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

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.

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. Risk factors for this lesion are UV light exposure, excess of androgens, trauma, presence of mites, and vitamin B deficiency. Goulian dermatome can be used with loupe magnification to excise the lesion while preserving the underlying sebaceous gland. Mostafa has advocated laser excision to be useful modality for rhinophyma. The advantages quoted are that healing process is quick with less scarring. Fırat and others in their method have advocated surgical excision followed by skin graft or second intention healing after electrosurgery or laser resection. This case report presents a safe and effective approach to treat rhinophyma.
Ethical consent
None.

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Conflicts of interest
Author declares that there is no conflict of interest.

References