening or fibrosis, glandular hyperplasia, and a bulbous appearance of the nose.	<ul style="list-style-type: none"> • Inflammation • Cutaneous thickening • Deformation • Sites of involvement
<i>Ocular changes</i>	Minimum diagnostic combinations of lid margin telangiectasia and interpalpebral injection; or corneal abnormalities and scleral inflammation. Includes lid margin telangiectasia, blepharitis and keratitis/conjunctivitis/sclerokeratitis	<ul style="list-style-type: none"> • <i>Mild</i>: Mild blepharitis with lid margin telangiectasia • <i>Mild-to-moderate</i>: Blepharoconjunctivitis • <i>Moderate-to-severe</i>: Blepharokeratoconjunctivitis • <i>Severe</i>: Sclerokeratitis, anterior uveitis

Adapted from Gallo RL, et al. *J Am Acad Derm* 2017¹ and Tan J, et al. *Br J Derm* 2017.²

¹ Gallo RL, et al. *J Am Acad Derm* 2018;78:148–155.

² Tan J, et al. *Br J Derm* 2017a;176:431–438.

