

6<sup>th</sup> International Conference on

World Congress and Expo on

# Otolaryngology: ENT Surgery

&amp;

# Cell & Stem Cell Research

September 10-11, 2018 | Paris, France

## Correction of the contracted noses

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Patients seeking dorsal augmentation often have features of a shortened and associated small nose. The small nose can be defined as a nose with a low dorsum and a short length. This is particularly common among the people of South China and South East Asia where many patients have a short and overly rotated nose. Objective markers of the short nose include a nasolabial angle of more than 100-105 degrees and when the middle third of the face (from brow to base of nose) to total facial height ratio is less than 1:3. The causes of a severely shortened nose, particularly in South East Asians include congenital causes and post-operative contraction. Post-operative causes occur due to immunologic reaction to graft material. Repeated surgery and post-operative infection are other known causes. The correction of this deformity requires dorsal augmentation and nasal lengthening. Poorly performed surgery can result in worsening of the contracture and shortening. The mainstay of surgical treatment is the extended spreader graft. In

congenital cases, skin elasticity is good as no prior surgery has been performed. Adequate lengthening can be achieved and maintained with autologous septal and auricular cartilage. However, in cases of post-operative contraction, the rigid and scarred skin is often resistant to lengthening. A stronger, more rigid graft may be required. The choice of graft material in this case is often the autologous rib cartilage graft. Although bilateral extended spreader grafts give good lengthening and symmetry, the increased pressure on the dorsal septum can cause cartilage necrosis and perforation, to avoid this, the width of the spreader grafts should not exceed 5mm. The author uses a unilateral extended spreader graft to avoid this complication. When there is severe and asymmetric contraction. Adequate correction may require the use of several types of local flaps. These include unilobular and bilobed flaps, alar rotation/advancement flaps and the subnasale flap.

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