TO EVALUATE THE IMPORTANCE OF HYPOTENSIVE THERAPY WITH B-ADRENOBLOCKERS AND INDIRECT ANTICOAGULANTS IN THE FORMATION OF PERSISTENT ERYTHEMA OF THE FACIAL SKIN ROSACEA

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Abstract: The task set before us to write this article was to evaluate the importance of antihypertensive therapy with β- blockers and indirect anticoagulants in the formation of persistent erythema of the facial skin rosacea . To achieve our goals and objectives, we analyzed the comparative dynamics of vascular changes on the skin of the face by measuring the acoustic conductivity of the skin in patients with post-infarction cardiosclerosis and arterial hypertension against the background of antihypertensive therapy. As a result, we came to the conclusion that a timely transition to a combined antihypertensive drug, exforge , will significantly reduce the risk of the formation of persistent erythema and rosacea in patients with a predisposition to the development of this dermatosis.

Key words: Rosacea , treatment.

Introduction: Rosacea is a chronic skin disease manifested by redness of the skin (erythema), telangiectasias (dilation of small blood vessels in the skin), as well as papules and pustules that resemble acne in appearance . The disease has an undulating course with alternating periods of exacerbations and remissions.

Purpose of the study. To evaluate the importance of antihypertensive therapy with β- blockers and indirect anticoagulants in the formation of persistent erythema of the facial skin rosacea .

Materials and methods. A comparative dynamics of vascular changes on the facial skin was carried out using the method of measuring the acoustic conductivity of the skin in patients with post-infarction cardiosclerosis and arterial hypertension against the background of antihypertensive therapy, including β- blockers + indirect anticoagulants for 1 year and 1-5 years with patients with a similar diagnosis taking triple a fixed combination of drugs amlodipine / valsartan / hydrochlorothiazide (

exforge) – which does not have a β- blocker effect. Under observation were 86 patients with signs of rosacea against the background of post-infarction cardiosclerosis and arterial hypertension, who were divided into four groups: study (n=47) and control (n=39). Group 1 – 18 patients with post-infarction cardiosclerosis and arterial hypertension for up to 1 year, took therapy with β- blockers + indirect anticoagulants, the diagnosis of the erythematous stage of rosacea was confirmed before the appointment of vascular therapy; Group 1 (control) – 13 people with post-infarction cardiosclerosis and arterial hypertension for up to 1 year, taking a triple fixed combination of drugs amlodipine / valsartan / hydrochlorothiazide (exforge) + indirect anticoagulants, the diagnosis of rosacea was confirmed before prescribing vascular therapy; Group 2 – 12 people with post-infarction cardiosclerosis and arterial hypertension, took therapy with β- blockers + indirect anticoagulants for 1 year, there were no complaints about skin changes before prescribing vascular therapy; Group 2 – 4 people with visually healthy facial skin, with post-infarction cardiosclerosis and arterial hypertension, taking a triple fixed combination of drugs amlodipine / valsartan / hydrochlorothiazide (exforge) + indirect anticoagulants for 1 year; Group 3 – 38 people, diagnosed with post-infarction cardiosclerosis and arterial hypertension, took therapy with β- blockers + indirect anticoagulants for 1-5 years. Diagnosis of rosacea the erythematous stage was confirmed before vascular therapy was prescribed; Group 3 – 15 people with post-infarction cardiosclerosis and arterial hypertension, taking a triple fixed combination of drugs amlodipine / valsartan / hydrochlorothiazide (exforge) + indirect anticoagulants for 1-5 years, the diagnosis of rosacea was confirmed before the prescription of antihypertensive therapy, erythematous stage; Group 4 - 21 people with post-infarction cardiosclerosis and arterial hypertension, took therapy with β-adrenergic blockers + indirect anticoagulants, lasting 1-5 years, did not complain about skin changes in the form of redness, hot flashes and burning sensations before the prescription of antihypertensive therapy; 4k group – 7 people with healthy facial skin, post-infarction cardiosclerosis and arterial hypertension, taking a triple fixed combination of drugs amlodipine / valsartan / hydrochlorothiazide (exforge) for 1-5 years. The study design included measuring and comparing the acoustic conductivity of the skin in patients with post-infarction cardiosclerosis and arterial hypertension against the background of antihypertensive therapy, including β- blockers + indirect anticoagulants for 1 year and 1-5 years with patients with a similar diagnosis taking a triple fixed combination of drugs amlodipine / valsartan / hydrochlorothiazide (exforge) + indirect anticoagulants for 1 year and 1-5 years. To assess changes in the mechanical parameters of the skin during therapy, an acoustic medical diagnostic device AMDP was used. This device allows you to record changes in the mechanical characteristics of the skin, including acoustic conductivity. According to literature data and reference

values, normal values for the skin of the cheek area in 40-60 year old women and men are Vy = 5.5 m/s, Vx = 6 m/s. Anatomical accuracy of measurements at identical points was achieved using photographs of observed patients at different stages of therapy. All patients underwent changes in skin acoustic conductance before the start of therapy, 1 year after the start of therapy and 6 months after the start of therapy with a fixed combination of drugs amlodipine / valsartan / hydrochlorothiazide (exforge).

