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Squamous Cell Carcinoma Clinically Mimicking a Rhinophyma in a Black Male

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ABSTRACT

The clinical features of rhinophyma can mask the existence or coexistence of a skin cancer. Many tumours can mimic rhinophyma. Many authors report cases of cancerisation of rhinophyma or the coexistence of rhinophyma and a cancer. Few authors have however reported cases of squamous cell carcinoma mimicking rhinophyma. We present the clinical case of a 48 year-old male with squamous cell carcinoma of the nose (tip of the nasal pyramid and vestibule), a histologic diagnosis after being confronted by an atypical clinical presentation of rhinophyma. Treatment consisted of radiation therapy and evolution was characterised by tumoral regression.

Keywords: Rhinophyma; Squamous Cell Carcinoma; Black Race

1. Introduction

Rhinophyma is a pathology characterised by progressive deformation of the nose due to thickening of the dermis. It is socially difficult to live with as the size of the nose can quadruple. It is relatively frequent in caucacians but rare in blacks [1]. The clinical diagnosis of rhinophyma is usually easy, but other skin affections can mimic it, such as malignancies. We give the case report of a squamous cell carcinoma of the nose clinically presenting as a rhinophyma.

2. Clinical Case

It was the case of Mr N., a 48 year old driver, resident in Douala, a known diabetic on oral treatment. He consulted for a swelling of the nose concerning the tip and the alae, evolving since 11 months.

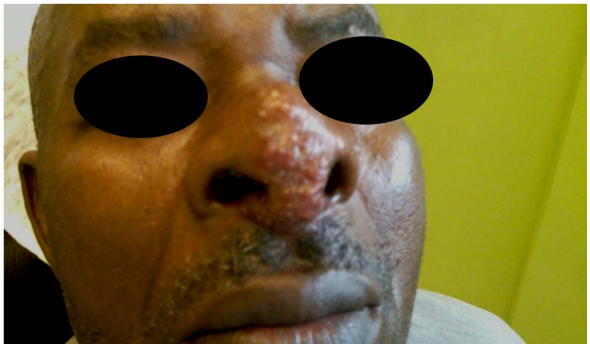
Clinical examination revealed a tumefaction of the nasal tip and alae, about 4 cm in the main axis, having a nodular erythematous and bosselated appearance as shown in **Figure 1**. There were no cervical lymphadenopathies and the rest of examination was normal.

An initial biopsy evoked a squamous cell carcinoma (SCC). A second biopsy was done due to doubts and still confirmed the diagnosis of a SCC, invasive and keratinising.

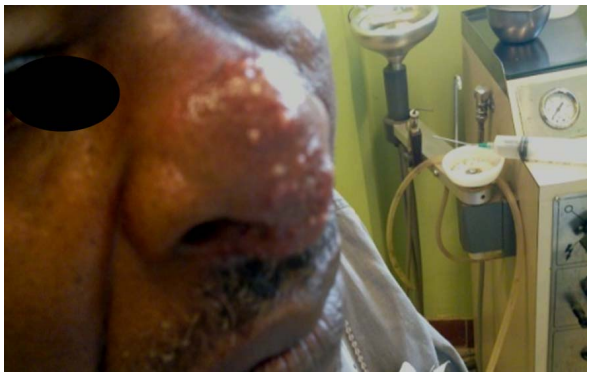
Due to insufficiency of our technical platform to do a plastic surgery for the nose, external radiation therapy was proposed following a multidisciplinary therapeutic decision-making reunion.

3. Discussion

Rhinophyma is a hypertrophy of the dermis of the nose



(a)



(b)

Figure 1. Clinical presentation of the tumour.

of chronic evolution [1]. The nose becomes large, thick and bulbous.

The term rhinophyma was given by Hebra in 1845 from the Greek words *rhis* (nose) and *phyma* (growth) [2]. The diagnosis is based on the clinical characteristics and it is usually easy [1,2]. However, many other clinical characteristics such as draining, ulceration, early pain and rapid growth can be sign of a malignancy instead [3]. In general, the clinical cases reported of SCC with rhinophyma, the evolution of the rhinophyma was very long, usually 3 to 20 years, before observation of rapid growth rate and changes in appearance with development of pain, ulceration in the few weeks which preceded the diagnosis of a SCC [4,5]. In our patient the evolution was very rapid (11 months).

The histological characteristics of rhinophyma are hyperplasia of the pilo-sebaceous glands, fibrosis, inflammation and the presence of telangiectasia [6]. Wende and Bentz are the first to report on the link between malignant growth and rhinophyma in 1904 [7]. Diverse malignancies such as baso-cellular carcinoma [5], angiosarcoma [8] spinocellular carcinoma [4,5] and sebaceous carcinoma [9] have been described to co-exist with rhinophyma or to mimic it. Also, it has been suggested that the incidence of some cancers is frankly raised in patients with rhinophyma [10]. Kim Joo Min and collaborators described in 2009 a similar case of SCC of the nose mimicking rhinophyma [11].

Rhinophyma is common in the western world affecting men in the fifth to seventh decades of life [12], but it is rare in blacks [1]. Allah described a case in Ivory Coast in 2009 [1]. It is the rareness in blacks that motivated a control biopsy in order to roll out a malignancy.

Once the pathology diagnosis done, workup was done to search for another primitive site and for metastasis, with a chest radiograph and transaminases, all of which were normal.

The treatment of SCC of the nose is determined by the histological diagnosis [4]. It consists of surgery and radiation therapy [13]. Due to lack of a plastic surgeon and the impossibility to obtain an artificial nose for this patient, we opted for external radiation therapy following a multidisciplinary therapeutic decision-making reunion (ENT, dermatologist, radiation oncologist and medical oncologist).

The evolution on treatment was characterised by regression of the tumour.

4. Conclusion

Due to rareness of rhinophyma, we propose that in the case of suspicion of rhinophyma clinically, a biopsy should always be performed to roll out possibility of a malignancy which can be primitive or resulting from cancerisation of an underlying rhinophyma.

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