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RHINOPHYMA IN A NEGRO: CASE REPORT

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The cause of rhinophyma is unknown. The condition is extremely uncommon in negro patients. One such case is reported here and it is suggested that racial factors may be significant in the development of this skin lesion.

CASE REPORT

A 38-year-old West Indian negro was seen in the out-patient clinic with a raised localised nodular lesion in the skin over the right alar cartilage (Fig. 1). He claimed that an irregularity of the skin had been present in that area since birth. Sebaceous material could be freely expressed from multiple comedones within the affected area and a similar abnormality of the skin was noted on the right cheek.

The nodular area on the side of the nose was excised. Histological examination (Fig. 2) revealed dilation of capillaries and a chronic inflammatory infiltrate in an area of hypertrophied sebaceous glands: the typical appearance of rhinophyma (Rook *et al.*, 1978). Healing of the wound was uneventful and the patient chose to undergo shaving of the remaining irregular area, despite a warning of possible pigmentation problems in the skin.

DISCUSSION

The precise cause of rhinophyma is uncertain (Matton *et al.*, 1962, Fisher, 1970, 1970, Rook *et al.*, 1978) though there is a well recognised connection with acne rosacea. However, despite the greater incidence of acne rosacea in women, rhinophyma is much commoner in men (Rook *et al.*, 1978)

The cause of acne rosacea itself remains uncertain. In a series of 92 patients studied at St John's Hospital for Diseases of the Skin, in London, Marks, (1968) failed to demonstrate a definite causative factor. Long term exposure to sun or cold, inherent personality, seborrhoeic diathesis, gastro-intestinal disease and primary disease of the small vessels of the face were all excluded.

With regard to rhinophyma, it has been suggested that an unknown factor may trigger off chronic vaso-dilation in the superficial cutaneous vascular plexus, which in turn gives rise to oedema, fibrosis and obstruction of the sebaceous glands (Fisher, 1970).

Unproven causative factors of rhinophyma include alcohol, spiced food, black coffee (Fara, 1971), the weather, hormonal factors (Mouly and Dufourmentel, 1971) and emotional stress. A definite familial incidence has not been shown (Fara, 1971). Parasitic infestation of the deep follicles of the nose, and a deficiency of vitamins B and C have been suggested as possible causes (Horton *et al.*, 1967).

The condition has been seen in negro patients with extreme rarity. The series of Fara (81 patients) and Matton *et al.* (57 patients) contained none, whilst Fisher's series of 33 patients included two negro patients seen during a 20-year period in New York.

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Fig. 1. West Indian negro patient with rhinophymatous lesion over the right side of the nose and the adjacent cheek.

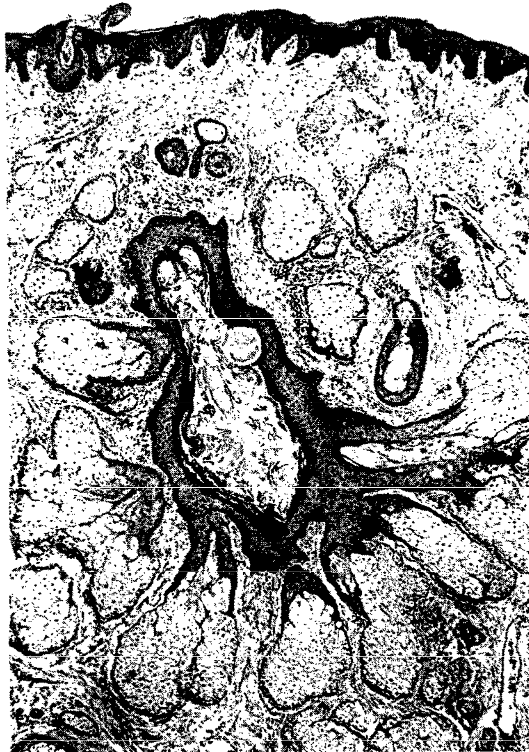

Fig. 2. Histological section of a biopsy taken from the nose confirms the diagnosis of rhinophyma.

SUMMARY

A case of rhinophyma in a negro patient is reported. The cause of rhinophyma and its association with acne rosacea is discussed. It is suggested that racial factors may be relevant in this incompletely understood condition.

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