CONDITION

Rhinophyma

Rhinophyma is a gradual thickening of the nose caused by overgrowth of skin and oil glands

WHAT IT IS
Benign thickening and enlargement of nasal skin

BODY SYSTEM
Skin

MAIN SYMPTOMS
Enlarged nose, bumpy surface, visible pores, persistent redness

WHAT CAUSES IT
Unknown; linked to phymatous rosacea and chronic inflammation

HOW IT IS DIAGNOSED
Skin examination; biopsy if another condition is possible

MAIN TREATMENT
Procedural removal and reshaping of excess tissue

CAN IT BE CURED?
Sometimes - treatment removes tissue, but regrowth can occur

IS IT AN EMERGENCY?
Sometimes - severe breathing difficulty needs emergency care

LONG-TERM OUTLOOK
Usually manageable, although untreated thickening may progress

Overview

Rhinophyma is a condition in which the skin of the nose becomes thicker, bumpier, and enlarged. It develops because oil-producing glands, connective tissue, and small blood vessels in the skin overgrow.

It is considered a phymatous form of rosacea . "Phymatous" means that skin has become thickened and irregular. Rosacea is a long-term inflammatory skin condition that often causes facial redness, visible blood vessels, flushing, or acne-like spots.

Rhinophyma usually develops slowly over months or years. The tip and sides of the nose may become rounded or divided into uneven lobes. The skin can look red, purple, yellowish, or similar to the surrounding skin.

The condition is not cancer, contagious, or caused by poor hygiene. Alcohol does not cause rhinophyma, although alcohol can trigger temporary flushing in some people with rosacea.

Rhinophyma matters because established thickening does not usually disappear without treatment. It can affect appearance and emotional well-being. Severe enlargement may narrow the nostrils and make breathing through the nose more difficult. Rarely, a skin cancer may develop within or be hidden by the thickened tissue, so a changing or unusual area needs assessment.

Symptoms

The changes usually affect the lower half of the nose. They tend to appear gradually rather than suddenly.

Possible features include:

The skin is not always painful. However, irritation, tenderness, bleeding, or crusting can occur, especially if the surface is injured.

Some people also have other signs of rosacea. These may include flushing, red cheeks, acne-like bumps, or eye irritation. Rhinophyma can also occur when earlier rosacea symptoms were mild or not noticed.

A sore that does not heal, repeated bleeding from one spot, rapid growth, or a firm area that looks different from the surrounding tissue is not assumed to be part of rhinophyma. It should be examined to rule out skin cancer or another condition.

- Progressive enlargement of the nose
- A rough, bumpy, or lobulated surface
- Enlarged and clearly visible pores
- Oily or waxy skin
- Persistent redness or purple discoloration
- Small visible blood vessels
- A feeling of fullness or heaviness
- Narrowing of the nostrils in advanced cases

Causes and risk factors

The exact cause of rhinophyma is not known. It appears to result from long-term inflammation and abnormal growth of oil glands and supporting tissue in the skin.

Rhinophyma is linked to rosacea, but not everyone with rosacea develops it. Researchers do not fully understand why the skin thickens in some people and not others.

Recognised associations include:

Male hormones may help explain why marked rhinophyma is more often seen in men, but this has not been fully established.

Alcohol does not cause the condition. This older belief has contributed to unfair stigma. Some people find that alcohol, heat, sunlight, spicy food, stress, or hot drinks trigger rosacea flushing, but a trigger is not the same as the underlying cause.

Rhinophyma is also not caused by unclean skin, squeezing pores, or failing to use skin-care products.

- Long-standing or phymatous rosacea
- Being male, particularly in middle or later adulthood
- Having lighter skin, although any skin tone can be affected
- A possible personal or family tendency toward rosacea

Diagnosis

A dermatologist can often recognise rhinophyma by examining the nose and asking how the changes developed. A dermatologist is a clinician who specialises in skin conditions.

The examination looks at the pattern of thickening, the surface of the skin, visible blood vessels, and any signs of rosacea elsewhere on the face. Blood tests and scans are not normally needed for a typical presentation.

A small skin sample, called a biopsy , may be taken if the diagnosis is uncertain or one area looks unusual. The sample is examined under a microscope. A biopsy can help distinguish rhinophyma from skin cancer, enlarged oil glands, sarcoidosis, or other causes of thickened nasal skin.

Removed tissue may also be sent for laboratory examination during treatment. This is important because an early skin cancer can occasionally be hidden within irregular tissue.

Treatment and management

Treatment depends on how much thickening is present, whether it is progressing, and how it affects breathing, comfort, or quality of life.

Medicines used for ordinary rosacea may reduce redness, spots, and inflammation. They do not usually remove established thick or scar-like tissue. In selected early cases, a dermatologist may consider isotretinoin, a medicine that reduces oil-gland activity. Its effect on established rhinophyma is limited, and the thickening can return after treatment stops. Isotretinoin requires specialist monitoring because it can cause serious side effects.

Procedures are the main treatment for a clearly enlarged or irregular nose. The aim is to remove excess tissue while preserving enough healthy skin for healing and reshaping the natural outline of the nose.

Techniques include:

Treatment may be carried out using local anaesthetic, sedation, or general anaesthetic, depending on the amount of tissue and the chosen procedure.

