

## Basal Cell Carcinoma Camouflaged by Rhinophyma

Dear Editor,

Rhinophyma is a rare and progressively disfiguring condition, characterized by sebaceous hyperplasia and fibrous tissue proliferation.<sup>[1]</sup> In its extreme form, it may cause nasal airway obstruction and hide malignancies, in addition to the cosmetic and emotional concerns.

An 87-year-old man, with a long-standing history of rosacea, presented with exuberant rhinophyma on the tip of the nose. A closer look disclosed a small crusted papule on the right ala [Figure 1]. The clinical differential diagnosis included phimatous nodule, basal cell carcinoma, or adnexal tumors.

To achieve negative margins and plan the reconstructive approach, we first performed an electro-rhinosculpture. After anesthesia with injection of 2% lidocaine with 1:100,000 epinephrine, the phimatous nodules were excised with a loop tip of electro-surgical device in cutting mode, thus allowing to remove the excess tissue in smooth planes while providing simultaneous hemostasis. Mechanical dermabrasion followed using the cautery tip polisher in order to soften the nasal contours into the desired appearance [Figure 1]. Additional hemostasis was performed with electrocoagulation. We then performed a dressing with metronidazole cream and Surgicel (SURGICEL®, Ethicon, US).

In a deferred time, we performed tumor excision and reconstructed the surgical defect using a bilobed flap [Figures 2 and 3].

At 4-week follow-up, the patient had normal nasal contour, with excellent functional and cosmetic result [Figure 4]. There was no significant scarring on our patient. To avoid scarring, excision should not be below the depth of the



**Figure 2:** Reconstruction with a bilobed flap after excision of basal cell carcinoma



**Figure 1:** Exuberant rhinophyma with an eroded nodule on the right ala before and after electro-rhinosculpture



**Figure 3:** Reconstruction with a bilobed flap after excision of basal cell carcinoma

pilosebaceous unit, which would result in atrophy rather than porous nasal skin.

To the best of our knowledge, there are a few reports of an association between rhinophyma and basal cell carcinoma.<sup>[2]</sup> It is important to acknowledge this as the surgeon should be alert to the presence of malignancy in atypical or rapidly enlarging rhinophyma in order to guarantee the best treatment approach.

### Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent forms. In the form the patient(s) has/have given his/her/their consent for his/her/their images and other clinical information to be reported in the journal. The patients understand that their names and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

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Nil.

### Conflicts of interest

There are no conflicts of interest.

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**Figure 4:** Four weeks after treatment

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