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Esthetic rhinoplasty as an adjunctive technique in nasal oncoplastic surgery

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KEYWORDS

Esthetic rhinoplasty;
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Squamous cell carcinoma;
Nonmelanoma skin cancer;
Nasal reconstruction

Abstract *Background:* The nose is a prime esthetic focus of the human face and it is a common site for nonmelanoma skin cancers. Esthetic reconstruction of nasal skin after tumor resection remains a problem. Beside conservative surgical excision of the skin tumor, this article presents a tactic for decreasing the size of the skin defect and optimizing its shape to facilitate reconstruction.
Methods: Throughout a period of seven years, thirty-five patients with nonmelanoma cancer of nasal skin were managed by a one stage surgical operation, which entails conservative tumor resection followed by performing an esthetic rhinoplasty that remodels the nasal skeleton in order to shrink the skin defect; making it more amenable to reconstruction by adjacent skin.
Results: Results were satisfactory for all patients in terms of adequate tumor resection and pleasant appearance of their noses.
Conclusions: Esthetic rhinoplasty is a useful adjunctive technique in nasal oncoplastic surgery.
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1. Introduction

Facial features play an important role in human interaction. The nose; being the center point of the face, is a major contributor to the shape of the human face. The integrity of the nasal shape is a basic need for social interaction and an esthetically pleasing nose is a booster for self-esteem.

The skin of the nose is the commonest site of facial nonmelanoma skin cancer; namely basal cell carcinoma and squamous cell carcinoma.[1–4] Considering the complex topographic anatomy of the nose and the limited laxity of its skin, nasal defects that arise from surgical excision of those tumors are usually a challenge to esthetic reconstruction.[5–7]

This article advocates performing esthetic rhinoplasty as an adjunctive surgical step that optimizes the condition of nasal defects for favorable esthetic reconstruction.

2. Patients and methods

The tactic of adjunctive esthetic rhinoplasty was adopted in 35 patients referred for excision of non-melanoma skin cancer of the nose, from December 2007 to December 2014.

Surgery was performed under general anesthesia, with local infiltration of the perimeter of the surgical field with 1:10,000 norepinephrine. Excision of the tumor was carried out using loupe magnification and frozen sections histopathology to achieve minimal yet tumor-free surgical resection (Fig. 1).

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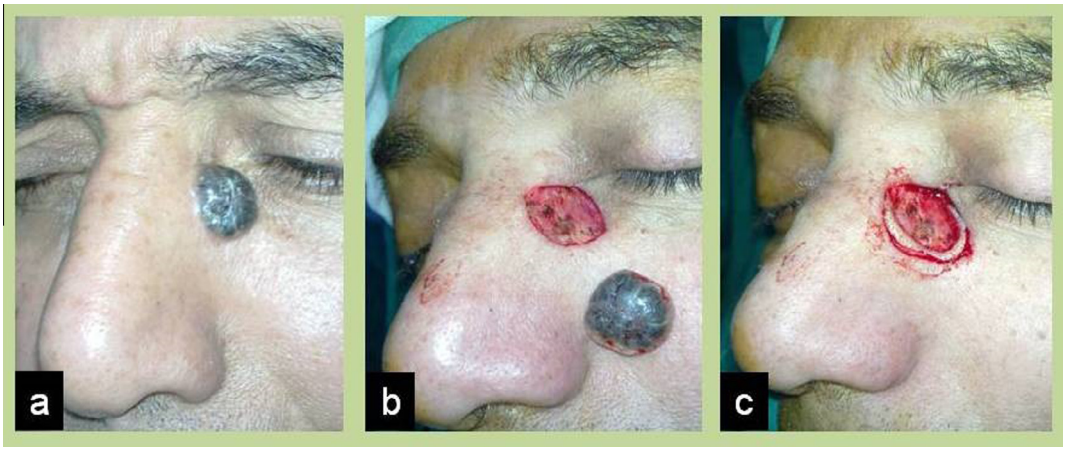

Figure 1 Conservative resection of nasal skin tumor. (a) Basal cell carcinoma on lateral side of nose. (b) Excised tumor with 1 mm safety margin. (c) Additional rim excision dictated by frozen section histopathology.

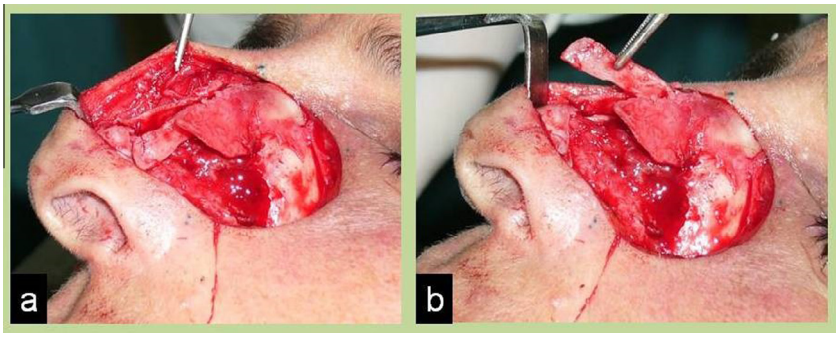

Figure 2 Remodeling of nasal skeleton. (a) Exposure of nasal skeleton through the wound of tumor excision. (b) During resection of nasal dorsal hump.

After adequate excision of the tumor, and through the same wound of tumor excision or through the extra exposure provided by dissecting the flap that is planned for reconstruction, the nasal skeleton was remodeled using the necessary technique that suits each particular case, e.g. hump resection, L-shaped excision of cartilaginous septum, cephalic trim of lower lateral cartilages, lobular alar cartilage incision and overlay, lateral crural steal or overlay, and inter-domal tip refining sutures (Figs. 2 and 3).

Skin flaps that were used for skin resurfacing of the nose included bi-lobed flaps,[8–10] nasolabial transposition

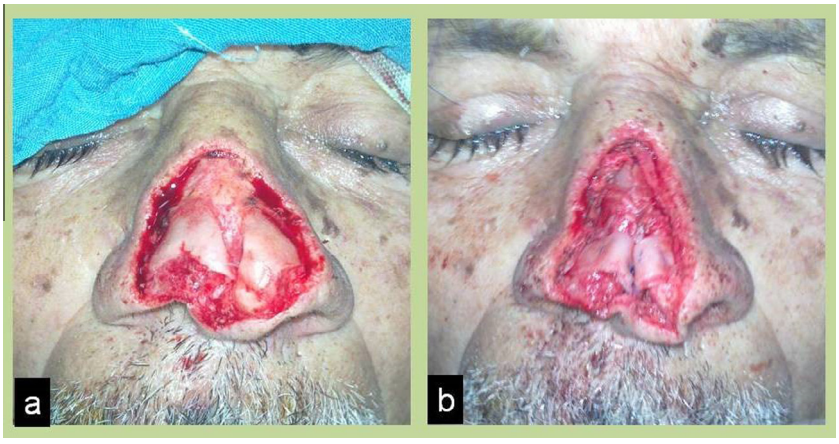

Figure 3 Remodeling of nasal tip. (a) Skin defect before tip modification. (b) Skin defect after tip modification by cephalic trim of alar cartilages, lobular cartilage incision and overlay, lateral crural steal, and inter-domal sutures.

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