# Modification of very low lateral osteotomy with median osteotomy with conchal cartilage graft instead of costal cartilage graft for augmentation rhinoplasty for depressed deformed dorsum

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## **Abstract**

Facial trauma in RTA has a great challenge for plastic surgeons in trials to restore near-normal appearance, especially if the trauma affects the nose. Nasal trauma may affect the facial skeleton as it contains bones and cartilage and the trauma may lead to resorptions or repositioning of the nasal units that need later reconstruction of these subunits by grafts.

**Keywords**: Rhinoplasty • Augmentation • Nasal septum • Conchal grafts • Costal cartilage grafts

## Introduction

Nasal trauma is a major problem facing plastic surgeons as they need to restore the normal shape of the nasal units and harvest tissues away from the nose to restore the shape that may be lost during the trauma or even after the trauma by hematoma formation and then resorption of the tissues of may be displaced fractures in nasal bones, usually plastic surgeons using in major tissue defect costal cartilage graft to restore the dorsum of nose and to restore the lost subunits. Some surgeons prefer to use minimal autologous grafts either from the concha or from the nasal septum itself [1, 2].

# Case Report

A male patient 35 years old has old nasal trauma in childhood that affects his nasal bones and cartilage. This patient has developed a defect in the dorsum of the nose, a groove that separates the upper lateral from lower lateral cartilage, flaring of both nasal ala, nasal septum deficiency, and nasal tip lack of support, with all these deformities and tissue defects one of the easiest ways is to take a costal cartilage graft to restore the nasal dorsum, and cover the groove between upper and lower lateral cartilage, support the nasal septum and elevation of the nasal tip (Figure 1).



Figure 1. The patient developed a defect in the dorsum of the nose.

To restore the shape of the nose and replace the tissues that resorbed from the trauma and the hematoma plan was made to take a costal cartilage graft and the patient was informed and consent secured for the procedure. The team decided to not harvest the costal graft before trail less invasive ways to restore the shape, starting with median osteotomy plus very low lateral osteotomy to restore the nasal hump and improve the dorsum of the nose, proline sutures taken at the lower part of the dorsum to avoid haematoma formation.

Dissection of the nasal septum and trails to utilize it in support of the tip or take a graft from it to make graft over part between upper and lower lateral, but the cartilaginous septum was deficient, small conchal graft taken from the RT concha and fixed over the cartilaginous area to cover the groove for flaring of both allar cartilage, resection of the medial parts of the lower lateral cartilage and suturing the lower lateral cartilage together for define the tip (Figure 2).



Figure 2. Collumellar strut done for nasal tip support.

## **Discussion**

In a general role, choosing a less invasive procedure is preferred over complicated multi steps operations, and if the surgeons can save time and patients' tissues and use only tissues available in the same region and also reach their aesthetic goal.

In this case, instead of harvesting costal cartilage graft to restore the defective tissues in the dorsum of the nose, only median osteotomy and very low lateral osteotomy were done for him and it restore the dorsum and give the patient a very good result, also harvesting small conchal graft for coving the groove in the cartilaginous part of the nose giving a very good result. Flaring of both alla improved by only resection of the tissues of lower lateral cartilage and giving an acceptable result for the nasal tip definition [3,4].

## **Conclusion**

Very low osteotomy and median osteotomy can restore defects in the nasal dorsum without the need for a costal cartilage graft, utilizing a small conchal graft is effective in covering the major groove between upper and lower lateral cartilage.

#### Declaration

Patient has been informed about that we will share his photos and we will discuss his case as a case report and written consent secured for this matter.

## References

 Menick, Frederick J. "Grabb and Smith's Plastic Surgery (GRABB'S PLASTIC SURGERY)."

- McGregor, et al. "Fundamental techniques of plastic surgery and their surgical applications." Plastic and Reconstructive Surgery 31.2 (1963): 192.
- 3. Janis, J. E. "Essentials of plastic surgery 2nd edition." Chapter 99 (2014): 1260-1261.
- Barsky, et al. "Principles and practice of plastic surgery." (1950): 1168

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