



“Doctor, this is embarrassing!”

Benjamin Barankin, MD

A 65-year-old Caucasian man presents with a long-standing history of redness of his cheeks and easy flushing (Figure 1). He notes he gets easily flushed with hot beverages and after hot showers and that alcohol makes him “beet red”.

Upon questioning, he says he never gets any “bumps” on his face and that his eyes don’t bother him.

He is otherwise well and is not taking any medications. He is wondering whether this can be treated.



Figure 1. Patient showing redness on his cheek.

1. What is the most likely diagnosis?

- a) Systemic lupus erythematosus
- b) Erythematotelangiectatic rosacea
- c) Carcinoid syndrome
- d) Periorificial dermatitis
- e) Papulopustular rosacea

2. What are the concerns with his condition?

- a) Cosmetic
- b) Ocular symptoms
- c) May develop rhinophyma
- d) May develop facial edema
- e) All of the above

3. How would you treat the redness and telangiectasia?

- a) Pulsed-dye laser
- b) Education about sun protection and avoidance of triggers
- c) Topical metronidazole
- d) Oral tetracycline
- e) a & b **Dx**

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“Case in Point” is a series of interesting cases and diagnoses so general practitioners can sharpen their skills. Submissions and feedback can be sent to diagnosis@sta.ca.

Answers: 1-b ; 2-e; 3-e