After tissue is removed, the treated surface often heals from cells remaining in deeper oil glands and hair follicles. This may take several weeks. Dressings, gentle wound care, and follow-up appointments help support healing. More extensive removal may occasionally require a skin graft or reconstructive procedure.

Possible treatment risks include bleeding, infection, scarring, changes in skin colour, an uneven shape, and loss of normal nasal contours. Laser and electrosurgical treatment can also cause heat injury if tissue is treated too deeply. Experience with rhinophyma procedures is therefore important.

Treatment can produce a substantial improvement, but it cannot guarantee that thickening will never return. Continued management of rosacea may still be needed.

- Surgical shaving or excision with a scalpel
- Carbon dioxide or erbium laser treatment
- Electrosurgery, which uses controlled electrical energy
- Dermabrasion, which smooths the skin with a rotating instrument
- A combination of these methods

Complications

Rhinophyma is benign, meaning it is not itself cancerous. Even so, it can cause practical and emotional difficulties.

Possible complications include:

Skin cancers, especially basal cell carcinoma, can occasionally be concealed within thickened tissue. This does not mean rhinophyma turns into cancer. It means that an unrelated cancer can be harder to notice against an irregular background.

Any focal sore, ulcer, firm lump, repeated bleeding, or rapid change deserves medical assessment.

- Narrowed nostrils or reduced airflow
- Recurrent surface bleeding or irritation
- Infection of cracked or injured skin
- Scarring or uneven pigmentation after treatment
- Anxiety, embarrassment, or unwanted social attention
- Reduced confidence or avoidance of social situations
- Regrowth after treatment

Prevention

There is no proven way to prevent rhinophyma completely. The causes are not fully understood, and some people develop it despite appropriate rosacea care.

Treating inflammatory rosacea may improve redness and spots, but it has not been shown to guarantee that tissue thickening will not occur. Early assessment of a nose that is gradually changing may allow more treatment options before enlargement becomes extensive.

If you have rosacea, gentle skin care may reduce irritation. This can include using a mild cleanser, moisturising, and protecting the face from sunlight. Avoiding personal flushing triggers may make rosacea symptoms easier to manage, but it should not be presented as a certain way to prevent rhinophyma.

Because alcohol is not the cause, avoiding it solely to prevent rhinophyma is not supported by evidence.

Living with it and what to expect

Without procedural treatment, established thickening usually does not return to its earlier shape. It may remain fairly stable for a time or continue to enlarge gradually. No test can predict the exact course for one person.

After treatment, swelling, redness, crusting, and sensitivity are expected during early healing. The new skin may initially look pinker or lighter than the surrounding skin. Its colour and texture often settle over the following months, although some difference may remain.

Many people have a lasting improvement in the size and shape of the nose after a procedure. Repeat treatment may be needed if some areas remain thick or if tissue grows back over the years.

Rhinophyma does not usually affect general health or life expectancy. Its main long-term effects involve appearance, nasal airflow, skin care, and emotional well-being. If the condition has affected your confidence or relationships, discussing this impact during an appointment is reasonable. Psychological support can be part of care rather than an indication that the physical condition is unimportant.

Routine follow-up may be used to check healing, manage rosacea, and watch for regrowth or unusual skin changes.

When to get medical help

Arrange a routine appointment if your nose is gradually becoming thicker, bumpier, or enlarged. Assessment is also appropriate if rosacea symptoms are difficult to control or the changes are affecting your breathing, confidence, work, or social life.

Seek prompt medical advice if you notice:

Eye pain, marked sensitivity to light, or changes in vision need urgent assessment because rosacea can sometimes affect the eyes.

Call emergency services if nasal or facial swelling causes severe breathing difficulty. Gradual narrowing of the nostrils without severe breathing trouble is usually assessed through a routine or prompt appointment rather than emergency care.

- A sore or crusted area that does not heal
- Repeated bleeding from the same spot
- A firm lump or rapidly changing area
- Increasing pain, warmth, swelling, or discharge
- Spreading redness or fever after a procedure

Common questions

Is rhinophyma caused by drinking alcohol?

No. Alcohol does not cause rhinophyma. It may trigger temporary facial flushing in some people with rosacea, but rhinophyma also occurs in people who do not drink.

Can rhinophyma go away on its own?

Established thickening is unlikely to disappear by itself. Rosacea medicines may calm redness and inflammation, but excess or scar-like tissue usually requires a procedure to change the shape of the nose.

Is rhinophyma a type of cancer?

No. Rhinophyma is benign. However, skin cancer can occasionally develop separately within thickened skin or be difficult to see there. A persistent sore, focal lump, or bleeding area may need a biopsy.

Can creams treat rhinophyma?

Creams can help some surface symptoms of rosacea, such as inflammation or spots. They do not usually remove significant skin thickening or restore the nose's previous shape.

Will treatment leave a scar?

Any procedure that removes skin can cause scarring or colour changes. Rhinophyma procedures are designed to preserve structures that help the surface heal. The final result depends on the extent of thickening, the method used, wound healing, and aftercare.

Can rhinophyma come back after surgery or laser treatment?

Yes. Treatment can remove the existing excess tissue, but regrowth is possible over time. Follow-up can identify recurrence and address ongoing rosacea symptoms.

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