

Rhinophyma: treatment by excision and silver impregnated amniotic membrane

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Rhinophyma also known as elephantiasis and cystadenoma of the nose, is a benign nodular enlargement of the skin of the lower half of the nose (Ballanger, 1977). Since several centuries rhinophyma has been treated by surgical removal of the diseased tissue. However, there is no general agreement about the postoperative treatment of the epithelial defect, which may extend over the entire nose (Staindl, 1981; Matthews et al., 1982; Ersek et al., 1984; Roberts and Ward, 1985). In this report we describe a case of rhinophyma in which surgical removal was followed by covering the epithelial defect with amniotic membrane impregnated with 0.5% silver nitrate solution.

CASE REPORT

A 65 year old man with a gradually increasing thickening of the nasal skin for four



Figure 1. Preoperative view of the rhinophyma.

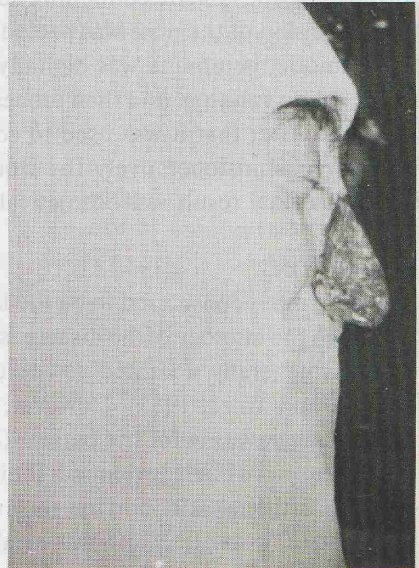


Figure 2. Immediate postoperative view showing the wound covered with amniotic membrane.



Figure 3. Healed nose three weeks later.

years was admitted to us. It was a typical case of rhinophyma which was not obstructing the nares (Figure 1). Under adequate sedation, the nose was injected with a local anaesthetic containing adrenaline to reduce bleeding. Then almost the entire skin of the nose was peeled off using a surgical blade. Prior to surgery the amniotic membrane was digitally separated from the chorion, washed in a sterile saline solution, and then processed with 0.5% of silver nitrate solution for 24 hours. After that it was used to cover the epithelial defect (Figure 2). Three weeks postoperatively the wound was completely covered with epithelium. The final result was cosmetically acceptable (Figure 3).

DISCUSSION

Rhinophyma is considered to be the last stage of acne rosacea (Ballanger, 1977). Although the etiology of the disease is unknown, surgical removal of the diseased tissue is generally accepted as the only method of treatment (Staindl, 1981; Roberts and Ward, 1985). However, postoperative treatment of the epithelial defect is aggravating for the patient (Staindl, 1981). A number of postoperative treatments have been developed; for instance covering the wound with ointment dressing, artificial skin, porcine skin, split or full-thickness skin, grafts, and local flaps (Staindl, 1981; Matthews et al., 1982; Ersek et al., 1984; Roberts and Ward, 1985).

The usefulness of amniotic membrane as a temporary biological wound covering has been well established since 1910 (Matthews et al., 1982). Numerous authors

have reported its effectiveness in treating a wide variety of open wounds such as skin ulcers, avulsions, skin graft donor sites and burns. Amniotic membrane has the advantage of pain relief, reduction of fluid and protein loss from the wound surface; enhancement of vascular neogenesis and a fast healing. Besides it has a mild antibacterial activity (Matthews et al., 1982). The potent broad spectrum bactericidal effects of silver ions are well known. So silver impregnated amniotic membrane has a strong direct antibacterial effect on the wound surface. From this we can conclude that silver impregnated amniotic membrane is a valuable dressing for wounds caused by excision of rhinophymatous tissue, resulting in a healing with good cosmetic results.

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