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Case Report

INTERESTING CASE IN SURGERY-RHINOPHYMA

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ABSTRACT
A 48 year old man presented to us with gradual enlargement of nose tip for 2 years. He was clinically diagnosed as rhinophyma. He was investigated for surgical fitness and posted for surgery. Excision of rhinophyma with reconstruction of nose by left paramedian forehead flap was done. Flap was divided at 10 days with good aesthetic results. We report an interesting case of rhinophyma.

Keywords: Rhinophyma, Paramedian Forehead Flap, Reconstruction

CASES

Figure 1: Preoperative profile

Figure 2: Preoperative front face
A 48 year old male presented to us with gradual enlargement of nose tip since 2 years. It started as a small papule over the nose which broke down to discharge clear fluid. Thereafter the ala and then the tip slowly became enlarged and bulky giving him a bad cosmetic appearance and obstructing his vision when he looked down. Clinically it was spot diagnosis of Rhinophyma. He had no co-morbid conditions. He was thoroughly investigated, pre-anaesthetic fitness taken and was subjected to surgical treatment after careful planning of nose reconstruction. The surgical procedure conducted was excision with left paramedian forehead flap. The flap division was done after 10 days on OPD basis. There was good aesthetic outcome with improved lower gaze vision.

DISCUSSION
Nose is the center of attraction of any human face. Diseased nose not only require physical cure but also good aesthetic outcome so as live in the society with dignity.
Rhinophyma is a benign disfiguring condition due to hyperplasia of sebaceous and fibrous tissue of the nose. It is also called potato nose. It is considered to be the end stage of progression of acne rosacea. It is seen more commonly in older males though its predecessor, acne rosacea, is seen in young females. The most common site is the tip of the nose, but it is also seen in other sites like the glabella, malar region and chin. The main reason for seeking medical help is the cosmetic deformity caused by its presence. A large Rhinophyma may cause nasal obstruction and sometimes obstruction to vision.

Rhinophyma was first recognized in ancient Greece and Arabia. In 1845, Von Hebra coined the word Rhinophyma (Roberts and Ward, 1985). He derived this word from the Greek word “rhis” meaning nose and “phyma” meaning growth. In 1846, Virchow associated Rhinophyma with acne rosacea (Wiemer, 1987). Rebora (1987) described four stages of acne rosacea Rhinophyma is usually limited to the lower third of the nose, but occasionally the chin and forehead can also be involved (Haneen et al., 2008). Rhinophyma is seen mainly in men. The increased incidence in men is assumed to be due to androgenic influence.

Treatment modalities for rhinophyma include dermabrasion, laser, electrocautery. All such modalities results into long healing phases, repeated visits to hospitals, costlier instruments for surgery and poor scaring.

Paramedian flap is also called Indian forehead flap described by Sushruta Sanhita. It is based on supratrochlear artery as its axial blood supply. Forehead skin matches in color, texture with that of nose skin because embryologically both derived from same fronto nasal process. It is reliable flap with least morbidity, good aesthetic outcome. Cost and frequent dressing as that of other modalities are easily avoided. Disadvantages of this flap include scar over forehead although not easily seen if planned properly.

REFERENCES: