

CLINICAL PHOTOGRAPH

Obstructing Rhinophyma: A Case Report

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An elderly man presented to the otolaryngology clinic complaining of difficulty breathing. He claims that he could not breathe through his nostrils, due to a large, obstructing rhinophyma. It has been present for many years; and in the past few months, it has gotten larger (Fig 1 and 2).

On physical examination, he had an obstructing bi-lobe rhinophyma blocking both nostrils. The remaining head and neck examination was unremarkable. At that time, he was then scheduled to have surgery under a general anesthetic to remove the rhinophyma. A CO₂ laser was used to ablate the rhinophyma. Upon awakening in the recovery room, he was able to breathe much better through both nostrils. He had an eschar on the dermis area due to the CO₂ laser, which resolved without any scarring at approximately 4 to 6 weeks.

DISCUSSION

Rhinophyma can be very unsightly. Rhinophyma is a proliferating sebaceous gland in the mid-face, most commonly of the nose, which can cause disfigurement and superficial telangiectasia with a hyperplasia of surrounding tissue. Rhinophyma is an acne rosacea that affects men more than women, with a 5 to 1 prevalence among males. The acne is a precursor for this disease with unknown etiology. It is rarely seen in individuals younger than 45 years of age. A genetic predisposition in English and Irish descents is common. While the etiology is unknown, it is believed that an infection or an inflammatory process is occurring. A parasite noted as *Demodex folliculorum* may be responsible for this disorder. It

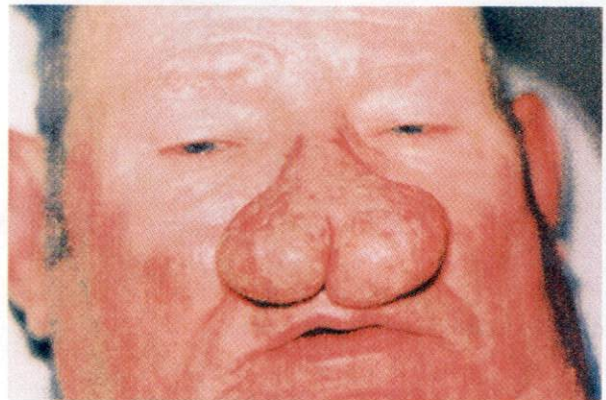


Figure 1 Rhinophyma of the nose obstructing the nostrils.

has been reported that gastric disorders, spicy foods, stress, caffeinated products, and alcohol may contribute to this disease. Acne rosacea, a skin disorder of the sebaceous glands, can affect other areas besides the nose. This includes the cheek, glabella, chin, and forehead. It is formed by a progression and proliferation of the sebaceous glands with comedones.¹

The treatment for rhinophyma is mainly surgical. The preferred surgical management consists of a CO₂ laser.² Other techniques may include excision with electrocautery, total or partial excision with a scalpel, a simple razorblade technique, dermabrasion, and use of a harmonic scalpel.³ Closure is usually obtained by the wound granulating in by secondary intention, or by grafting with a full or split-thickness skin graft. Complications of ablation or removing rhinophyma can include exposure or destruction of cartilage leading to chondritis

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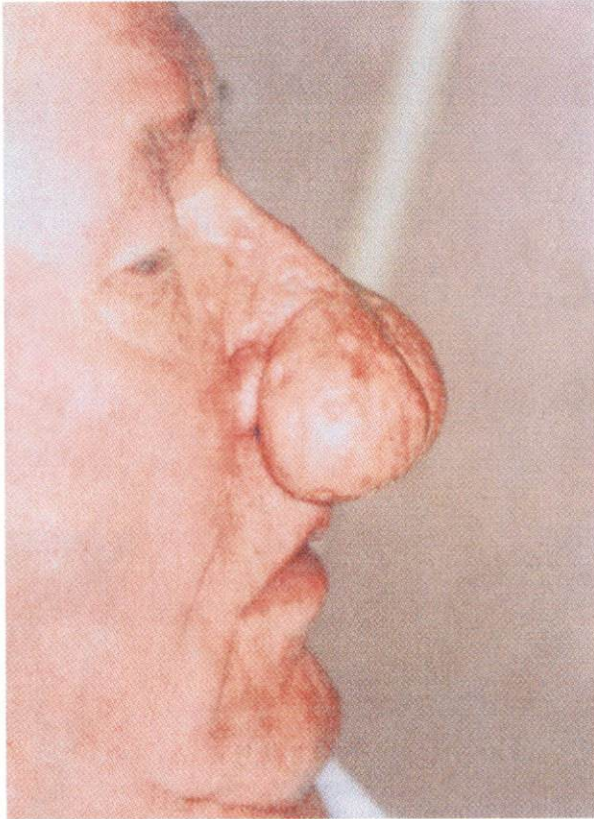


Figure 2 Lateral view of rhinophyma.

or poor color and rough skin texture. Nevertheless, the CO₂ laser is the most commonly used tool to remove rhinophyma.

REFERENCES

1. Rohrich R, Griffin J, Adams W. Rhinophyma: review and update. *Plast Reconstr Surg* 2000;10(3):860–9.
2. Simo R, Sharma VL. The use of the CO₂ laser in rhinophyma surgery: personal technique, experience, complication, and long-term results. *Facial Plast Surg* 1998;14(4):287–95.
3. Gupta S, Handa S, Saraswat A, et al. Conventional cold excision combined with dermabrasion for rhinophyma. *J Dermatol* 2000;27:116–20.