Rhinophyma is commonly linked to chronic alcohol use, colloquially being misnamed ‘whisky nose’ or ‘rum blossom’. However, the true reason for this disfiguring condition has no clear causative trigger.

Some studies have linked rhinophyma with sudden emotional responses that trigger flushing. Rhinophyma is a benign dermatological condition of the nose, derived from the Greek word ‘rhis’ for nose and ‘phyma’ for growth. It is the end-stage presentation of phymatous rosacea, and may occur in patients with few or no other features of rosacea.

Although recognised by Greek and Arabian physicians as early as 2000 BCE, it may have easily been confused with tuberous conditions of the nose such as leprous, syphils, and tuberculosis. First accurately described by Virchow in 1846, it can result in significant facial disfigurement, emotional suffering, and even serious ocular complications.

PATHOPHYSIOLOGY

Rhinophyma, also termed ‘end-stage rosacea’, is the most frequent phymatous manifestation of the disease. It starts as an accentuation of the normal tissue over the nose in adolescence and young adulthood. This is followed by progressive dilatation of the nasal vessels, involvement of cysts and pustules resulting in oily skin, and significant hypertrophy and hyperplasia of the sebaceous glands and connective tissue of the nasal tip.

As the condition progresses pits, nodules, lobulations, fissures, and pedunculations can exacerbate symptoms. However, once the disease progresses to its hypertrophic and bulbous stage only surgical intervention can reverse the deformity.

SURGICAL OPTIONS

Several surgical techniques have been described in the management of rhinophyma. The main principle is shaving the redundant tissue while avoiding damage to the underlying cartilage. The depth of shaving should leave enough skin adnexal structures at the wound surface to allow proper healing by secondary intention.

Surgical techniques include: dermabrasion; CO₂ laser shaving; cryosurgery; harmonic scalpel; and YAG laser.

CONCLUSIONS

The prognosis of rhinophyma is variable, and patients should be aware of the pathophysiology of the condition and its link to the underlying rosacea. Although this is a dramatic and distressing variant of rosacea, the condition is treatable, and with supportive management of patients’ emotional and clinical needs every day need not be Red Nose Day.

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