Sir,

A 43-year-old woman presented with recurrent flushing of the face and redness, erythematous lesions of the face with hypersensitivity to heat. These symptoms had persisted for 4 years, with intermittent remissions lasting up to 2 months. A physical examination revealed facial erythema, telangiectasia, papules and pustules of the midfacial region with some scales and crusts. (Fig. 1) Dermoscopy revealed linear vessels characteristically arranged in a polygonal network, creamy and whitish linear areas and a clear rosette sign. (Fig. 2) The rest of the somatic examination was without abnormalities. An ophthalmological examination showed no evidence of keratitis, conjunctivitis or blepharitis. On these bases a diagnosis of papulopustular rosacea was made. The patient was treated with doxycycline for a total of 12 weeks, which led to a significant improvement.

The rosette sign has been previously observed by Cuellar and colleagues and has been described as a new dermoscopic sign in actinic keratoses, which may be due to alternating areas of orthokeratosis and parakeratosis [1]. Recently, Liebman and his collaborators have pointed out that the rosette sign is an optical effect of polarized light and that its interaction with keratin-filled adnexal openings is observable in a wide range of cutaneous neoplasia [2]. This correlation could also explain the presence of this sign in rosacea too.

Consent

The examination of the patient was conducted according to the Declaration of Helsinki principles.

REFERENCES
