Case Series

Toros Nose and Its Treatment – Simple But Effective

https://orcid.org/0000-0002-3005-5673

Suhasini,[1] Smitha Praveen,[1] Ashika Bagaria,[1] Aparna N G[1]

ABSTRACT

Introduction

Rhinophyma is a benign slow-progressive nasal skin deformity characterised by hypertrophy of sebaceous gland and connective tissue. It predominantly affects middle-aged and elderly males and can result in significant cosmetic disfigurement and psychological distress. Various treatment modalities have been described, with no single universally accepted approach.

Materials and Methods

This descriptive case series was conducted at a tertiary care centre in Karnataka between January 2023 and December 2025. Six patients diagnosed with Rhinophyma were included in this study. All patients underwent surgical management but one patient opted for medical therapy.

Results

The study included five male and one female patient, with a mean age of 49.5 years. All patients treated with surgery showed satisfactory outcomes. The healing duration ranged from 4 weeks to 3 months. No recurrences or major complications were observed during follow-up (3–24 months). Disease progression was stabilized in patient with conservative treatment. Surgical excision or shaving combined with regular postoperative dressings resulted in effective wound healing with minimal scarring.

Conclusion

Surgical management of Rhinophyma using simple excision or shaving techniques, along with meticulous postoperative care has proven to be a safe, cost-effective, and reliable treatment option. It provides excellent cosmetic results, high patient satisfaction, and minimal recurrence.

Keywords

Rhinophyma; Potato Nose; Acne Rosacea

Rhinophyma, also known as Hebra nose, is a benign slow-progressive nasal skin deformity characterised by hypertrophy of sebaceous gland and connective tissue. It most commonly affects the tip and adjacent regions of the nose and is considered an advanced stage of Rosacea.[1,2] The condition predominantly observed in males over 50 years of age and leads to significant cosmetic disfigurement, distortion of nasal contours, and associated emotional and psychological distress.[1,3]

Historically, Rhinophyma dates back to 18th century which was managed earlier with ineffective methods resulting in recurrences.[4] Recent advances have improved the understanding of tissue healing and newer surgical techniques, more effective and cosmetically acceptable treatment modalities are now available. Management options include both medical and surgical approaches, with the surgery being preferred in advanced cases.

1 - Department of ENT & HNS, Kempegowda Institute Medical Sciences, Bengaluru

Corresponding author:

Dr Suhasini

email: vagusanconeus@gmail.com

Materials and Methods

This descriptive case series was carried out in a tertiary care centre in Karnataka from January 2023 to December 2025. A total of six patients diagnosed with Rhinophyma

were included in the study, five patients underwent surgical management under a single surgeon, while one patient opted for conservative (medical) therapy. Patients were enrolled into the study after informed consent. Demographic and clinical findings including age, gender, comorbidities, personal history, lesion characteristics, treatment modality, and follow-up duration were recorded and analysed.

The study population consisted of five male patients and one female patient, with a mean age of 49.5±9.7 years (range: 35–59 years). Most patients (4/6) were referred from the Dermatology department, while two presented directly to the outpatient department. Comorbid conditions included hypertension and diabetes in two patients. An excessive alcohol habit was reported in 1/6 patients and moderate consumption was seen 1/6 patients.

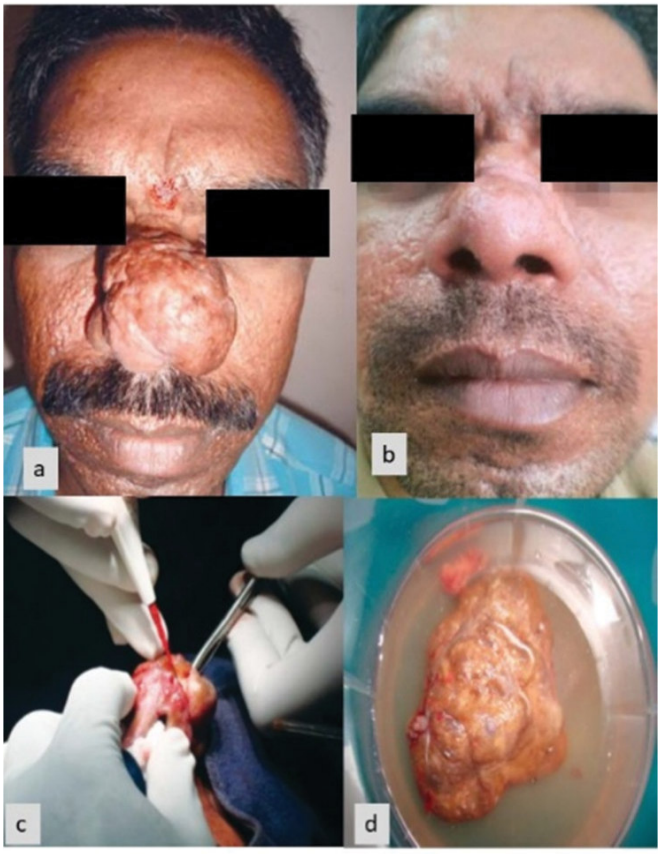
Surgical management primarily involved excision or shaving of the Rhinophyma mass using a diathermy knife or surgical blade, followed by regular postoperative wound care. Conservative management included dermatological interventions such as iso-tretinoin therapy and hydra facial treatments.

Results

All five cases treated with surgery demonstrated favourable outcomes and complete healing with satisfactory cosmetic results. Healing ranged from 4weeks to 3 months depending on the size and extent of lesion.

Case 1:

A 42-year-old male with a long-standing Rhinophyma. On examination, features of large Rhinophyma mass measuring about 3 × 5 × 4 cm was present on the dorsum of nose, broad based, bosselated in appearance and soft to firm in consistency (Fig 1). Patient underwent shaving of the lesion, followed by daily post-operative dressings using sofra-tulle over the raw area. Complete healing with near-normal nasal contour was achieved within 2 months.



a) Pre-operative b) Post-operative
c) Intraoperative d) Specimen

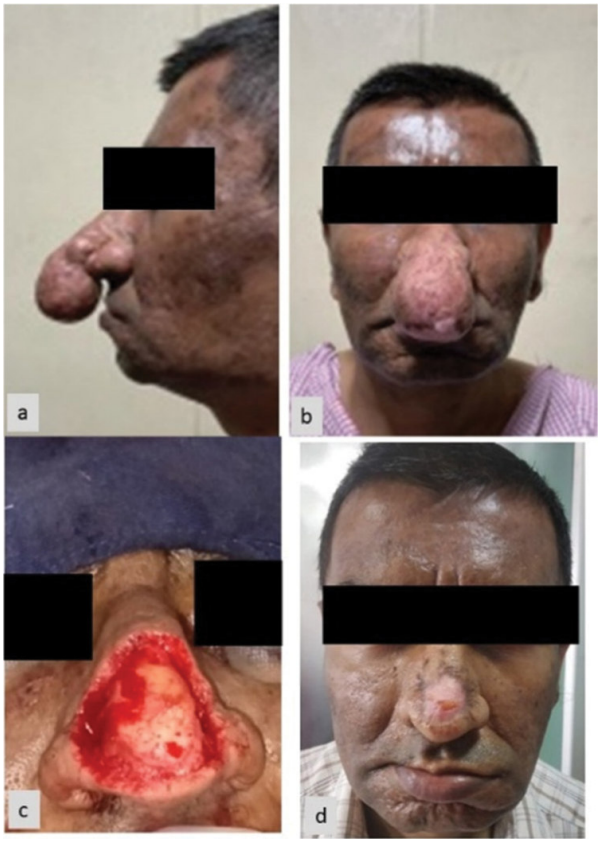
Fig. 1. A 42-year-old male presenting with a large, broad-based, bosselated rhinophyma involving the dorsum of the nose.

Case 2:

A 47-year-old male with a giant pedunculated lesion on the nose from past 10 years extending up to the lower lip and Acne vulgaris. (Fig 2) History of epileptic seizures was observed. On examination a pedunculated mass hanging from the tip of the nose till the lower lip measuring about 10*5cm with a broad base. He underwent complete excision, with recovery achieved in 6 weeks.

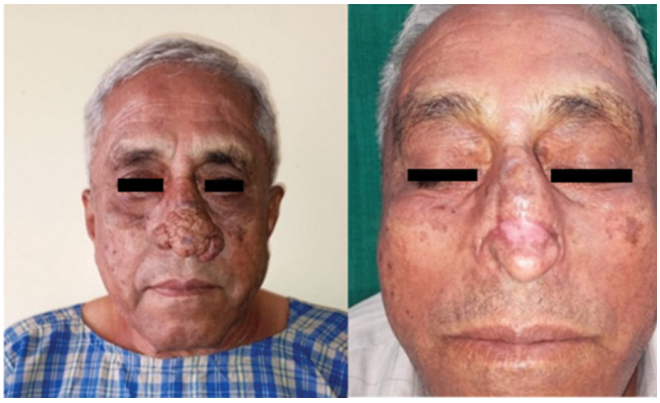
Case 3:

A 58-year-old male presented with long standing Rhinophyma since 14yrs, and underwent excision of 5*4*2 cm bosselated appearance of the lesion and recovered fully within 3 months. (Fig 3)



a) Pre-operative b) Post-operative
c) Intraoperative d) Post-operative

Fig. 2. A 47-year-old male with a giant pedunculated rhinophyma. Postoperative follow-up at 6 weeks demonstrating complete healing with satisfactory cosmetic outcome.



a) Pre-operative b) Post-operative

Fig. 3. A 58 year old with bosselated appearance of Rhinophyma and complete recovery in 3 months

Case 4:

A 59-year-old male with nodular Rhinophyma associated with acne vulgaris underwent excision, with complete recovery in 1 month. (Fig 4)

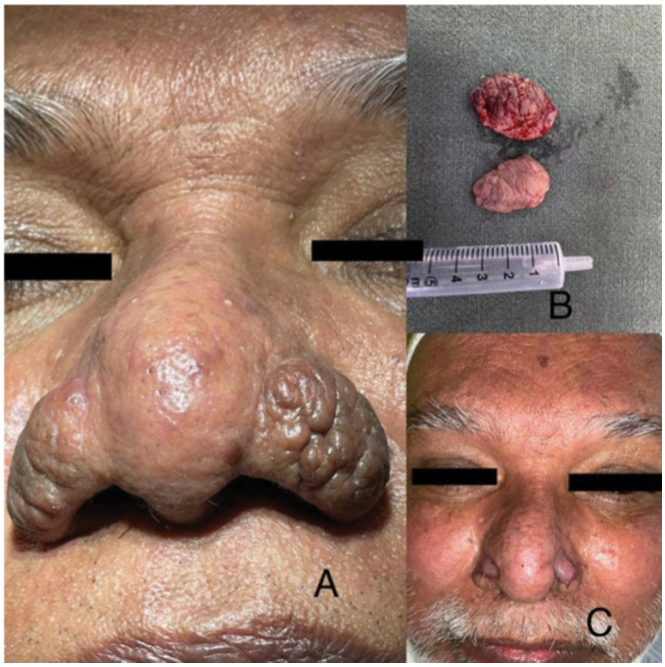


Fig. 4. 59 year old male with nodular Rhinophyma with pre and post operative picture showing complete recovery and restoration in 1 month.

Case 5:

A 56-year-old male underwent surgical shaving (swelling size 2*2*1 cm) following unsuccessful medical therapy of oral antibiotics of doxycycline and low dose iso-tretinoin for 2 months and topical application of azelaic acid for 3 months. Patient achieved complete healing in 4 weeks after surgery.

