

Open and Closed Rhinoplasty



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KEYWORDS

• Rhinoplasty • Transcartilaginous • Intercartilaginous • Marginal • Transcolumellar

KEY POINTS

- Most surgeons now recognize the broad utility of both endonasal and external rhinoplasty approaches. In this chapter the pros and cons are discussed and further thoughts on the decision-making process are provided.
- Based on an analysis of the individual patient's anatomy, appropriate incisions, approaches and tip-sculpting techniques may be selected.
- Much can be gained from considering the experiences of surgeons who have had the opportunity to see the consequences over time. The important philosophic concept is not open or closed, but instead, the emphasis on anatomical diagnosis and preservation of structural support.
- There is no ideal approach. Each surgeon will develop a unique approach based on the concepts outlined and based on the techniques and experiences he or she has developed in the course of an eclectic training.

INTRODUCTION

In the modern era of rhinoplasty, the introduction of external rhinoplasty was greeted by enthusiastic advocates and also met with spirited opposition. Over time, however, the tenor of this debate has become more ecumenical. Most surgeons now recognize the broad utility of both endonasal and external approaches. Most understand that there are situations when a given approach offers advantages and may be considered preferable. Most also agree that there is a large "gray area," where either the endonasal or the external approach would be appropriate, and the choice may be considered a toss-up. Most surgeons readily acknowledge that surgeon comfort with a procedure is an appropriately important factor.

In this article the anatomy, incisions, and approaches that are available to the surgeon are reviewed. General indications are discussed for the external and endonasal approaches. The pros

and cons of each approach are discussed, and further thoughts on the decision-making process are provided.

ANATOMY, INCISIONS, AND APPROACHES

Nasal Anatomy

Although the anatomy of the nose has been fundamentally understood for many years, only relatively recently has there been an increased understanding of the long-term effects of surgical changes on the function and appearance of the nose. A detailed understanding of nasal anatomy is critical for successful rhinoplasty. Accurate assessment of the anatomic variations presented by a patient allows the surgeon to develop a rational and realistic surgical plan. Furthermore, recognizing variant or aberrant anatomy is critical to preventing functional compromise or untoward esthetic results. This section presents a limited diagrammatic overview of nasal anatomy (**Figs. 1–4**). More

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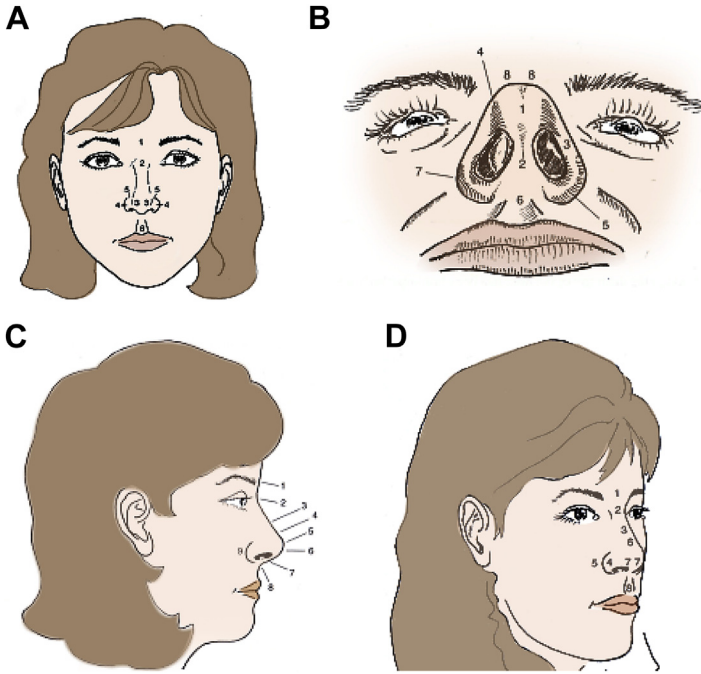


