RHINOPHYMA

- Coined by Von Hebra
- Virchow associated it to Acne Rosacea

**DEFINITION**

- Rhinophyma is a large, bulbous, **ruddy** (red colored) nose caused by granulomatous infiltration, commonly due to untreated rosacea
- Rhinophyma is a skin condition affecting the nose in which the skin is thickened and the sebaceous glands are enlarged.

**EPIDEMIOLOGY**

- 5th to 7th decade
- White males usually affected
- It is a severe form of acne rosacea
- The cause is not really known.
- Rhinophyma has been associated with many causes, such as the over-consumption of alcohol.
- No consistent causative factor has been identified to date.
- M:F = 12:1
- Paradoxically, **women are more affected with acne rosacea than men, as opposed to rhinophyma where men are more affected than women.** Androgens may contribute to rhinophyma

**Some other factors in the etiology are**

- Infection with *Demodex Follicularum* (saprophytic parasite)
- *Helicobacter Pylorum*
- Alcohol – the condition was once associated with heavy alcohol consumption though it has been seen that it occurs with equal frequency in people who do not consume alcohol.
- Blood vessel disorders – **Vascular instability** may lead to leakage of fluid into the tissues. This subsequently triggers inflammation and scarring
- Endocrinal abnormalities
- Digestive tract disorder

**PATHOPHYSIOLOGY**

- It begins with accentuation of flush over the nose, forehead, malar prominence & chin causing increased vascularity, increased skin thickness with cysts and pustules.
- There is hyperplasia and hypertrophy of sebaceous glands. **Ducts elongate, dilate and get plugged** resulting in inflammation of the glands

**CLINICAL FEATURES**

- It is disfiguring and unacceptable to patients mainly for cosmetic reasons.
- Sometimes due to gross enlargement it can also lead to nasal obstruction.
It is a clinical diagnosis. (Overgrowth of the sebaceous skin glands, vessel and tissue growth in the deeper layers of the skin, and a thickening of the outer layer of the skin)

**SEVERITY GRADING**

Rhinophyma is graded on a clinical scale of severity from 1 to 3:

- Grade 1: prominent follicular openings with no skin thickening
- Grade 2: prominent follicular openings with mild skin thickening
- Grade 3: prominent follicular openings, skin thickening and overactive sebaceous glands and nodular nasal contour

**TREATMENT**

**MEDICAL**

- Very early stages of rhinophyma can be addressed medically, especially before the fibrosis and disfigurement has set in.

**Measures include**

- Avoidance of stimulation factors
- Low dose antibiotics for treatment of secondary infections
- Keeping the area clean
- Topical **Steroids**.
- Topical **Metronidazole**
- Topical **Azelaic acid**
- Considering it as Rosacea, **Retinoids** and **Isotretinoin** has been tried

**SURGICAL TREATMENT**

- Surgery is the main management and includes **surgical shaving of the redundant tissue**. The depth of shaving is such as to leave enough skin adnexal structures available at the wound base to allow for proper re-healing.
  1. **Dermplanning**
  2. **Dermabrasion**
  3. **Cryosurgery**
  4. Carbon dioxide laser used in a continuous mode
  5. Harmonic scalpel
  6. **Nd Yag Laser**
  7. Electrosurgery