

A relapsing swelling of the nasal tip

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CASE REPORT

The dermatologist referred a 59-year-old male to the otorhinolaryngology department for further analysis of a progressive, intermittent tingling and swelling of the left nasal tip. His symptoms started one year before without any preceding trauma. Local skin biopsy had revealed signs of rosacea telangiectatica, insufficiently explaining these symptoms. Physical examination showed a solid, subcutaneous swelling with a diameter of 1.5 cm in the area of the left lower lateral cartilage. A more prominent columellar show on the ipsilateral side was suggestive of skin retraction, either secondary to the

biopsy or to the lesion (*figure 1*). Inflammatory parameters and autoimmune markers were normal (WBC, CRP, ESR, p- and cANCA, rheumatoid factor, anti-CCP, ANA and subtypes). To rule out a malignancy causing skin retraction an external rhinoplasty was performed, exposing amorphous irregular cartilage on the vestibular side of the lower lateral cartilage, which was resected (*figure 2*). Histologically, the cartilage was irregular, covered by fibrous connective tissue and perivascular inflammatory cells.

What is your diagnosis?

See page 488 for the answer to this photo quiz.

Figure 1 Frontal and basal view of the nose showing the lesion (dashed yellow circle and asterisk). Left and right profile view showing increased columellar show caused by alar retraction (area between yellow lines)



Figure 2 Elevated skin-soft tissue envelop exposing the cartilaginous framework of the nasal tip. While the dorsal side appears normal (left), the vestibular side of the lateral portion of the lower lateral cartilage shows irregularities (middle). The irregular part was resected (right)

