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**Literature search results**

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**Search details**

Rosacea and anthromycin v lymecycline

**Resources searched**

NICE Evidence; TRIP Database; Cochrane Library; EMBASE; MEDLINE; Google Scholar

**Database search terms:** ROSACEA; rosacea; azithromycin; lymecycline; LYMECTYCLINE; AZITHROMYCIN

**Evidence / Google Scholar search string(s):** rosacea (lymecycline OR azithromycin) / rosacea (lymecycline azithromycin)

**Summary**

There is not a huge amount of research comparing lymecycline and azithromycin for the treatment of rosacea directly, although you you may find evidence for their comparative efficacy by looking at their classes rather than the specific drugs. I have also included research on either lymecycline or azithromycin to enable you to gague the efficiacy of the individual treatments.

**Guidelines and Policy**

**Clinical Knowledge Summaries**
Evidence Reviews

Cochrane Database of Systematic Reviews

Interventions for rosacea 2011

Although the majority of included studies were assessed as being at high or unclear risk of bias there was some evidence to support the effectiveness of topical metronidazole, azelaic acid, and doxycycline (40 mg) in the treatment of moderate to severe rosacea, and cyclosporine 0.05% ophthalmic emulsion for ocular rosacea. Further well-designed, adequately-powered randomised controlled trials are required.

Patient UK

Rosacea and Rhinophyma 2012

Eye Involvement...

Oral doxycycline or lymecycline may be preferred if compliance is a problem.

Published Research – Databases

1. Safety and efficacy comparison of minocycline microgranules vs lymecycline in the treatment of mild to moderate acne: Randomized, evaluator-blinded, parallel, prospective clinical trial for 8 weeks

Author(s) Ocampo-Candiani J., Velazquez-Arenas L.L., De La Fuente-Garcia A., Trevino-Gomezharper C., Berber A.

Citation: Journal of Drugs in Dermatology, June 2014, vol./is. 13/6(671-676), 1545-9616 (June 2014)

Publication Date: June 2014

Abstract: Background: Minocycline and lymecycline are used in the treatment of acne, but there is not enough evidence to support superior efficacy of one of them. Methods: 170 participants from 14 to 34 years old with mild to moderate facial acne vulgaris were recruited. 84 had 100 mg of minocycline in a single daily dose for 8 weeks and 86 had 300 mg of lymecycline in a single daily dose for 8 weeks. Participants were evaluated at baseline, week 4 and week 8. Results: 65 minocycline and 60 lymecycline patients were evaluable. The last observation carried forward for the count of non-inflammatory lesions changed from 37.5 +/- 17.8 to 37.7 +/- 17.8 in the minocycline group and from 36.9 +/- 15.5 to 33.4 +/- 19.3 in the lymecycline group (no significant changes); corresponding changes in inflammatory lesions were from 19.4 +/- 12.4 to 12.2 +/- 10.0 in the minocycline group and from 20.1 +/- 11.3 to 12.6 +/- 8.4 in lymecycline group (P< 0.05 comparing baseline vs. final in both groups). Porphyrin counts varied from 899.5 +/- 613.9 to 233.5 +/- 219.5 in the minocycline group and from 956.9 +/- 661.8 to 411.8 +/- 411.5 in the lymecycline group (P<0.05 between the groups at study end). 36 (42.9%) patients receiving minocycline suffered 55 adverse events (22 of them gastrointestinal), while 28 (33.3%) lymecycline patients had 37 adverse events (15 of them gastrointestinal). One patient in the lymecycline group withdrew the study due to gastritis, and one more patient in the same group experienced eosinophilia. Conclusions: There were no differences between the groups in non-inflammatory and inflammatory lesion counts, and in the safety profile. Treatment with minocycline induced statistically significant decrease in facial porphyrin counts compared to the group treated with lymecycline (ClinicalTrials.gov number, NCT00988026). Copyright
2. Topical azithromycin as a novel treatment for ocular rosacea

Author(s) Mantelli F., Di Zazzo A., Sacchetti M., Dianzani C., Lambiase A., Bonini S.

