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## American Society for Dermatologic Surgery

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Psoriatic DiseaseBy [Kate Burba](#)

Source/Disclosures —

**Source:** Kossintseva I. Rhinophyma correction electrosurgery. Presented at: American Society for Dermatologic Surgery annual meeting; Oct 9-11, 2020 (virtual meeting).

**Disclosures:** Kossintseva reports no relevant financial disclosures.

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## Rhinophyma correction requires varied electrosurgery approaches

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Electrosurgery for rhinophyma correction requires varied approaches depending on the type of the condition, according to a presenter at the American Society for Dermatologic Surgery annual meeting.

“A lobulated and confined rhinophyma is the best or the easiest starting point, especially for a novel surgeon who has not dealt with this before,” Irèn Kossintseva, MD, FRCPC, FAAD, FACMS, president of the Canadian Society for Dermatologic Surgery, said. “You don’t have to be Michelangelo to imagine the former nose as the contours are essentially still there.”

The approach for this type of rhinophyma is to shave off the lobules and contour the underlying shape. Kossintseva reminded surgeons that cauterizing the vascular base will help control bleeding.

Small and diffuse rhinophyma as well as small/medium and diffuse rhinophyma are also easier procedures. Kossintseva recommended using CO<sub>2</sub>, mechanical dermabrasion or shave electrocautery with controlled fine-motor skills to re-chisel the contours. Medium and diffuse rhinophymas also require a decrease in size.

Several steps are needed for large diffuse and lobulated rhinophymas. The lobules must first be shaved off, followed by a decrease in size, chiseling of the contours and re-creation of cosmetic subunits. Using pictures of the patient’s former nose may help determine the desired shape.

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EGFR = epidermal growth factor receptor; COVID-19 = coronavirus disease 2019; NCCN = National Comprehensive Cancer Network; mCRC = metastatic colorectal cancer.

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“In terms of postop care, you want to protect the patients from gram-positive bacteria,” Kossintseva said. “You can either run a course of cephalexin, as per usual protocol, or my personal preference is to start them on minocycline for at least 2 months to both promote the granulation and prevent recurrence of rhinophyma.”

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