SHORT COMMUNICATION

Treatment of Metophyma with Isotretinoin

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Metophyma is an extremely rare clinical variety of phyma located on the forehead. Other phymas can involve the ears (otophyma, unilaterally or bilaterally), eyelids (blepharophyma, unilaterally or bilaterally), nose (rhinophyma), and the chin (gnatophyma). Rhinophyma is by far the commonest variety of phyma (1). We report a patient with severe metophyma who was treated with oral isotretinoin, with satisfactory, although partial, clinical results.

CASE REPORT

A 27-year-old Caucasian man was admitted because of a swelling located on the forehead. The patient stated that he had been affected by acne from the age of 18 to 22 years. He was successfully treated with topical and oral antibiotics and topical retinoids. The swelling appeared at the age of 25 years and was unsuccessfully treated with oral antibiotics, non-steroidal anti-inflammatory drugs, and corticosteroids. The patient complained of mild itching and a burning sensation. Dermatological examination showed a large erythematous swelling located on the forehead. The surface was irregular because of the presence of small papules and pustules (**Fig. 1**). Consistency of the lesion was parenchymatous-hard. General physical examination was negative. All laboratory tests were within normal limits. Urea breath test for *Helicobacter pylori* was negative. The search for *Demodex folliculorum* was negative.

In consideration of the clinical picture (chronic erythematous swelling located on the forehead, accompanied by mild symptoms), we made a diagnosis of metophyma and suggested a biopsy; however, the patient refused (he stated: "The biopsy scar can further worsen the appearance of my forehead"). The patient was therefore treated with oral isotretinoin (0.5 mg/kg/day for 6 months). A significant reduction of erythema and oedema was observed approximately 6 weeks after the beginning of therapy. Final clinical results are reported in **Fig. 2**. During the therapy, the patient complained of skin dryness, cheilitis, mild epistaxis, and mild arthralgia: however, it was not necessary to stop the therapy or reduce the dosage. No laboratories abnormalities were detected. Follow-up (at 24 months) was negative.

DISCUSSION

We were able to find only 4 cases of metophyma in the international literature (2–5). The patient described by Chan et al. showed an atypical clinical presentation of metophyma: a large nodule in the centre of the forehead. Histopathological examination showed distended pilosebaceous units, abundant fibrovascular tissue, and a lymphohistiocytic infiltrate around dilated blood vessels (2). The patient reported by Rai and Madan was previously treated with isotretinoin, with reduction of sebaceous gland hyperplasia, but no effect on the phyma. This patient was subsequently treated with carbon dioxide laser (3). This laser was successfully used in another patient with metophyma (5). Er:YAG and pulsed dye laser, surgical excision, cryosurgery,

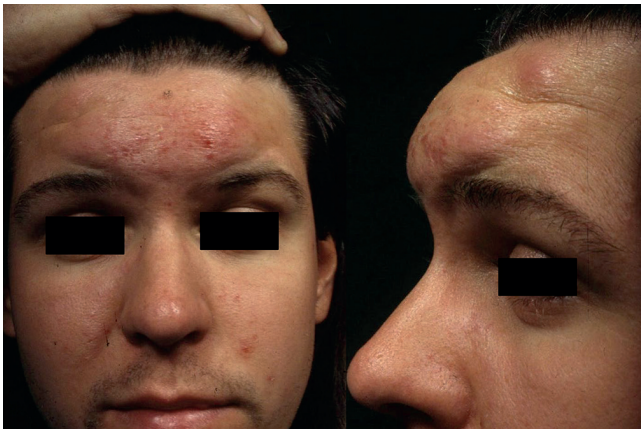

Fig. 1. Severe erythematous swelling on the forehead. Written permission has been given to publish these images.

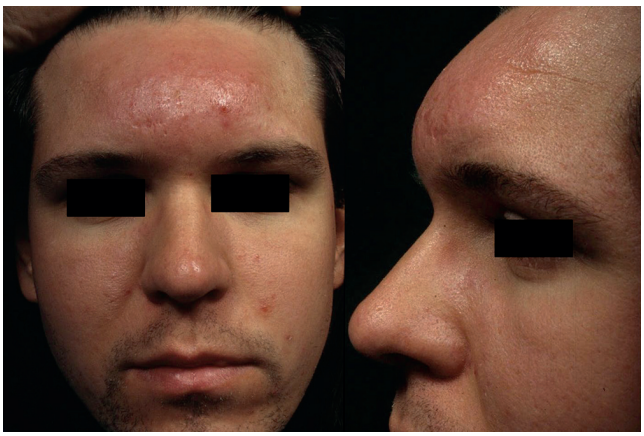

Fig. 2. Partial remission of erythema and oedema after 6 months of therapy with isotretinoin (0.5 mg/kg/day). Written permission has been given to publish these images.

and dermabrasion can also be taken into consideration in phymatous rosacea (5).

In conclusion, we report a patient with severe metophyma who was treated with isotretinoin, with satisfactory, although partial, clinical results.

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