Citation: Ocular Immunology and Inflammation, October 2013, vol./is. 21/5(371-377), 0927-3948;1744-5078 (October 2013)

Publication Date: October 2013

Abstract: Purpose: Acne rosacea is a common dermatological condition associated with blepharitis. Current treatments include artificial tears, lid hygiene, and systemic doxycycline. In this study, the authors evaluate the effectiveness of topical azithromycin in ocular rosacea. Methods: The authors enrolled 37 ocular rosacea patients: 12 were treated with systemic doxycycline, 16 with azithromycin eyedrops, and 9 did not receive medical treatments. Ocular signs and symptoms and side effects were evaluated at baseline and at 1-month follow-up. Results: A significant improvement in TF-BUT, meibomian gland plugging, and Oxford score associated with symptom reduction was reported by all patients after 1 month. All treatments were well tolerated, with mild gastrointestinal symptoms in 33% of the doxycycline group and mild burning after instillation in the azithromycin group. Conclusions: Topical azithromycin may represent an additional treatment for ocular rosacea, with a shorter duration of treatment and absence of gastrointestinal side effects as compared to systemic doxycycline.

Source: EMBASE

3. Rosacea fulminans in pregnancy: Successful treatment with azithromycin

Author(s) Fuentelsaz V., Ara M., Corredera C., Lezcano V., Juberias P., Carapeto F.J.

Citation: Clinical and Experimental Dermatology, August 2011, vol./is. 36/6(674-676), 0307-6938;1365-2230 (August 2011)

Publication Date: August 2011

Source: EMBASE

Available in fulltext from Clinical & Experimental Dermatology at EBSCOhost
Available in fulltext from Clinical & Experimental Dermatology at EBSCOhost

4. The impact of rosacea on quality of life: Effects of demographic and clinical characteristics and various treatment modalities

Author(s) Aksoy B., Altaykan-Hapa A., Egemen D., Karagoz F., Atakan N.

Citation: British Journal of Dermatology, October 2010, vol./is. 163/4(719-725), 0007-0963;1365-2133 (October 2010)

Publication Date: October 2010

Abstract: Summary Background: Rosacea has a major psychosocial impact on a patient's life.Objectives To determine the impact of rosacea on patient quality of life, the relationship of quality of life scores to clinical and demographic variables, and the change in quality of life following various treatments. Methods Patients' demographic and clinical characteristics were recorded at their initial examination and their response to treatment and side-effects were recorded additionally at their follow-up examination. Rosacea severity was scored for each of four signs from 0 to 3. Patients were requested to complete Dermatology Life Quality Index (DLQI) questionnaires. Results: A total of 308 patients took part in this study. Mean ± SD DLQI total score at the initial visit was 693 ± 518 and was related to patients' age, sex, age at disease onset, subjective symptoms, triggering factors, previous treatments, rosacea severity scores and patients' self-assessment of ease of living with...
of rosacea. Of these 308 patients, 164 completed the DLQI following treatment. Mean +/- SD post-treatment DLQI score was 436 +/- 482. Post-treatment scores were also related to sex, type of treatment modality, development of side-effects, improvement of rosacea, rosacea severity scores and patients' self-reported ease of living with rosacea. Topical metronidazole, oral tetracycline and oral isotretinoin were observed to reduce signs and symptoms of rosacea and DLQI scores significantly at this repeat examination. Conclusions: Rosacea affects patients' lives to a moderate extent, and this can be assessed by using DLQI. DLQI is also sensitive to quality of life changes brought about by treatment of rosacea. As a preliminary result we can say that topical metronidazole, oral tetracycline and oral isotretinoin seem to improve quality of life of patients by improving lesions of rosacea more efficiently than other therapeutic agents. © 2010 British Association of Dermatologists.

Source: EMBASE

Available in fulltext from British Journal of Dermatology at EBSCOhost

Available in fulltext from British Journal of Dermatology at EBSCOhost

5. Emerging drugs for acne.

Author(s) James KA, Burkhart CN, Morrell DS

Citation: Expert Opinion on Emerging Drugs, December 2009, vol./is. 14/4(649-59), 1472-1744-7623 (2009 Dec)

Publication Date: December 2009

Abstract: Acne vulgaris is a common skin disorder that affects most individuals at some point in their lives. It may result in significant morbidity, including cutaneous scarring and psychological impairment. Current treatments include topical retinoids, benzoyl peroxide, topical and systemic antibiotics, and systemic isotretinoin. There are growing concerns of rising antibiotic resistance, significant side effects of isotretinoin therapy, and lack of safe and effective treatment for pregnant females. Recent advances in the pathogenesis of acne have led to a greater understanding of the underlying inflammatory mechanisms and the role the Propionibacterium acnes and biofilms. This has led to the development of new therapeutic targets. This article reviews emerging treatments of acne, including topical picolinic acid, topical antibiotic dapsone, systemic zinc salts, oral antibiotic lymecycline, new formulations of and synergistic combinations of benzoyl peroxide, photodynamic therapy with topical photosensitizers and potential acne vaccines.