Fig. 1. Surface anatomy. (A) Frontal. 1. Glabella; 2. Nasion; 3. Tip-defining points; 4. Alar sidewall; 5. Supra-alar crease; 6. Philtrum. (B) Base. 1. Infratip lobule; 2. Columella; 3. Alar sidewall; 4. Facet, or soft tissue triangle; 5. Nostril sill; 6. Columella-labial angle or junction; 7. Alar-facial groove or junction; 8. Tip defining points. (C) Lateral. 1. Glabella; 2. Nasion, nasofrontal angle; 3. Rhinion (osseocartilaginous junction); 4. Supratip; 5. Tip-defining points; 6. Infratip lobule; 7. Columella; 8. Columella-labial angle or junction; 9. Alar-facial groove or junction. (D) Oblique. 1. Glabella; 2. Nasion, nasofrontal angle; 3. Rhinion; 4. Alar sidewall; 5. Alar-facial groove or junction; 6. Supratip; 7. Tip-defining point; 8. Philtrum.

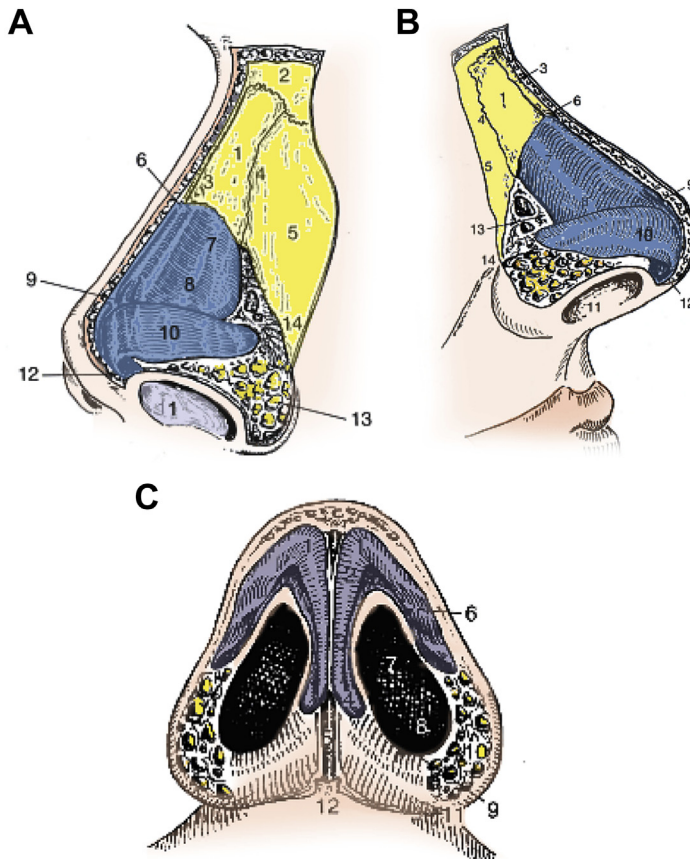


Fig. 2. Bony-cartilaginous anatomy. (A) Oblique. 1. Nasal bone; 2. Nasion (nasofrontal suture line); 3. Internasal suture line; 4. Nasomaxillary suture line; 5. Ascending process of maxilla; 6. Rhinion (osseocartilaginous junction); 7. Upper lateral cartilage; 8. Caudal edge of upper lateral cartilage; 9. Anterior septal angle; 10. Lower lateral cartilage-lateral crus; 11. Medial crural footplate; 12. Intermediate crus; 13. Sesamoid cartilage; 14. Pyramidal aperture. (B) Lateral. 1. Nasal bone; 2. Nasion (nasofrontal suture line); 3. Internasal suture line; 4. Nasomaxillary suture line; 5. Ascending process of maxilla; 6. Rhinion (osseocartilaginous junction); 7. Upper lateral cartilage; 8. Caudal edge of upper lateral cartilage; 9. Anterior septal angle; 10. Lower lateral cartilage lateral crus; 11. Medial crural footplate; 12. Intermediate crus; 13. Sesamoid cartilage; 14. Pyramidal aperture. (C) Base. 1. Tip-defining point; 2. Intermediate crus; 3. Medial crus; 4. Medial crural footplate; 5. Caudal septum; 6. Lateral crus; 7. Naris; 8. Nostril floor; 9. Nostril sill; 10. Alar lobule; 11. Alar-facial groove or junction; 12. Nasal spine.

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