Is it Rosacea or a Lupus Rash?

by AVA MEENA

Rosacea vs. Lupus

The butterfly rash, which is an iconic symptom of lupus, can cause confusion when it comes to diagnosing rosacea vs. lupus. If rosacea is present alongside an additional issue, such as fibromyalgia or arthritis, it is even easier to start mistakenly ticking the boxes for a lupus diagnosis.

Separating the two diseases is occasionally simpler. One dermatologist gave the following guidance: “usually patients with the butterfly rash of acute lupus are sick. Rosacea patients are out there playing tennis and having a good time with a little bit of flush.”

However, rosacea patients can have serious side effects and need a correct diagnosis and an effective treatment plan.

Prevalence of Rosacea and Lupus

In the U.S., there are approximately 1.5 million people with lupus, while there may be up to 16 million Americans with rosacea. Both illnesses are more likely to affect women, though lupus is more commonly diagnosed in the childbearing years (with a range of 15 to 44 years old), while rosacea is more likely to develop between the ages of 30 and 60.

People with fair skin are more likely to develop rosacea, while lupus is more prevalent in people of color. Both conditions can run in families, though the familial risk is smaller with lupus than with rosacea.

What Causes These Illnesses?

Rosacea and lupus have no known causes, but both have suspected risk factors. They might be impacted by genetics or environmental influences. For example, lupus may begin after a bad sunburn or emotional trauma. Additionally, hormones are a possible risk factor for lupus.

Risk factors for rosacea include having abnormal facial blood vessels, abundant skin mites and an H. pylori bacterial infection, which can lead to flushing on the face.

Rosacea vs. Lupus Symptoms

Facial redness is the biggest overlap in rosacea and lupus symptoms. However, redness from rosacea is more constant and central compared to lupus. While facial redness is the primary symptom in rosacea, not everyone with lupus will experience a facial rash.

Rosacea redness can also be distinguished from lupus by swollen red bumps, visible lacey blood vessels or acne-like cysts. Other rosacea symptoms include flushing easily, swollen cheeks, excess facial skin and an enlarged,

bumpy nose, which is more common for men.

Eye symptoms also help differentiate between rosacea and lupus. While people with lupus can have many eye issues, those with rosacea are more likely to have severe eye involvement. Rosacea eye issues include watery, bloodshot eyes, or dry, burning eyes, as well as inflammation in the eye or eyelid.

Another key difference in symptoms is that lupus is systemic — capable of causing a variety of symptoms throughout the body. Lupus can lead to widespread issues, such as joint pain, swelling, cognitive impairments, hair loss, mouth or nose ulcers and fatigue, whereas those with rosacea have symptoms largely limited to the face and eyes.

Diagnosing Lupus and Rosacea

The facial flushing of rosacea can often lead to a misdiagnosis of lupus. In fact, this happened to 16 out of 21 patients in a 2013 study. One issue with diagnosing lupus vs. rosacea is the presence of a positive antinuclear antibodies (ANAs).

Approximately half of people with rosacea have elevated ANA titers. When a positive ANA is combined with facial redness, lesions and photosensitivity, it can start to look like lupus. It’s important to consider the significance of a positive ANA when looking at rosacea vs. lupus and provide a thorough examination.

Rosacea is diagnosed clinically by evaluating symptoms, closely examining the skin and ruling out other diseases. There are no specific tests, though ocular involvement can suggest rosacea.

Lupus, on the other hand, has a plethora of lab tests that can be used for diagnosis, such as:

- ANA.
- Anti-dsDNA.
- Anti-Sm.
- Anti-Ro/SSA and anti-La/SSB.
- Complement proteins.
- Blood panels (for CBC, RBC and WBC).
- Tests for liver or kidney function.
- Urinalysis.
- Biopsies.

Lab results and symptoms are then matched and assessed against the 11 criteria from the American College of Rheumatology for diagnosing lupus.

Comparing Treatments

For both conditions, treatment focuses on minimizing and preventing symptoms. With rosacea, this is often accomplished with careful skincare regimens, prescription drugs and lifestyle changes. Some common rosacea treatments include:

- Topical medications that constrict blood vessels and reduce redness.
- Oral antibiotics.
- Acne medications to clear up rosacea lesions and pimples.
- Laser therapy to reduce the color of enlarged blood vessels.

Those with rosacea are also encouraged to use high-quality moisturizers, treat their skin gently and massage their face daily to reduce inflammation.

There is a wide range of medications for lupus, depending on how severe the lupus is and what part of the body it is affecting. General medications include:

Anti-inflammatories.
Anti-malarials.
Immunosuppressants.
Corticosteroids.
Biologics.

Medications for lupus can be quite harsh, especially if lupus is active or if there is organ involvement. Lifestyle changes for lupus and rosacea have many similarities, such as using sunscreen year-round, eating healthy and avoiding triggers, like stress.

People with lupus need to avoid additional flare triggers, such as infection, physical harm (like surgery), exhaustion and colds or viral illnesses. Rosacea flares can be triggered by extreme heat or cold, facial irritants (like cosmetics), spicy foods, smoking, caffeine and alcohol or drugs that dilate blood vessels, such as blood pressure medication.

Living With Lupus or Rosacea

If you are not yet sure whether you are living with lupus or rosacea, remember that long-term, constant flushing is more likely to be associated with rosacea, while widespread pains and fatigue are more likely with lupus.

Having any chronic condition creates daily challenges. Either lupus or rosacea will require diligent work to stay controlled. Seek out a good doctor, a treatment plan that works for you and support groups when possible.