

A giant rhinophyma closing the airway: Case report

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Abstract

Rhinophyma is a progressive nasal deformity caused by hypertrophy of sebaceous glands and soft tissue of the nose. A 74-year-old male patient presented with a giant bad-smelling mass hanging down from the alar wings, causing difficulty in breathing and eating. Under local anesthesia, the lesion was excised and the defect was closed with a full thickness skin graft. The patient recovered without any problem and got out of difficulty in breathing and feeding. The treatment of rhinophymas, which have reached a large size, increases the patient's life quality, can breathe more easily and eat, increase their self-esteem and improve the social life of the patient. The size of the defect occurred after excision of giant rhinophyma limits the use of flaps. However, it can be used to cover the large defects and provide a rapid recovery, which makes graft use a step forward in the treatment of giant rhinophymas.

Keywords: Rhinophyma; breathing difficulty; skin graft

INTRODUCTION

Rhinophyma is a progressive nasal deformity caused by hypertrophy of sebaceous glands and soft tissue of the nose. The etiology is unknown. It is associated with untreated acne rosacea. A large, bulbous and erythematous appearance of the nose and acne rosacea history makes us think of rhinophyma. There are treatment options such as laser, dermabrasion and surgery (1).

CASE REPORT

A 74-year-old male patient presented with a giant bad-smelling mass hanging down from the alar wings, causing difficulty in breathing and eating (Figure 1). He said that it started with roughening of the skin ten years ago, and that the mass at the tip of the nose had grown steadily for the last two years. He stated that he used alcohol for 40 years and quit for 20 years. Biopsy showed rhinophyma. Under local anesthesia, the lesion was excised with preservation of cartilage perichondrium under operating room conditions. The defect was closed with a full thickness skin graft taken from the supraclavicular area. All specimens were sent for pathological examination for rhinophyma-related malignancies. Intranasal tampons were inserted. The dressing was opened after seven days.

The patient recovered without any problem and got out of difficulty in breathing and feeding. The patient stated that he recovered his self-esteem after the surgery and he was more comfortable in the society. The result was functional and aesthetically well. There was no recurrence in one year follow-up.



Figure 1. preop view

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Figure 2. Postop view

DISCUSSION

Rhinophyma is a rare benign disease characterized by progressive hypertrophy of the sebaceous glands and soft tissue that mostly involve the lower half of the nose. It causes an erythematous, large and bulbous deformed nose appearance. It is mostly seen in men aged 50-70 years. It is considered to be an advanced acne rosacea form. The phymatous rosacea may also affect other parts of the face, such as cheeks and foreheads (2). However, rhinophyma is also seen in patients without rosacea (3). Although the etiology is accused of excess androgen, vitamin deficiency and presence of parasites, it is unknown what the main factor is. Although not related to alcohol consumption, there is a reverse belief among the public (4). However, a case that developed rhinophyma after long-term alcohol use and other symptoms of rosacea developed later was reported recently (5). In this case, a similar history of alcohol use in our case suggested that alcohol might have an important role in the etiology of rhinophyma. In a recent study, it was reported that 3.9% of rosacea patients had rhinophyma (6).

Foul smelling sebaceous discharge and superficial infections may occur in rhinophyma patients. Palpation of the nose is painless. The appearance of the deformed nose, foul smelling discharge may cause the isolation of patients from the society. Rhinophyma may mask tumoral lesions such as squamous cell carcinoma. Therefore, excision material should be sent to pathological examination (7-9). Although histologically, sebaceous hyperplasia is in the forefront, abnormal vascular development and hypertrophy of subcutaneous tissue can be seen. Medical and surgical options are available for treatment. Oral antibiotics and isotretinoin are examples of medical treatments. Although these treatments may have positive

effects in the early stages of the disease, their effects are not effective. Most of the patients require surgical treatment. Although dermabrasion, laser, electrocautery and hydrodissection can be performed in small lesions, surgical treatment is required for large lesions. After surgical excision, the defect can be closed with a graft or flap (8,10).

CONCLUSION

In conclusion, the treatment of rhinophymas, which have reached a large size, increases the patient's life quality, can breathe more easily and eat, increase their self-esteem and improve the social life of the patient. The size of the defect occurred after excision of giant rhinophyma limits the use of flaps. However, it can be used to cover the large defects and provide a rapid recovery, which makes graft use a step forward in the treatment of giant rhinophymas.

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