Case 6:

A 35-year-old female with early-stage Rhinophyma opted for medical management and is undergoing oral antibiotics of Doxycycline and iso-tretinoin with local application of metronidazole and azelaic acid and continues to be under follow-up.

In our study, all patient underwent shaving using

surgical blade no. 15 while preserving the normal surrounding tissue. Maximum post-operative care was provided using chlorhexidine sheet dressing with topical metronidazole and mupirocin and collagen particles application which helped healing of wound with no scarring left behind.(5) Patients were graded pre and post operatively according to Rhinophyma severity index scoring (RHSI), followed up regularly with variation in the time frame of follow up ranging from 3 to 24 months and their post operative satisfaction and cosmetic results were noted. None of our cases showed recurrence until now. Simultaneously treatment for Acne Rosacea of the face was sought by getting dermatologists opinion.

RHINOPHYMA SEVERITY INDEX SCORE

Cases	Pre operative score	Post operative score
1.	6	2
2.	6	1
3.	6	1
4.	4	1
5.	4	1
6.	3	Medical Treatment and Follow up

Discussion

Rhinophyma significantly impacts nasal aesthetics, leading to facial disfigurement and psychological distress. The nose consists of distinct skin types with varying density of sebaceous gland and mobility of skin. Skin on nasal bridge and upper nose is less sebaceous and more mobile. Skin on alae and distal nose is thicker and sebaceous in nature. Skin lining the nares, columella and soft triangle is thin and less dense with sebaceous glands and relatively mobile. Rhinophyma is a benign tumour affecting the nasal skin usually in the lower dorsum and tip of the nose where skin is thick and sebaceous. The lesion is often referred as 'Potato Nose', 'Whiskey Nose', 'Gin Blossom' and is characterised by hypertrophy of sebaceous glands and vascular tissue and is strongly associated with advanced rosacea.[6,7] Although the exact pathophysiology remains unclear, factors such as vasodilation, hormonal influences, and triggers like alcohol and caffeine are believed to contribute. In our series, all patients had underlying features of Acne Rosacea.

Diagnosis of the condition is primarily clinical, with severity classified with the help of validated classification such as the Rhinophyma Severity Index (RHSI) and anatomical classifications[8,9] based on nasal subunits. Management options include both medical therapies (e.g., iso-tretinoin and topical metronidazole) and surgical interventions.[10]

Surgically, Rhinophyma can be treated by various methods. The most popular methods are, excisional techniques like full thickness or partial thickness resection with reconstruction, cryosurgical excision or dermabrasion. Ablative techniques using electro cautery, coblators or radiofrequency ablation using helium plasma. A school of surgeons prefer laser assisted excision in managing Rhinophyma.[11] However, these methods require the need of expensive tools and equipment which might not be widely available. Hence our study done on five patients helps us strongly recommend and believe that a clean surgical resection with regular dressings will certainly help us achieve great results in patients.

Healing in Rhinophyma typically occurs via secondary intention, where healing depends on the functionality of the epithelial remnants and the infundibulum of hair follicles and sebaceous glands.[5,12] In our series, preservation of underlying tissue facilitated effective re-epithelialization with minimal scarring. Radiotherapy, once used historically, is now obsolete due to the risk of secondary malignancies.[13] Our findings suggest that cost-effective surgical approaches, when combined with proper wound care and dermatological management of rosacea, can achieve excellent outcomes without recurrence. Surgical intervention was time efficient with good results thus improving the psychological and emotional state of the patient.

Conclusion

Rhinophyma, though a disfiguring condition, can be effectively managed with timely intervention. Despite the availability of multiple treatment approaches, surgical

excision combined with regular postoperative dressings remains a simple, cost-effective, and reliable approach.

This method has proven to provide excellent cosmetic outcomes, minimal scarring, high patient compliance. It has also improved in psychological well-being significantly. Early diagnosis and appropriate management are essential to prevent progression and ensure optimal results.

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