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CASE REPORTS

Treatment of rhinophyma with the Versajet™ Hydrosurgery System[☆]

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KEYWORDS

Rhinophyma;
Versajet Hydrosurgery
System;
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Summary Rhinophyma is thought to represent the most severe expression of acne rosacea for which surgery is the mainstay of treatment. The use of Versajet™ Hydrosurgery System has not been previously described for the treatment of this condition. We present six patients with moderate to severe rhinophyma ranging from 41 to 77 years of age who were treated successfully with this technique.

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The term rhinophyma was first introduced by Von Hebra in 1856¹ to describe the most severe expression of acne rosacea, resulting in progressive thickening of nasal soft tissue. Morphologically, rhinophyma is characterised by telangiectasia, hypervascularity, thick nasal cutaneous layer and nodularity, covered by atrophic skin with expanded pores.² The condition primarily affects Caucasian men in the fifth to seventh decades of life³ and has cosmetic and psychological, as well as functional implications for patients.

Medical therapy, in the form of topical and oral antibiotics and retinoids, is used for the treatment of acne rosacea. However, these have not been shown to prevent the progression of rosacea into rhinophyma or cause regression of the latter.⁴ Surgical management

therefore remains the mainstay of treatment for established rhinophyma. Historically, a variety of techniques have been described for the treatment of rhinophyma. Dermablating and dermabrasion have had long-standing popularity with favourable results.⁴ Other modern techniques include electrocautery, laser ablation, ultrasonic scalpel ablation⁵ and radio frequency blade vaporization.⁶ The use of Versajet™ Hydrosurgery System has not been previously described in the treatment of rhinophyma. Published uses of the device include debridement of chronic wounds and burns, suggesting precision and accuracy of excision. We investigated whether this technique was a suitable tool in the surgical management of rhinophyma.

Materials and methods

Six consecutive patients awaiting treatment for rhinophyma were identified from the hospital waiting list and consulted in the outpatient clinic and fully consented to the

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procedure. After a preoperative anaesthetic risk assessment, three patients were scheduled for general anaesthetic and three for local anaesthetic. In all cases a local infiltration of 2% lidocaine with one in 80 000 epinephrine and 0.5% bupivacaine was administered to aid with haemostasis and postoperative pain relief. Following initial debulking by scalpel and obtaining samples for histology, accurate dermaplaning and sculpture was carried out with

the Versajet™ System (Smith and Nephew, UK). Epinephrine-soaked swabs were placed on the area for a duration of approximately 5 min with no need for further haemostasis. Wound coverage consisted of an alginate dressing (Kaltostat; ConvaTec®, UK), paraffin dressing (Jelonet; Smith and Nephew, UK) and Mefix (Smith and Nephew, UK). Patients were kept in overnight and discharged to be reviewed at weekly intervals for change of dressing and



Figure 1 Case 1: pre- and postoperative views; healing complete by 3 weeks.

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