



## **RHINOPHYMA**

### **What are the aims of this leaflet?**

This leaflet has been written to help you understand more about rhinophyma. It tells you what rhinophyma is, what causes it, what can be done about it, and where you can find out more about it.

### **What is rhinophyma?**

Rhinophyma is a progressive skin condition that affects the nose. The condition is mainly seen in those who have rosacea, a rash that can affect the cheeks, forehead and nose (see rosacea leaflet for further information). If rosacea progresses, the nose becomes redder, swollen at the end and gains a bumpy surface which changes in its shape. This swelling is because there is formation of scar-like tissue and the sebaceous glands (which produce oil on the skin) get bigger. Much more rarely, swelling can arise on other parts of their face such as the ears and chin.

Rhinophyma usually only develops in rosacea which has been active and untreated for many years. However, although rosacea affects women more than men, rhinophyma mainly affects fair-skinned men aged 50 to 70 years.

### **What causes rhinophyma?**

The causes of rhinophyma are not fully understood. Rhinophyma can occur as a more severe stage of rosacea. However, some people have rhinophyma without having rosacea. Although commonly believed to be due to alcohol, there is no link between rhinophyma and excessive drinking.

### **Is rhinophyma hereditary?**

There is no clear genetic link.

## **What does rhinophyma look like?**

Rhinophyma is a disorder of the nose which alters its shape. Initially there may just be redness of the nose and a few small bumps. Over time however the nose becomes more swollen and bulbous. The affected skin can become quite bulky with prominence of the skin pores and scarring.

## **How is rhinophyma diagnosed?**

The diagnosis is usually made from the appearance of the skin on the nose and the previous history of rosacea. If the diagnosis is unclear, a dermatologist may take a small skin biopsy under local anaesthetic for examination under the microscope.

## **Can rhinophyma be cured?**

Although there is no cure for rhinophyma, treatments can be effective in improving the appearance and prevent deterioration.

## **How can rhinophyma be treated?**

Treatment of established rhinophyma can be very challenging and can include a combination of different treatment options. Oral treatments do not usually work very well in established rhinophyma, and surgery is often necessary. The aims of surgical treatments are to remove the excess tissue and restore the natural shape of the nose as much as possible by shaving off the extra layers of skin. It takes about a week to heal from the surgery and about 6 weeks after the procedures, the skin will look smoother.

Depending on the severity and extent of the rhinophyma a doctor may offer some of the following treatments:

Management options:

### **A. Non-surgical**

- Oral isotretinoin, a retinoid (see relevant leaflet) commonly used for the treatment of acne, may be effective by reducing redness and the growth of the sebaceous glands.

### **B. Surgical**

- CO<sub>2</sub> laser, is the preferred and most common method of treating thickened skin. It shaves down the bumps induced by thickening skin.

This procedure causes the least amount of bleeding, however, by using the traditional fully ablative CO<sub>2</sub> laser, there is risk of pigmentary changes and scarring.

- *Scalpel or razor blade excision* – this involves using either a scalpel or razor blade in a controlled manner to help remove the excess tissue.
- Dermabrasion, this technique involves using a wire brush or a burr (a wheel with rough edges) which rotates rapidly and removes the upper layers of the skin. It causes bleeding and there is a risk of cutting too deep, which can cause scarring and permanent color changes to the skin.
- Electrosurgery and Electrocautery, this procedure uses devices that deliver high frequency electrical currents that heat up and help remove excess tissue. It may cause bleeding.

The surgical treatments can be performed either by dermatologists, plastic surgeons or ear nose and throat surgeons. There are advantages and disadvantages with all of the above treatments which your specialist will discuss with you. Sometimes more than one attempt or a combination of different treatments is required to obtain a good outcome. Surgical treatments for rhinophyma are not routinely commissioned. Please check with your doctor if funding may be available locally and if not how to apply in exceptional circumstances.

It is important to note that these treatments do not cure rhinophyma; they aim to remove overgrowth of excess tissue and reshape the nose. Recurrence of the problem can occur which may then require further treatments.

### **Self care (What can I do?)**

- Protect your skin from the sun by using a sun block (with a sun protection factor of at least 30) on your face every day.
- Use a soap substitute to cleanse your face such as a gentle moisturiser.
- Use an un-perfumed moisturiser on a regular basis if your skin is dry or sensitive.
- Camouflage products can often cover up redness effectively, and some patients may benefit from the use of skin camouflage to cover redness. A health care professional will be able to help you find a local service if

necessary. Camouflage can be very effective in altering the skin colour, but they cannot alter the shape or texture of the skin.

## **Where can I get more information?**

*Web links to further information:*

<https://patient.info/doctor/rosacea-and-rhinophyma>

<https://www.dermnetz.org/topics/rosacea/>

For details of source materials used please contact the Clinical Standards Unit ([clinicalstandards@bad.org.uk](mailto:clinicalstandards@bad.org.uk)).

**This leaflet aims to provide accurate information about the subject and is a consensus of the views held by representatives of the British Association of Dermatologists: individual patient circumstances may differ, which might alter both the advice and course of therapy given to you by your doctor.**

*This leaflet has been assessed for readability by the British Association of Dermatologists' Patient Information Lay Review Panel*

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