Source: Medline

6. Ocular signs, symptoms and tear function tests of papulopustular rosacea patients receiving azithromycin

Author(s) Bakar O., Demircay Z., Toker E., Cakir S.

Citation: Journal of the European Academy of Dermatology and Venereology, May 2009, vol./is. 23/5(544-549), 0926-9959;1468-3083 (May 2009)

Publication Date: May 2009

Abstract: Background: Tetracycline derivatives provide moderate benefit in the treatment of ocular rosacea. Recently, azithromycin has been found to be an effective alternative in the treatment of cutaneous papulopustular rosacea. Objective: We planned a study to evaluate the effects of azithromycin on ocular symptoms, signs and tear function tests of papulopustular rosacea patients. Methods: An open-labelled study was performed in a population of 20 papulopustular rosacea patients. Results: Eighteen subjects completed the trial. Significant improvement was seen in ocular symptoms, eyelid findings and conjunctival hyperaemia scores (P = 0.002, P < 0.0001, and P = 0.005, respectively). Therapeutic benefit was not observed in ocular surface staining scores. Baseline values of Schirmer test results were within normal limits. No significant side-effects were observed. Limitations: The study population is limited to dermatology patients who had been referred to the ophthalmology clinic. Conclusion: Azithromycin may be a new promising therapeutic alternative in ocular rosacea. © 2009 European Academy of Dermatology and
7. Rosacea/ acne rosacea: Efficacy of combination therapy of azithromycin and topical 0.1% tacrolimus ointment

**Author(s)**: Sehgal V.N., Sharma S., Sardana K.

**Citation**: Journal of the European Academy of Dermatology and Venereology, November 2008, vol./is. 22/11(1366-1368), 0926-9959;1468-3083 (November 2008)

**Publication Date**: November 2008

**Abstract**: Background: Rosacea is a common inflammatory disorder of the skin. Systemic antibiotics currently used in the treatment of rosacea are sometimes associated with uncomfortable side effects. Therefore, a need for an effective agent with few side effects and good patient compliance exists. Azithromycin, a macrolide antibiotic with prolonged mode of action, has recently been found to be an effective alternative in the treatment of inflammatory acne. Methods: For evaluation of the efficacy of azithromycin in the treatment of rosacea, we planned a randomized, open, clinical trial study to compare the efficacy of azithromycin with doxycycline in the treatment of this disease. Sixty-seven patients were randomized to receive either azithromycin 500 mg thrice weekly (on Monday, Wednesday, and Saturday) in the first, 250 mg thrice weekly (on Monday, Wednesday, and Saturday) in the second, and 250 mg twice weekly (on Tuesday, and Saturday) in the third month. The other group was given doxycycline 100 mg/day for the three months. Clinical assessment was made at baseline, at the end of first, second, third, and 2 months after treatment. Side effects were recorded. The limitation of this study is that there was no blindness. Results: Statistically significant improvement was obtained with both drugs. Neither drug was shown to be more effective than the other. In the azithromycin group four patients had diarrhea, while epigastric burning was seen in two patients using doxycycline. Conclusion: This study indicates that azithromycin is at least as effective as doxycycline in the treatment of rosacea. © 2008 The International Society of Dermatology.
10. The effect of azithromycin on reactive oxygen species in rosacea

Author(s) Bakar O., Demircay Z., Yuksel M., Haklar G., Sanisoglu Y.

Citation: Clinical and Experimental Dermatology, March 2007, vol./is. 32/2(197-200), 0307-6938;1365-2230 (March 2007)

Publication Date: March 2007

Abstract: Background. Recent evidence suggests that inflammation in rosacea is associated with generation of reactive oxygen species (ROS) that are released by inflammatory cells. The efficacy of current therapeutic agents for rosacea such as tetracyclines and metronidazole has also been attributed to their antioxidant properties. Recently, a macrolide antibiotic, azithromycin, has been found to be an effective alternative in the treatment of rosacea. Aim: We planned a study to evaluate the antioxidant effects of azithromycin on ROS in rosacea. We compared basal ROS concentrations measured in the facial skin of patients with rosacea with the post-treatment levels and with those of healthy controls. Methods. Facial skin biopsies of 17 papulopustular patients with rosacea and 25 healthy controls were taken. Rosacea patients were assigned to receive oral azithromycin 500 mg on three consecutive days each week for 4 weeks. The total number of inflammatory lesions (the sum of papules and pustules) on the face of each patient with rosacea was counted at each visit. The luminol- and lucigenin-enhanced chemiluminescence (CL) levels of patients with rosacea were measured before and after 4 weeks of treatment and compared with those of healthy controls. Results. Rosacea patients had higher ROS levels than healthy controls (P < 0.001). A statistically significant decrease of both luminol- and lucigenin-enhanced CL levels were observed in patients with rosacea after treatment with azithromycin (t = 4.602, P < 0.001; vs. t = 4.634, P < 0.001, respectively). Conclusion. Rosacea patients have higher ROS levels than healthy controls. The results of our study support the antioxidant properties of azithromycin in rosacea.

11. The role of Chlamydia pneumoniae in the etiology of acne rosacea: Response to the use of oral azithromycin

Author(s) Fernandez-Obregon A., Patton D.L.

Citation: Cutis, February 2007, vol./is. 79/2(163-167), 0011-4162 (February 2007)

Publication Date: February 2007

Abstract: Acne rosacea is a chronic skin disorder that requires long-term therapy. Oral azithromycin has been used successfully to treat acne vulgaris, an observation that suggested an infectious agent may play an active role in the etiology of this disorder. Ten adults (not previously reported) with acne rosacea were selected to be treated with oral azithromycin. Nine of the 10 subjects received 250 mg 3 times weekly for periods ranging from 5 to 19 weeks, at which time follow-up examinations were performed on 8 of the 9 treated subjects; 1 subject was lost to follow-up. Prior to therapy, C pneumoniae antigen was detected in malar biopsy specimens in 4 of 10 subjects by immunoperoxidase technique (using monoclonal antibody to C pneumoniae) Serum antibodies against C pneumoniae were detected in 8 of 10 intent-to-treat subjects. Using polymerase chain reaction, C pneumoniae was not detected in peripheral blood mononuclear cells. The inflammatory response in tissues was characterized by a widespread infiltration of polymorphonuclear neutrophil cells, lymphocytes, and plasma cells, which support the clinical diagnosis of acne rosacea. Nine of 10 subjects treated with azithromycin showed moderate to marked improvement of their acne rosacea. No adverse reactions to
azithromycin occurred, and the drug appeared to be safe and effective. These preliminary data suggest the need for further investigation with clinical trials to study long-term tolerability and efficacy and also strongly implicate C pneumoniae in the pathogenesis of acne rosacea.

Source: EMBASE

12. Azithromycin in the treatment of papulopustular rosacea

Author(s) Dereli T., Inanir I., Kilinc I., Gencoglan G.

Citation: Journal of Dermatology, November 2005, vol./is. 32/11(926-928), 0385-2407 (November 2005)

Publication Date: November 2005

Source: EMBASE

13. Rosacea

Author(s) Powell F.C.

Citation: New England Journal of Medicine, February 2005, vol./is. 352/8(793-803+849), 0028-4793 (24 Feb 2005)

Publication Date: February 2005

Source: EMBASE

Available in fulltext from New England Journal of Medicine at Free Access Content
Available in print at Pilgrim Hospital Staff Library
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Available in print at Grantham Hospital Staff Library
Available in fulltext from New England Journal of Medicine, The at ProQuest
Available in fulltext from New England Journal of Medicine at the ULHT Library and Knowledge Services’ eJournal collection

14. Rosacea fulminans in pregnancy

Author(s) Lewis V.J., Holme S.A., Wright A., Anstey A.V.

Citation: British Journal of Dermatology, October 2004, vol./is. 151/4(917-919), 0007-0963 (October 2004)

Publication Date: October 2004

Abstract: Rosacea fulminans is a rare condition with a female preponderance and unknown aetiology, characterized by the abrupt onset of papules, pustules and erythema affecting the face. Corticosteroids and isotretinoin are regarded as the two main therapeutic agents. We report a case associated with pregnancy, and discuss the therapeutic implications. This is the first published report of rosacea fulminans in pregnancy complicated by stillbirth.

Source: EMBASE

Available in print at Pilgrim Hospital Staff Library
Available in fulltext from British Journal of Dermatology at EBSCOhost
Available in fulltext from British Journal of Dermatology at EBSCOhost

15. Oral Use of Azithromycin for the Treatment of Acne Rosacea [3]

Author(s) Fernandez-Obregon A.

Citation: Archives of Dermatology, April 2004, vol./is. 140/4(489-490), 0003-987X (April
16. Therapeutic potential of azithromycin in rosacea

Author(s) Bakar O., Demircay Z., Gurbuz O.

