Giant Rhinophyma: A Case Report

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SUMMARY

A description of one clinical case of Giant Rhinophyma that was treated surgically using an ultra-high frequency radiowave scalpel (Ellman Surgitron FFPF, Ellman International, Oceanside,NY The pathology is described as well as alternative surgical procedures.

Rhinophyma is a chronic disease of the skin and sebaceous glands characterized by slow and progressive growth of nodular tissue down the inferior middle of the nose, producing aesthetic and functional alteration.

CASE DESCRIPTION

The patient, a 68 year old male, presented with an exuberant lesion of approximately 25 years progression. The patient had numerous consultations, however he refused surgical intervention until excessive growth of the lesion produced nasal obstruction and compromised vision (Figs. 1A and 1B). In January 1995, a resection was performed using an ultra-high frequency (3.8 MHz) radiowave scalpel, the Ellman Surgitron FFPF. The excessive growth was surgically excised, avoiding the osteo-cartilaginous region to reduce excessive retraction, and then the nose was sculpted. A surgical smoke evacuator (Quiet-Vac, Ellman International, Oceanside NY) was used to remove the smoke plume from the operatory site. (Fig. 7)

Use of harvested donor tissue for transplant was not required. For the first 24 hours, a Phuracinate dressing was applied, after which Riphamicid spray was used at regular time intervals to promote cicatrization. The excised specimen weighed approximately 800 grams. The healing progressed well, with minimal scarring and skin retraction resulting in an aesthetically acceptable result, and also resolved both the nasal and ocular obstructions (Figs. 2 and 3).

REVIEW OF THE LITERATURE

Rhinophyma is a benign nasal tumor, considered a manifestation of acne rosacea (multifactorial type) that usually affects people of adult age who generally consume an excess of alcohol and/or food. Less is known about their etiology, but the papulopustular stage is produced by a small parasite named Demodex Folliculorum.

There are two types of histopathology. The most common type is concomitant with acne rosacea, and are slow growing but progressive, and show characteristic hyperplasia and hypertrophy of the sebaceous glands, with fibrosis and telangiectasias on the middle inferior of the nose. It should be differentiated from the malignant lesions, such as basal cell carcinoma and squamous cell, that could also be concomitant with rhinophyma.

There are many surgical approaches in the literature, beginning with shaving by cold knife which produces deficient aesthetic results in addition to heavy bleeding. In small lesions, it is possible to treat with dermabrasion. Moreover, the use of cryosurgery and traditional electrosurgery scalpels have been shown to produce variable results.

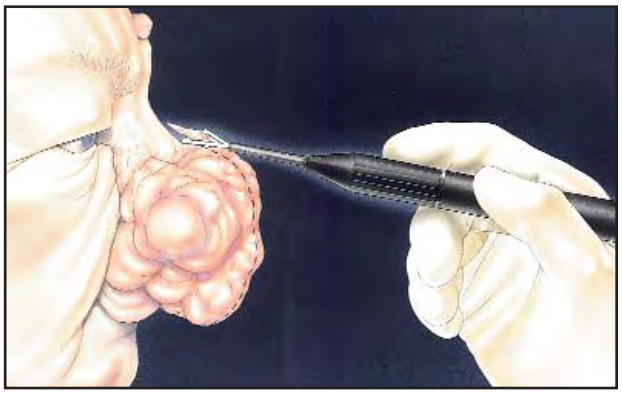
With the advent of various types of lasers, there are descriptions of successful results with use of the Nd-YAG or Argon lasers, but the CO2 laser is most often utilized and recommended for the good aesthetic result, less bleeding, and rapid cicatrization.

In this particular case, an ultra-high frequency radiowave scalpel was utilized because of a lack of resources and the high cost of a laser. In addition to plastic and cosmetic procedures, the radiowave scalpel is also used successfully in dermatology, otolaryngology, and gynecology. The unit is inexpensive, easy to handle, and has a small learning curve. The output, which generates a cut that vaporize cells at an ultra-high frequency, produces a very fine incision with minimal, if any, scarring.

ABSTRACT

A clinical case of giant rhinophyma that was described which was excised with an ultra-high frequency radiowave scalpel. The pathology and the different surgical excision approaches to treatment of rhinophyma were described.

