

Rhinophyma nose: lost entity

Abstract

This is a case report of a patient with rhinophyma who presented with difficulty in breathing and cosmetic disfigurement.

Keywords: rhinophyma, MRI, angiosarcomas, trauma, electrosurgery

Volume 6 Issue 4 - 2019

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Received: March 13, 2019 | **Published:** July 25, 2019

Introduction

Rhinophyma is characterized by a growth leading to a large, erythematous appearing nose. Thought to be advanced stage IV rosacea, only some patients develop rhinophyma. Nobody knows the exact cause of rhinophyma. It is believed to be multifactorial in origin. Consumption of alcohol is considered one risk factor and it is nicknamed like “whiskey nose” or “rum nose.”

Case report

A 45 years old patient came to our OPD with a giant swelling of nose which was causing upper airways obstruction and difficulty in eating and breathing. It caused a lot of aesthetic and psycho-social disturbance to the patient (Figure 1). MRI of the patient showed a large well defined extensive cutaneous lobulated tumor with complete obstruction of the columella (Figure 2). No area of diffusion restriction and post contrast enhancement of soft tissues was noted. Surgical excision of the nasal swelling and full-thickness skin grafting of the defect was done.¹



Figure 1 Giant rhinophyma with partial obliteration of the normal nasal tip contour.

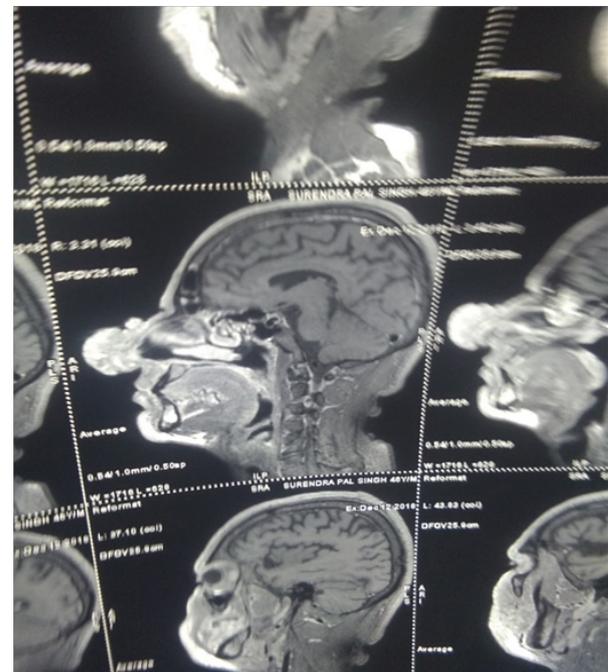


Figure 2 MRI scan reveals extensive cutaneous lobulated tumor with complete obstruction of the both nostrils.

Discussion

Rhinophyma can be confused with angiosarcomas, sebaceous carcinoma, dermal carcinoma, skin metastasis especially in pulmonary neoplasm, eosinophilic facial granuloma or hemangioma, Gigantic forms are associated with a suborbital region lymphedema, with blepharitis, conjunctivitis and keratitis.² Risk factors for this lesion are UV light exposure, excess of androgens, trauma, presence of mites, and vitamin B deficiency.³ Goulian dermatome can be used with loupe magnification to excise the lesion while preserving the underlying sebaceous gland.⁴ Mostafa has advocated laser excision to be useful modality for rhinophyma. The advantages quoted are that healing process is quick with less scarring.⁵ Firat and others in their method have advocated surgical excision followed by skin graft or second intention healing after electrosurgery or laser resection.⁶ This case report presents a safe and effective approach to treat rhinophyma.

Ethical consent

None.

Funding

None.

Acknowledgments

None.

Conflicts of interest

Author declares that there is no conflict of interest.

References

1. Labbé D, Kaluzinski E, Ferrand JY, et al. The value of progressive dermabrasion. *Rev Stomatol Chir Maxillofac.* 1991;92(6):402–405.
2. Blairvacq JS, Yachouch J, Calteux N, et al. Otophyma, zygophyma et rhinophyma: une association rare. *Ann Chir Plast Esthet.* 2008;53:441–447.
3. Sharma R, Ramana YV, Makkar S, et al. Giant rhinophyma: managing a social recluse. *Plast Reconstr Surg.* 2005;115(7):2146–2148.
4. Redett RJ, Manson PN, Golberg N, et al. Methods and results of rhinophyma treatment. *Plast Reconstr Surg.* 2001;107(5):115–123.
5. Mostafa YM. Excision of rhinophyma with CO2 laser. *Int Congr Ser.* 2003;1240:953–957.
6. Firat C, Erbatur S, Elmas O, et al. An alternative micrographic method for decreasing bleeding and recurrence in the treatment of rhinophyma. *Eur Rev Med Pharmacol Sci.* 2012;16(3):418–421.