Results. In patients of group 1, an increase in the acoustic conductivity of the skin was found to be 18% relative to the skin in this area in healthy people. Visually, all patients were diagnosed with the erythematous stage of rosacea . Together with the attending cardiologist, 14 patients in this group were transferred to therapy with the combined drug exforge . When re-measuring the acoustic conductivity of the skin after 6 months. In 10 patients out of 14 taking exforge , a decrease in acoustic conductivity of up to 8% was found, and visually there was regression of vascular changes in the facial skin. The remaining 4 people had a decrease in conductivity of up to 14% during exforge therapy without regression of clinical symptoms. At the same time, in patients of group 1 (control) against the background of antihypertensive therapy, an increase in skin conductivity was found by 3%. Visually, there is a regression of symptoms of persistent erythema. In patients of group 2, during therapy, an increase in acoustic conductivity of up to 18% was diagnosed, the appearance of signs of persistent erythema, a feeling of flushing in the face and a burning sensation when changing temperature and errors in diet in 9 observed, in the remaining 3 - an increase in acoustic conductivity of up to 7% without clinical symptoms of the erythematous stage of rosacea . Together with the attending cardiologist, 10 patients in this group were transferred to therapy with a fixed combination of drugs amlodipine / valsartan / hydrochlorothiazide (exforge). During exforge therapy for 6 months, 8 patients experienced regression of clinical symptoms in the form of a decrease in persistent erythema , hot flashes when changing temperature and errors in diet, and a decrease in acoustic conductivity to 7%. In the remaining 2 patients who responded to exforge therapy , conductivity remained with values exceeding up to 10%, as well as manifestations of persistent erythema on the facial skin. In patients of the 2k (control) group, an increase in skin acoustic conductivity was diagnosed by 3% against the background of no signs of persistent erythema. In patients of group 3, an increase in the acoustic conductivity of the skin by 10% was diagnosed. All patients were diagnosed with the erythematous stage of rosacea . Together with the attending cardiologist, 20 people were transferred to therapy with a fixed combination of drugs amlodipine / valsartan / hydrochlorothiazide (exforge). In 13 patients, against the background of the proposed therapy, after 6 months. There was a regression of clinical manifestations of the erythematous stage of rosacea and a decrease in conductivity to

3%; in the remaining 7 people, a decrease in conductivity to 7% during exforge therapy without regression of clinical symptoms. In patients of the 3k group, an increase in the acoustic conductivity of the skin was diagnosed by 9%. In patients of group 4, against the background of antihypertensive therapy, an increase in the acoustic conductivity of the skin was diagnosed to 9-11%, and signs of persistent erythema appeared in 8 patients. The remaining 13 had an increase in the acoustic conductivity of the skin - up to 5%, not accompanied by clinical signs of persistent erythema. Together with the attending cardiologist, 8 patients in this group were transferred to therapy with a fixed combination of drugs amlodipine / valsartan / hydrochlorothiazide (exforge) + indirect anticoagulant. Against the background of the proposed therapy, 4 people experienced a regression of clinical manifestations of persistent erythema within 6 months, in 3 patients there was a decrease in the acoustic conductivity of the skin to 2%, in 1 patient who was torpid to therapy, the conductivity remained up to 7%. In patients of the 4k group, an increase in the acoustic conductivity of the skin by 3% was observed. Thus, in patients taking indirect anticoagulants as part of complex antihypertensive therapy for a period of 1-5 years, the clinically erythematous stage of rosacea was diagnosed . Instrumentally, minor changes in the acoustic conductivity of the skin are noted, which is associated with an improvement in the rheological properties of the skin due to the direct action of indirect anticoagulants. Long-term antihypertensive therapy leads to dilation and stasis of peripheral vessels, including the skin of the face, but is not accompanied by congestion. Thus, the acoustic conductivity of the skin is closest to normal (an increase of only 10%). Patients combining antihypertensive therapy and indirect anticoagulants for less than 1 year have increased acoustic conductivity, which is associated with vascular ectasia (up to 18%). This is explained by the short duration of anticoagulant therapy.

Conclusions. 1. A connection has been established between antihypertensive therapy with β- blockers and indirect anticoagulants in the formation of rosacea . 2. Detection of changes in the physiometric parameters of the skin in patients receiving beta- blockers and indirect anticoagulants as part of complex antihypertensive therapy allows for early diagnosis of the formation of persistent erythema and timely diagnosis of the onset of rosacea or predisposition to it. 3. Timely transition to a combined antihypertensive drug - exforge will significantly reduce the risk of the formation of persistent erythema and rosacea in patients with a predisposition to the development of this dermatosis.

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