Figs. I A and B. Patient with Giant Rhinophyma that obstructs vision and produces a nasal obstruction.



Figs. 2A, B and C. Bulbous irregularities being shaved with specially designed Rhinophyma electrodes.

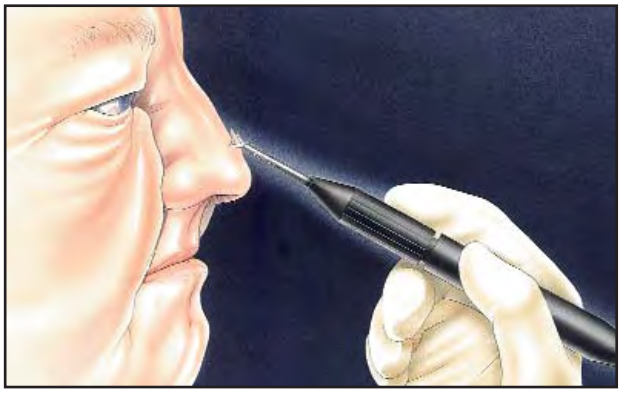


Fig. C

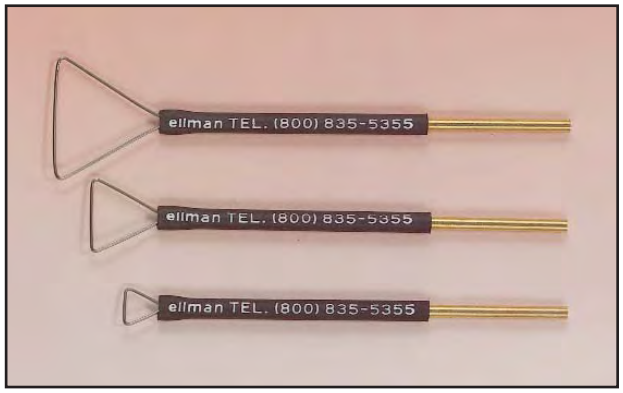
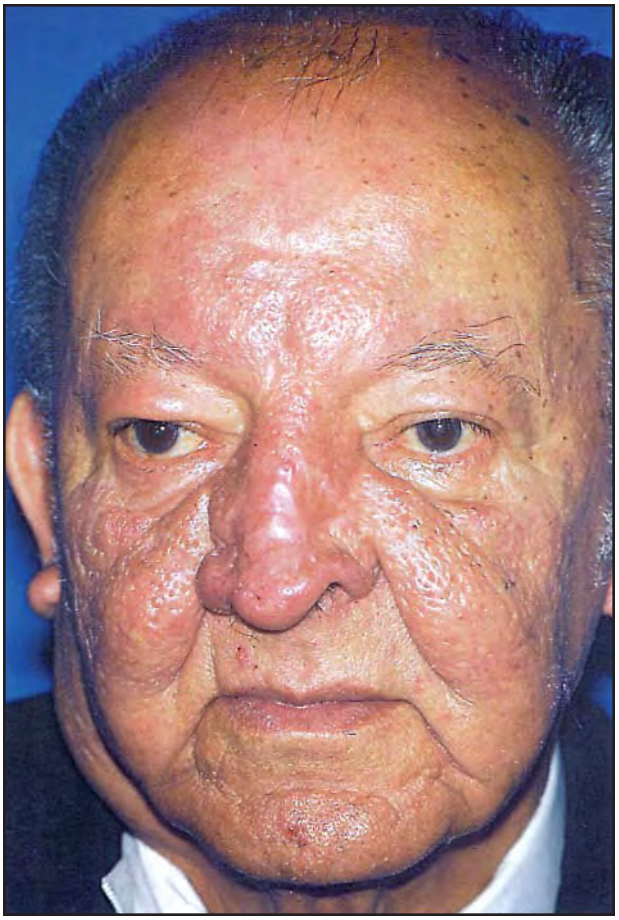


Fig. 3 Ellman Rhinophyma patented electrode set.

Figs. 4A and B. Fifteen days postoperative. Note the process of cicatrization and the appearance of eschar.



Figs. 5A and B. Six months postoperative, frontal and lateral views.

Fig. 6 Ellman Surgitron EMC used in practice.

Fig. 7 Quiet-Vac smoke evacuator used in practice.

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