



Treatment of a neglected case of rhinophyma: A case report

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ABSTRACT

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In this study we report our experience with a gravely neglected case of rhinophyma. Rhinophyma is a disorder characterized by hypertrophy of the sebaceous glands, mononuclear infiltration and fibrous tissue deposition in the nasal skin. Clinically, the disorder manifests itself as disproportionate enlargement and severe disfigurement of the nose. As for the treatment, excision with cold knife, dermatome, dermabrasion, cauter knife and ultrasound blade, and reconstruction with skin graft, flap or secondary intention has been described in the literature. Presented in this study is a neglected and oversized case of rhinophyma. The hypertrophic mass sizing 7x6x3 cm has been excised from the supraperichondral plane. A similiar lesion with the size of 8x6x2 cm was attached to the main mass via a cutaneous pedicle on the left alar region. Resultant defect was reconstructed via a full thickness cutaneous graft harvested from the inguinal region and healed uneventfully. Along with this case report, available treatment alternatives were reviewed and their indications interpreted.

Keywords:

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1. Introduction

Rhinophyma is a disfiguring disorder affecting mostly Caucasian males past their fifth decade of life (Har-el et al., 1993; Plenk, 1995; Pu et al., 2000; Akbaş et al., 2001; Redett et al., 2001; Curnier and Choudhary, 2002). The exact pathobiology remains obscure (Har-el et al., 1993; Payne et al., 2002). Although some relation with alcohol consumption is mentioned, it has not been firmly established so far (Har-el et al., 1993; Akbaş et al., 2001; Redett et al., 2001; Curnier and Choudhary, 2002). Parasites as *Demodex folliculorum* (Har-el et al., 1993; Akbaş et al., 2001) and subcellular mechanisms promoting fibrosis such as overexpression of Transforming Growth Factor Beta-2 receptors (Pu et al., 2000; Payne et al., 2002) has as well been

incriminated. Despite the controversy on the means of the disease, the clinical result is undisputed; a nodularly enlarged nose with a disrupted texture. Histologically, hypertrophy of the sebaceous glands, mononuclear infiltration and fibrous tissue deposits are observed (Humzah and Pandya, 2001).

We hereby present our experience with a neglected case of huge rhinophyma while discussing our approach according to the related literature.

2. Case report

A 45 year old male patient presented to our clinic with a nasal mass which had been growing for the past five years, the growth has been accelerated in the last two year (Fig. 1). A total excision of the nasal dorsal skin



Fig. 1. A 45 year old male patient with a nasal mass which had been growing for the past 5 years

from the supraperichondral plane was performed. The specimen was a nodular hypertrophic mass with the dimensions of 7x6x3 cm. An additional mass sizing 8x6x2 cm was attached to the main specimen on the left alar region via a cutaneous pedicle. Resultant defect was covered with a full thickness cutaneous graft harvested from the right inguinal region (Fig. 2, 3). A tie over dressing was applied and kept in place for five days. The graft healed uneventfully and yielded satisfactory cosmetic results even by the end of the second year (Fig. 4).



Fig. 2. Resultant defect after excision

3. Discussion

Treatment of rhinophyma is basically consisted of two steps, removing the lesion and reconstructing the defect. Methods such as excision with cold knife, cauter wire or dermabrasion or ablation with laser beam, cryo, or radiation has been recommended for the first step; and the use of flaps, grafts or simply secondary intention (Akbaş et al., 2001; Redett et al., 2001; Curnier and Choudhary, 2002) for the second.



Fig. 3. Defect was covered with a full thickness cutaneous graft harvested from the right inguinal region.

Not only the etiopathogenesis, but also the treatment of choice of rhinophyma remains controversial.

Yet, most of the surgeons basically prefer excision of the tainted skin (scalpel, cauter loops, Shaw blade, harmonic scalpel etc.) and letting the site heal secondarily or interfering with a graft or a flap. Alternative measures incorporating the use of laser beam or ionizing radiation has also been reported. No matter which excision technique utilized, the least morbid reconstruction method seems to be leaving the fundi of the sebaceous crypt on the wound bed to allow reepithelization (Akbaş et al., 2001; Redett et al., 2001; Curnier and Choudhary, 2002). On the other hand, such an undercorrection may be prone to recurrences, and is not feasible when an infiltrative form of rhinophyma is at hand. We believe that total cutaneous excision down to the supraperichondral plane and covering the resultant large defect with a full thickness graft which is less likely to contract or scar is the most feasible option for neglected and entrenched cases of rhinophyma like this.



Fig. 4. Result at the end of postoperative second year

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