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GENERAL CHARACTERISTICS AND METHODS OF TREATMENT OF RHINOPHYME

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Annotation: This article provides a detailed description of the clinical course, stage and methods of complex treatment of chronic nasal skin disease, characterized by an increase in all its elements and disfiguration of the nose. A comparative assessment of the traditional and proposed method of operation was carried out. At the present stage of development of maxillofacial surgery, the problem of introducing new, more effective and less traumatic methods of surgery into practice continues to be relevant to this day.

Key words: rhinophyma, classification, clinical stages, clinical course.

Relevance: Rhinophyma is a chronic inflammation of the skin of the nose and cheeks with the development of infiltrates, on which nodules of bright red color and tellangiectasia are located. With rhinophyme, all elements of the skin, its ligaments, subcutaneous tissues are affected, with the presence of inflammatory phenomena in them, hypertrophy of the sebaceous glands and vascular hyperplasia. It was first described in 1881 by M. Gerboy. The disease develops more often in men 40-50 years of middle and elderly age. If women suffer from rosacea more often (in 60% of cases), then hyperplasia of connective tissue and sebaceous glands, leading to rhinophyma, are observed exclusively in men [1, 20]. Rosacea occurs in representatives of all races, but mainly in light-skinned people, in black residents of Africa and America - very rarely. Epidemiological studies in North America have shown that rosacea affects from 5 to 7% of the population. In the Scandinavian countries, this figure reaches 10%, in Germany - 7%. The English call rosacea "Celtic tides" [3, 4, 8]. The Irish are more likely to have more pronounced forms of the disease.

The etiological factor is: unfavorable environmental conditions, dustiness, high humidity, sudden temperature changes, frequent cooling and give great importance to chronic alcoholism [2, 9,11].

An important role in the pathogenesis of rhinophyma is played by abundant vascularization of the nasal area and chronic inflammation, excessive consumption of alcoholic beverages [5, 13, 10, 19]. The role of factors such as burdened heredity, environmental and occupational hazards, gastroenterological diseases, dietary distortions and excesses, virus activity, autoimmune disorders and metabolic disorders, hormonal imbalances, angioedema, capillary circulation disorders, demodecosis (tick-borne dermatosis), seborrhea, prolonged use of vasodilating drops, hypovitaminosis, etc. is studied and discussed [7, 14, 18].

Each of these hypotheses is confirmed to a certain extent, but only as a more or less significant risk factor. An absolute trigger (trigger mechanism) has not yet been found and may never be found: many authors

reasonably consider rhinophyma as a polyethological disease, i.e. as a disease that can develop under the influence of various combinations of causes and favorable conditions [6, 12, 15, 16, 17].

Clinical picture.

The following forms of rhinophyma are distinguished: fibrotic angiomatous; glandular; fibrous; actinic.

The fibrous-angiomatous form is characterized by a uniform enlargement of the nose due to hypertrophy of the skin elements. The nose does not lose its configuration and acquires a bright red color due to the abundance of blood vessels in this area. With the glandular form of rhinophyma, pineal formations form on the nose. Gradually they merge into growths, nodes and large-sized bumps. The nose is deformed and disfigures the face. The nodes are soft to the touch, not ulcerated, have a bluish color. The sebaceous glands are dilated and when pressed on them, the contents are released, which has a very unpleasant smell.

The fibrous form is characterized by a bluish-purple color of the nose, a lot of telangiectasia (vascular patterns of blue or red hue of various shapes that have arisen due to the expansion of the vessels of the skin or mucous membrane). The sebaceous glands are hyperplasized (enlarged). The nose changes its shape, and the skin becomes lumpy.

The actinic shape is characterized by a uniform increase in the size of the nose. The color becomes brownish with a bluish tinge. Telangiectasia (small red, pink or blue oblong spots on the skin filled with a network of small and visible blood vessels under the skin) are located mainly on the wings of the nose. The pores are dilated, purulent pimples, which are called pustules, are not observed.

Quite often, rhinophyma is accompanied by blepharitis (inflammation of the edges of the eyelids) and conjunctivitis (inflammation of the mucous membrane of the eyes). This is due to inflammatory processes in the paranasal areas of the skin.

Diagnostics. Instrumental research methods are not required for the diagnosis of rhinophyma. Each form has its own characteristic features: fibrotic angiomatous form. Vasodilation and inflammatory phenomena prevail; glandular shape. There is a strong hyperplasia of connective tissue and sebaceous glands, dilation of blood vessels; fibrous form. It is based on diffuse enlargement (hyperplasia) of connective tissue; actinic form. Increase in the number of elastic fibers.

Rhinophyma should be distinguished from reticulosarcomatosis (malignant tumor) and leprosy (leprosy).

Methods of treatment.

It is aimed at restoring the functions of the nose and eliminating the cosmetic defect. It is carried out in a hospital by a surgical method. Drug therapy with the use of isotretinoin – slows down growth, but will not give complete treatment.

Dermabrasion and layered ablation with CO2 laser.

Surgical treatment consists in excision of the tumor, with plastic surgery of soft tissues.

The best result is given by radio wave surgery − a method of removing the build-up with simultaneous coagulation of tissue. This modern method allows you to carefully remove fabrics with excellent cosmetic results. When radio waves pass through the affected area, high frequency energy is generated, which leads to the actual evaporation of cells.

Advantages of the procedure: atraumatic incision; easy removal depth control; minimal risk of complications after surgery; acceleration of healing.

Healing occurs 2 times faster than using other methods. After the procedure, the tumor removal site is treated with ointments that accelerate the restoration of the skin. Full wound healing after surgery occurs in a month. As a result, a smooth, scar-free surface of the nose skin is formed.

Clinical case: Patient D.V. 1947 Kagan city was hospitalized in the department of maxillofacial surgery of the M.P.B.O. hospital with a complaint of a cosmetic defect in the nose area, bumpy at times of an inflammatory nature (photo 1).

photo 1. Patient before surgery

From the patient's anamnesis, he has been suffering for the last 3-5 years, has not been treated.

Occupation - works in the Kagan railway depot as a locksmith, an avid lover of fishing and often drinks alcoholic beverages. After a full examination of the t consultation of the doctors of the department and the staff of the Department of Surgical Dentistry of the Bukhara State Medical Institute, surgical treatment was decided. Operation: excision of pathological growths, followed by plasty with local tissues the opposite triangle of the Limberg flap (photo 2).

photo 2. Patient after surgery

The postoperative period proceeded smoothly, after the tenth day the stitches were removed, advice and dispensary supervision were given. Attached is a photo of the patient before and after the surgical period.

Conclusions. It is quite obvious that the volume and result of the intervention critically depend on the timeliness of assistance; in neglected cases, it is much more difficult to eliminate the defect, and sometimes complete reconstruction is impossible at all. Therefore, when the first signs of any kind of overgrowth appear on the skin (and this applies not only to the skin of the nose), you should consult a doctor as soon as possible.

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