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Should we consider the hemi-tip as a proper aesthetic subunit in a nasal reconstruction?

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Summary *Background:* Defects involving several aesthetic subunits (ASUs) or lying at the junction of an ASU are challenging and require a complex reconstruction. This study aimed to describe the hemi-tip as a new ASU.

Material and methods: We conducted a retrospective study including patients who underwent a nasal reconstruction for lower nasal pyramid defects according to our modified ASU principle. Patients who suffered from a subtotal alar defect, which also involved <50% of the tip, were reconstructed after excising the remaining tissue of the hemi-tip subunit. An aesthetic evaluation was performed using a patient satisfaction scale and by independent raters.

Results: From 2010 to 2014, 21 patients underwent a lower hemi-nose reconstruction. All patients had a full-thickness defect and underwent a reconstruction of the three layers of the nose. Sixty-four percent of our patients were very satisfied, 26% were satisfied, and only 10% were unsatisfied with their nasal tip appearance, with a mean score of 4.4/5. The nasal tip was also rated by independent raters with a mean score of 4.1/5.

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Discussion: Our results and experience showed that a midline scar between the two hemi-tips is inconspicuous. The majority of the defects involving only one side of the tip would benefit from the hemi-tip ASU reconstruction.

Conclusion: We have modified the number of ASUs by considering the hemi-tip as a proper subunit.

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Introduction

The nose is the keystone feature of the face.¹ Many causes can lead to nasal injuries and deformities. Among these causes, skin cancers represent the main etiology. In fact, the nose is the most common site of skin cancer in the head and neck.²

The reconstruction plan depends on several factors such as the characteristics of the defect, the patient expectations, and the surgeon's technique. Consequently, it is impossible and unwise to establish a strict and standardized approach for all the defects.

Nevertheless, the nasal subunit principle³ has provided a comprehensive approach to improve the aesthetic outcomes of a nasal reconstruction.

Valleys and ridges divide the nose into nine aesthetic subunits (ASUs): the dorsum, the tip, the columella, 2 sidewalls, 2 alar lobules, and 2 soft triangles. Burget and Menick stated that when a defect involves >50% of a convex ASU, the whole subunit should be reasonably resurfaced. Thus, the borders of the reconstruction are placed in usual shadow areas between ASUs.

Although this approach has represented a major advance in the nose reconstructive surgery, its application has several drawbacks and is still controversial.^{4,5}

When a defect involves a major part of an ASU, following the ASU principle seems wise and accepted by most reconstructive surgeons.

Defects involving several ASUs or lying at the junction of ASU are more challenging and require a customized strategy.⁶ Defects involving both the nasal tip and alar subunits are a good example of such situations. In our experience, in such cases, we did not manage to achieve satisfying aesthetic results by reconstructing only the ala and the small injured part of the ipsilateral tip. In fact, even if <50% of the tip was involved, the border of the flap often bulges and catches the eye by unnaturally crossing the lateral part of the tip. Therefore, several years ago, we modified our approach of ASU by considering the hemi-tip of the nose as a new ASU (Figure 1).

When defects involve the nasal ala and a part of the tip (but <50% of its surface), we achieved very acceptable results by resurfacing all the complete hemi-tip. Thus, we placed the border of the flap on the midline of the tip, defining two hemi-tips.

This study aimed to emphasize the consideration of the hemi-tip as a real ASU and to evaluate the aesthetic result of a nasal reconstruction based on this principle.

Material and methods

A retrospective review of all patients undergoing a nasal reconstruction for defects of the lower third of the nose, treated according to our modified ASU principle, between 2010 and 2014 was conducted. All etiologies were included. All procedures were performed by a single senior surgeon (Jean Brice Duron, M.D).

Patients who suffered from a subtotal defect of the ala involving <50% of the tip underwent a nasal reconstruction after excising the remaining tissue of the hemi-tip subunit. The border of the reconstruction was placed in the midline of the tip. Patients' photographs were standardized and taken in a studio with consistent lighting, background, seating, and camera. Aesthetic evaluation was performed using the aesthetic part of the NAFEQ score.⁷ The NAFEQ score is a validated 14-item questionnaire for outcome evaluation after a nasal reconstruction. The evaluation of the results was also performed by a group of independent raters. Five plastic surgeons and five nurses were asked to evaluate the nose appearance by using a questionnaire.

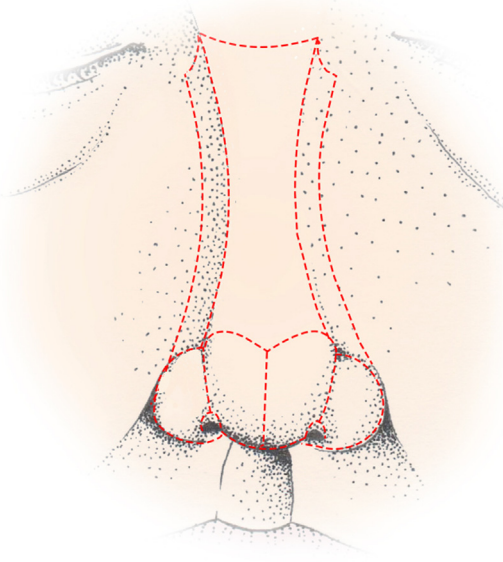


Figure 1 Modified aesthetic subunits of the nose with two hemi-tips.

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