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ROSACEA IMPROVED FOLLOWING TREATMENT WITH COMBINATION ANTIBIOTICS AND FECAL MICROBIOTA TRANSPLANTATION: TWO CASE REPORTS

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Introduction

Rosacea is a chronic skin condition affecting nearly 18% of the population worldwide. It is characterised by flushing or redness of the cheeks, nose, chin and/or forehead. In severe cases visible blood vessels, inflammatory acne or skin thickening may be present. The cause of rosacea remains unknown and treatments are limited. Emerging evidence suggests a link between gastrointestinal (GI) microbiome dysbiosis and rosacea. Here, we report two cases who received fecal microbiota transplantation (FMT) for irritable bowel syndrome (IBS) and reported an improvement in concomitant rosacea.

Methods

Case 1: A female (65yrs) presented with known IBS characterised by bloating, abdominal pain and diarrhoea. Medical history included subtotal hysterectomy and optical rosacea, treated with hourly eye drops and cyclosporine eye gel. The patient was subsequently treated with vancomycin and rifaximin, with reduction in abdominal pain, bloating and bowel frequency. The patient also reported reduced eye irritation from optical rosacea. The patient then underwent FMT for 10 days (1 colonoscopic infusion, 9 rectal enemas). At six months, the patient reported a 75% improvement in GI symptoms and reported ongoing improvement in optical rosacea although still reliant on cyclosporine eye gel. Follow up at one year post FMT demonstrated recurrence of GI symptoms and optical rosacea.

Case 2: A female (45yrs) presented with abdominal cramps, bloating, flatulence and alternating diarrhoea and constipation. Concomitant medical history was endometriosis and severe acne rosacea treated with twice daily application of topical mupirocin ointment. Investigations excluded organic pathology and IBS was diagnosed. The patient was subsequently treated with vancomycin and rifaximin followed by FMT for 10 days (1 colonoscopic infusion, 9 rectal enemas). At six months, the patient had no ongoing GI symptoms and continued to report ongoing improvement in acne rosacea with some flushing persisting. Follow up at six years post FMT demonstrated ongoing clinical improvement with occasional abdominal pain and diarrhoea. The patient no longer experienced acne rosacea and had ceased all medications.

Discussion

To our knowledge this is the first report of antibiotics followed by FMT to treat rosacea, with improvements reported in both the short and long term. Future prospective trials are required to confirm FMT as a treatment for rosacea.

**American College of Gastroenterology (ACG) Annual Scientific Meeting, October 21-26, 2022
CHARLOTTE, NORTH CAROLINA**