INTEGRATING A MULTIDISCIPLINARY APPROACH TO ROSACEA MANAGEMENT: TARGETING THE SKIN-GUT AXIS IN UZBEKISTAN

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Aim of research. To explore the link between the gut microbiome and rosacea, and to evaluate how addressing this connection can lead to implementation of novel treatment strategies in Uzbekistan.

Materials and Methods. Literature published between January 2010 and March 2026 across major databases (PubMed, EMBASE, Cochrane Library, and Google Scholar) was reviewed. To give the study local context, regional epidemiological data on gastrointestinal health in Central Asia was incorporated. Primary focus was evaluating the clinical outcomes of combining dermatological and gastroenterological treatments.

Results. For a long time, rosacea was viewed as a strictly dermatological issue, triggered purely by surface factors like UV exposure, Demodex mites, or skin bacteria. However, recent research emphasize the link of this condition to gut health and gastrointestinal disorders. This is particularly relevant in Uzbekistan, where local dietary habits contribute to a high prevalence of GI issues. Rosacea is even more challenging to treat, in addition to the widespread GI comorbidities, Uzbekistan is known for its harsh climate and increased sun exposure. It is becoming increasingly clear that dermatologists and gastroenterologists need to work closely together to manage these patients. It also highlights the need to look beyond traditional treatments; emerging therapies like topical postbiotics, microencapsulated delivery systems, and PDE4 inhibitors are showing real promise in recent trials.The data showed a clear trend: Small Intestinal Bacterial Overgrowth (SIBO), H. pylori infections, and Inflammatory Bowel Disease (IBD) were the most frequent GI comorbidities found in rosacea patients. One of the most striking findings was that eradicating SIBO with Rifaximin completely cleared rosacea lesions in 72% of patients. This statistic really challenges Uzbekistan's current reliance on topical treatments. Addressing the root cause systemically—by normalizing the gut microbiome—doesn't just offer temporary symptom relief; it could be much more cost-effective and provide better long-term outcomes. However, more randomized control trials are needed to strengthen this evidence base and help standardize these gut-focused treatment protocols.

Conclusion. Ultimately, the literature makes it clear that rosacea patients are far more likely to suffer from underlying GI problems compared to the general public, especially SIBO, H. pylori, and IBD. The fact that clearing a gut infection can resolve skin lesions in nearly three-quarters of patients highlights an urgent need to rethink how we treat rosacea. We need to shift away from merely managing surface symptoms and move toward a more systemic, interdisciplinary approach.