The final stage of acne rosacea progression is a condition affecting the nasal tip known as rhinophyma. Histopathological features include hyperplasia and hypertrophy of the sebaceous glands, follicular plugging and dilatation, and large aggregations of lymphocytes at the dermal-epidermal junction. A definitive correlation between BCCA and rhinophyma is yet to be established, however, a few case reports have been published. In one recent case report on rhinophyma of the nose, a patient was found to have concurrent BCCA. In fact, one may logically conclude that the prevalence of both conditions is likely to be overestimated. Several tumor markers have been attempted for early detection of rhinophyma, including an increase in growth factors. Most documented cases of synchrony with BCCA are made incidentally upon review of an excised rhinophyma specimen.

While focal transformation from the hyperplastic and hypertrophic cellular changes associated with rhinophyma to BCCA has been hypothesized to explain the rare association of these two conditions, 10 however, this technique does not address the rhinophymic background. Negative margins were obtained, symmetry and homogeneity of the nasal tip were achieved, and the patient was very pleased with the results. Before and after photodocumentation, and representative histologic sections are presented.

Conclusions: The reported synchronous presence of known BCCA and rhinophyma is exceedingly rare. Our case demonstrates that both cancer cure and an optimal aesthetic result can be achieved by this novel treatment option.

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Figure 1. Typical characteristics of basal cell carcinoma arising in the nose. (H&E; left low power, right high power).

Figure 3. Frontal view of clinical progression. A. Pre-operative. Note the erythematous area on the supratip, which is positive for basal cell carcinoma. 

Figure 4. Lateral view of clinical progression. A. Pre-operative. Note the (erythematous area on the supratip, which is positive for basal cell carcinoma. 

Figure 2. Pre-operative tangential view with dermabrasion. Basal cell carcinoma has been witnessed with adequate peripheral margin. However, the deep margin remains unpalpable. A. Pre-operative view of the lesion to the level of the subcutaneous fat (Figure 2B). Taken with the permission of the patient by Parker A. Velargo, MD. 2010.

Figure 5. Pre-operative tangential view with dermabrasion. Basal cell carcinoma has been witnessed with adequate peripheral margin. However, the deep margin remains unpalpable. A. Pre-operative view of the lesion to the level of the subcutaneous fat (Figure 2B). Taken with the permission of the patient by Parker A. Velargo, MD. 2010.