

Composite Conchal Graft In Failed Rhinoplasty.

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Key words

Alar buckling, Nasal airway obstruction, membranous septal retrusion.

Summary

Rhinoplasty to improve aesthetic appeal is now being carried out in ever larger numbers. Failure rate has also in recent times shown a rise. In best of experienced hands too, Augumentation Rhinoplasty some times fails to achieve desired results due to various reasons. One of them is when alar spring does not maintain its natural shape, producing a pinched nose look. How to correct this by a skin cartilage composite conchal graft is discussed here in this article.

Introduction

Membranous septal depression can result following Rhinoplasty and cause blocked nasal airway and pinched nose appearance. Excessive and inappropriate trimming of alar cartilages especially at the collumellar alar angle results in this condition. Immediate post operative results do not give any indication of what may become evident later in a few months.



Figure 1

Pre - op frunt view Profile view	immediated post op. frunt view Profile view	Late post op. frunt view Profile
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Material and method: Reconstruction of the alar spring and its natural lateral flare is a difficult surgical procedure and many techniques have been described to correct to deformity.

This report describes a new technique of interposition of a composite graft by creating a space between the upper and lower nasal cartilage to offer a spring effect. This exercise removes the usightly buccling and flaping of alar cartilages in inspiratory effort, which is responsible for the blocked nasal airways. The whole procedure is carried out by intercartilagenous incisions. Both incisions meet in midline at the upper angle of septal columelar junction and are extended to a very small degree vertically downwards to create space between the two columellar portions of alar cartilage. Harvesting

of the conchal cartilage needs special consideration. The skin portion has to be beyond the conchal cartilage by at least two mm and after careful trimming of edges is split into two vertically and small portion of the cartilage is left unsplit, at the other end. This is then introduced in the space created already between the two nasal cartilages and the columular alar angles.

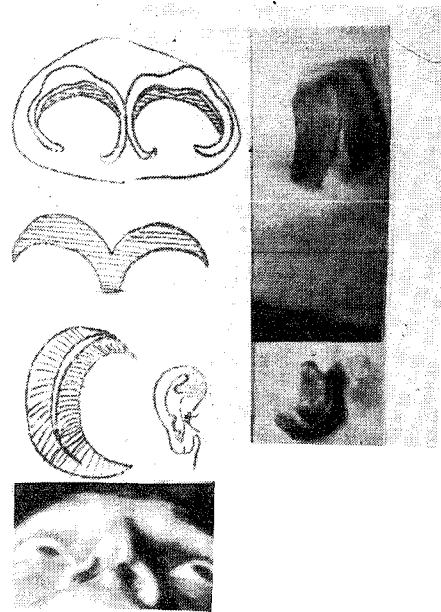


Figure 2

Sketch	Conchal graft after vexicle incision
a. Composite graft in receipt area	Harvested undivided skin cartalage graft
b. after vexicle split	
c. auricular donar site	
Pre-operative view	

Mucosal edges are stiched to skin with 5, 0 prolene and a tie over dressing given to prevent its movement and to avoid haematoma formation. This gives in both nostrils a firm base to cartilages and help uneventful healing of edeges.

Discussion

Blocked nasal airway due to flapping collapsed buccled alar cartilages causes during an inspiratory effort in drawing of the alar cartilages and markedly reduces are entery, resulting in respiratory distress and air hunger a most distressing condition indeed.

**Figure 3**

Pre-op Intra - op. Post op.

This procedure just described, splendidly carryout what is most needed.

Conclusion

A dramatic improvement in air entry in an inspiratory effort in spite of tie over dressing is noticed almost immediately following surgery and the depression of the membranous portion gets corrected. Meticulous planning and careful dissection and fixation of graft, holds the key to success of this technique.

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