

Case 3



Circumscribed, Fluctuant Mass

A 45-year-old woman presents with an asymptomatic, circumscribed, fluctuant mass on her left temple that has been growing slowly for several years. There is no known history of local trauma or infection or any personal or family history of skin cancer.

Questions

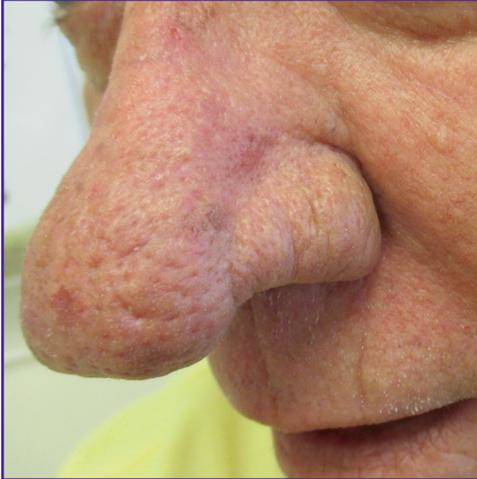
1. What is the diagnosis?
2. What is the significance?
3. What is the treatment?

Answers

1. The mass is an epidermoid cyst.
2. Typically, an epidermoid cyst presents as a fluctuant to firm, dome-shaped lesion that is not attached to the underlying structure. A punctum may be noted. These cysts have a tendency to grow slowly. An epidermoid cyst is usually asymptomatic unless it becomes infected, ruptures, resulting in inflammation, or is large enough to affect adjacent structures. Epidermoid cysts occur mainly on hair-bearing areas. Sites of predilection include the face, neck, scalp, and back. The condition is usually solitary. Congenital cases are uncommon and may be due to entrapment of ectodermal elements intradermally or subcutaneously during embryogenesis. Trauma is believed to be the main pathogenic factor for acquired cases although many patients might not recall the event.
3. If removal of an epidermoid cyst is desired due to cosmetic concerns or complications, complete surgical excision of the cyst contents and cyst wall is the treatment of choice.

Provided by: Dr. Alexander K.C. Leung and Dr. Benjamin Barankin

Case 5



Enlarging Nose

A 66-year-old man presents with a two-year history of asymptomatic and progressive enlargement of the distal portion of his nose.

Questions

1. What is the diagnosis?
2. What is the significance?
3. What is the treatment?

Answers

1. The diagnosis is rhinophyma.
2. The word rhinophyma is derived from the Greek words *rhis*, meaning nose, and *phyma*, meaning growth. Rhinophyma is characterized by progressive hypertrophy of epidermal and dermal elements, leading to a large, bulbous, and erythematous-appearing nose. This potentially grotesque enlargement is usually limited to the lower two-thirds of the nose. The affected skin surface tends to be pitted with large, patulous, expressive follicles. Significant telangiectases are often present over the affected area. Rhinophyma can coexist with symptoms and signs of other subtypes of rosacea, such as erythematotelangiectatic rosacea and papulopustular rosacea. The condition primarily affects Caucasian men older than 50 years of age.¹ Rhinophyma is a disfiguring condition that can be socially embarrassing. Other uncommon complications include nasal obstruction and obstructive sleep apnea.
3. Early cases of rhinophyma can be treated with topical retinoids and/or oral antibiotics (tetracycline-family) or even oral isotretinoin. Advanced cases may require treatment with oral antibiotics, isotretinoin, or, preferably, surgical/electrosurgical/laser ablation. 

Reference

1. Sadick H, Goepel B, Bersch C, *et al*: Rhinophyma: Diagnosis and Treatment Options for a Disfiguring Tumor of the Nose. *Ann Plast Surg* 2008; 61(1):114–120.

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