Citation: International Journal of Dermatology, February 2004, vol./is. 43/2(151-154), 0011-9059 (February 2004)

Abstract: Background. Systemic antibiotics currently used in the treatment of rosacea are sometimes associated with uncomfortable side-effects. Therefore, a need for an effective agent with few side-effects and good patient compliance exists. Azithromycin, a macrolide antibiotic with prolonged mode of action, has recently been found to be an effective alternative in the treatment of inflammatory acne. We planned a study to evaluate the efficacy and safety of azithromycin in rosacea. Methods. An open-labeled study was performed in a population of 18 patients, with Plewig-Kligman stage 2 rosacea. Patients were given oral azithromycin for 12 weeks in decreasing doses. Results. Fourteen subjects completed the trial. The treatment produced therapeutic benefits with regard to total scores as well as inflammatory lesion scores. At the end of 12 weeks, there was a 75% decrease in total scores (P < 0.001) and an 89% decrease in inflammatory lesion scores compared with basal values. Improvement continued during the 4 weeks after treatment. Adverse effects were minimal and well tolerated in most patients. Conclusion. Azithromycin is a promising agent in the treatment of rosacea with its few side-effects and good patient compliance. © 2004 The International Society of Dermatology.
Oral Antibiotics

FR Ochsendorf - Pathogenesis and Treatment of Acne and Rosacea, 2014 - Springer
... 50–100 mg/day for minocycline, 40–200 mg/day for doxycycline, and 150–300 mg/day for azithromycin. 4 days/month Tetracycline. Doxycycline. Lymecycline. Minocycline. Erythromycin. ... Acne and ...
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LF Sandoval, JK Hartel... - Expert opinion on ..., 2014 - informahealthcare.com
... in dermatology for the treatment of inflammatory diseases such as acne, rosacea and bullous ... was again assessed; this time in combination was pulsed oral azithromycin [54]. ... Finally, adapalene/BP in combination with lymecycline significantly reduced all lesions compared to ...
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Acne in women

M Ramos-e-Silva, S Ramos-e-Silva... - British Journal of ..., 2015 - Wiley Online Library
... Azithromycin, at 250 mg, taken orally three times a week, is also efficient against ... be seen in 4 weeks, with over 80% reduction of inflammatory lesions.68 Lymecycline, administered orally ... and treat appropriately the myriad of clinical alterations, such as acne, rosacea, striae and ...
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A topical azithromycin preparation for the treatment of acne vulgaris and rosacea

RC McHugh, A Rice, ND Sangha... - Journal of ..., 2004 - informahealthcare.com
BACKGROUND: Erythromycin is a common therapy for acne and rosacea. A newer macrolide, azithromycin, offers superior tissue distribution and cellular concentration and is an effective oral anti-acne agent. Topical formulations such as erythromycin have been a ...
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Oral azithromycin for treatment of intractable rosacea

JH Kim, YS Oh, EH Choi - Journal of Korean medical ..., 2011 - synapse.koreamed.org
Abstract Rosacea is a common chronic cutaneous disorder that primarily occurs on the convex surfaces of the central face and is often characterized by exacerbations and remissions. A case of a 52-yr-old woman visited our clinic in February 2008 complaining ...
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... Volume 51, Issue 4, October 2004, Pages 499–512. Cover image Cover image. Continuing Medical Education. Rosacea: II. Therapy ☆ ... Abstract. Despite an incomplete understanding of the pathogenesis of rosacea, therapeutic modalities continue to expand. ...
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Rosacea with extensive extrafacial lesions

TM Pereira, AP Vieira, AS Basto - International journal of ..., 2008 - Wiley Online Library
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Interventions for rosacea

Edv Zuuren, S Kramer, B Carter... - The Cochrane ..., 2011 - Wiley Online Library

... If the skin lesions are more extensive, oral antibiotics such as tetracyclines or azithromycin are usually recommended (Bakar 2009; Culp 2009 ... Not infrequently oral treatment may be combined initially with topical treatment so that as the rosacea improves the systemic treatment ...

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The management of rosacea

A Rebora - American journal of clinical dermatology, 2002 - Springer

... In particular, azithromycin and ciprofloxacin should be used when resistance to metronidazole and/or clarithromycin is proven. After H. pylori eradication, erythrosis (and rosacea) improves.[7,8] Metronidazole reduces erythema by 10% in patients who were H. pylori positive ...

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Effective and evidence-based management strategies for rosacea: summary of a Cochrane systematic review

Ed Van Zuuren, SF Kramer, BR Carter... - British Journal of ..., 2011 - Wiley Online Library

... Akhyani et al. (2008) 55, RCT open-label Teheran, Iran, 67 (37 male/30 female) Mean age 47-93 yrs Papulopustular and erythematotelangiectatic rosacea, 3 months A: Azithromycin – 1st month 500 mg 3 times/week, 2nd month 250 mg 3 times/week, 3rd month 250 mg twice ...

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Published Research – Database Search Strategy

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