‘Nose Sign’ in Dermatology

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The nose has received particular attention in dermatology and the clinicopathologic pattern of involvement of the nose has characterized a number of dermatologic disease entities.

Rhinophyma, rhinosporidiosis, rhino-scleroma, saddle nose are a few well known examples in dermatologic practice. These are the conditions where the nose is either first, predominantly or exclusively involved. But when only the surrounding skin is affected, the nose being classically spared, we speak of dermatologic diseases constituting the ‘nose sign’. These are air-borne contact dermatitis, severe atopic dermatitis involving the face, pityriasis rubra pilaris, polymorphic light eruption and exfoliative dermatitis. This has not been highlighted in standard textbooks of dermatology. Only recently, Agarwal et al. [1] drew attention to this fact in exfoliative dermatitis.

Though the exact cause of this sparing is yet to be established, blowing and frequent rubbing of the nose probably contribute to it [1]. Other factors could be that, the nose being raised above the body surface, the skin over it does not allow lodgement of physical, chemical or aeroallergens (in cases of contact dermatitis or atopic dermatitis). Moreover the tip of the nose is supplied by end arteries. So relative vascular insufficiency might also possibly play a role in preventing circulating antigens, antibodies or toxic substances from reaching the skin over the tip or the nose. We would like to share our experience with others in the field.

Reference

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