Rhinophyma: practical and safe treatment with trichloroacetic acid

Rinofima: tratamento prático e seguro com ácido tricloroacético

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ABSTRACT

The authors introduce a method for the treatment of different intensities and scales of rhinophyma, with trichloroacetic acid. This is a safe process, created and performed by the authors for five decades, with an absence of descriptions of adverse effects.

Keywords: trichloroacetic acid; rhinophyma; therapeutics.

RESUMO

Apresentamos método de tratamento com ácido tricloroacético para casos de rinofima de diferentes intensidades e extensões. Trata-se de processo seguro, que criamos há cinco décadas e desde então vimos executando, sem nenhum efeito adverso.

Palavras-chave: *ácido tricloroacético; rinofima; terapêutica.*

INTRODUCTION

Rhinophyma is a disfiguring and progressive disorder of the nasal skin, characterized by hyperplasia of the sebaceous glands with occlusion of the ducts and dermal fibrosis, typically affecting middle aged Caucasian men.

This process occurs most commonly in rosacea patients and can affect the frontal region (metophyma) or, more rarely, the ears (otophyma), eyelids (blepharophyma), or the mentum (gnatophyma).

Its development is progressive and deforming, and in some patients there can be intermittent inflammation, which may result in scars and fibrous tissue.

The process of removing hyperplastic tissue through incisional surgery,[1-6], electrosurgery,[7-8] or laser [5, 9-13] is always laborious, requiring efficient preparation by the dermatologist, and always presents a substantial risk of scarring.

The authors describe a method for treating rhinophyma that was developed by Gaspar NK five decades ago, and which has been performed in countless patients without any complications.

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Received on: 24 November 2014
Approved on: 17 December 2014

This study was performed at the authors' private practices in Niterói (RJ), Brazil.

Financial support: None
Conflict of interest: None

The present paper is aimed at demonstrating the applicability of this method.

METHOD

No age, gender, or somatic disease restrictions were used in the selection of patients. This process is not indicated for the few patients with scarring and a xerotic and whitish appearance.

Patients should be warned beforehand that there will be a formation of thick and dark crusts, which will remain for 7 to 10 days but which should detach spontaneously and non-traumatically.

It is necessary to administer oral acyclovir to patients with a history of herpes simplex, and tetracycline and ibuprofen to those with a very intense inflammatory process. The emptying of the comedones is then carried out by vigorous expression in order to avoid inflammation underneath the crusts.

The procedure begins with removing all grease from the skin, using acetone immediately before, then evolving to the application of 70% or 90% trichloroacetic acid (TCA) with a stick wrapped in cotton (forming a flat swab) up until the total and intense local whitening of the area occurs, which happens a few seconds after the application (Figures 1 and 2). In very exuberant and hypertrophic lesions, the application must be more intense (2 or more times in a row) (Figure 3). The areas of normal skin or containing atrophic lesions should always be left untouched (Figure 4).

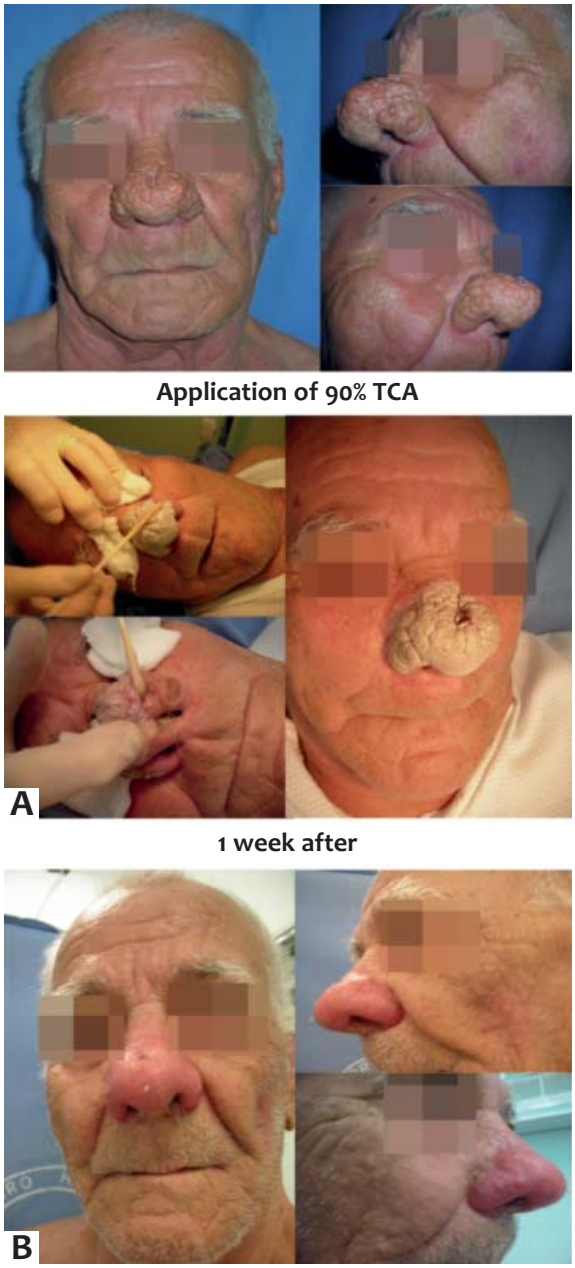

Figure 1: A. Application method of 90% TCA around the lesional tubers up until total whitening is achieved; **B.** One week after

Figure 2: 90% TCA with great reduction in the nasal volume

Male patient, Caucasian, 70-years-old, skin type III

90% TCA application

1 month after

Figure 3: A. 90% TCA with more effective application in exuberant areas; **B.** One month after

When the rhinophyma is partial, the treatment should cover only hypertrophic areas (Figure 5).

Lesions that reach other regions can also be treated immediately (Figure 6).

If a new application is necessary in the points where some hypertrophy remains, it can be performed as soon as the crusts come loose.

After 30-60 minutes the whitened appearance is replaced by a slight erythema.

Female patients often have very mild lesions and should be treated with a low TCA concentration (35%) in a single pass using the stick, which should not contain large amounts of acid (Figure 5).

Figure 4: 90% TCA in rhinophyma surrounding a scar

The application is limited to the relief

Figure 5: 35% TCA in a female patient, applied only in a discrete lesional area

Figure 6: 90% TCA, one week after; crust type

Figure 7: 70% TCA in localized rhinophyma, two weeks after

RESULTS

Healing takes place within 7 to 10 days, after which the patient should use sunscreen in the region.

Almost all of the authors' patients achieved complete results with only one treatment session. No adverse effect has been observed in any of the treated patients, and most attended the return consultation with apparently higher self-esteem – which could even be noticed on their physiognomic aspects (Figure 7).

CONCLUSION

The procedure described in the present paper is simple, practical, cost-effective and requires no instrumental or special preparation of the patient, or special preparation by the dermatologist. The restriction of the procedure to "cicatricial" cases is due to the fact that TCA has no effect of reduction for that lesion type. ●

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