Treatment of the Crooked Nose Using Structural Preservation Rhinoplasty

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INTRODUCTION

The crooked nose is a challenging esthetic and functional problem. The term “crooked nose,” also

referred to as the twisted, deviated, or asymmetric nose, has come to represent deviations of the nasal

dorsum and pyramid from the facial midline

While deviations can be congenital, they can also be the result of trauma and surgical interventions gone

awry.

In addition to the displeasing appearance, significant nasal airway compromise can result

from nasal deviation.

Correction must focus on a balance of esthetics and function, with the most

successful outcomes tailored to addressing each of the deviated components in kind.

HISTORY

BACKGROUND ASSESSMENT

begin with a thorough history. Particular areas of focus for the crooked nose include history of trauma, prior surgeries,

and any functional concerns including nasal congestion and/or obstruction.

Thorough examination of the external lining or skin envelope, the nasal skeleton or bony-cartilaginous framework, and the mucosa

evaluation of the nasal airway must be documented. This includes evaluation of the septum, internal valve, and any lateral wall insufficiency. Furthermore, A recommended PROM is the Standardized Cosmesis Health Nasal Outcomes Survey (SCHNOS) as it captures both functional and cosmetic domains

Occult midface asymmetry (OMA) is a common contributor to the appearance

of nasal deviation, and this must be identified and discussed with the patient as surgical corrections

to the nose will not address the OMA

DISCUSSION: SURGICAL TREATMENT

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| Components of the nasal evaluation and associated surgical methods for correction | |
| Nasal Component Surgical Method | |
| Upper Third | Osteotomies  Dorsal preservation (letdown, pushdown)  Onlay grafts |
| Middle Third | Upper lateral cartilage fibrous attachment release  Spreader grafts  Extended spreader grafts  Septal extension graft  Clocking or septal rotation stitch  Onlay grafts |
| Lower Third | Internal cartilage tension release  Septoplasty  Full extracorporeal septoplasty  Anterior septal reconstruction  Septal extension graft  Anterior nasal spine cartilage release and trim  Columellar strut graft  Augmentation of nasal base  Onlay grafts |

To simplify these cht omplex cases, we have to divided them into two types

1-Straight deviation of the both bony and cartilaginous dorsum.

We use the Pisa tower concept, one side of tower is larger and therefore the tower , the longer side should be shortened

2-straight bony dorsum, deviated cartilaginous dorsum.

The bony vault is relatively straight while the cartilaginous vault apper deviated. It will be clear that septum is deviated and ULCs are asymmetrically positioned under LKA

Treatment plane dissection of LKA on concave side slide caudally and covex side slide cephalically

* Conclusion
* We believe
* the advantages of structural preservation rhinoplasty over the
* Joseph method include the following: (1) preserving the favorable attributes of the nose on frontal view;
* (2) decreased need for spreader grafts and spreader flaps (no need for middle vault reconstruction);
* (3) decreased number of cartilage grafts used; and
* (4) more rapid healing of the upper two-thirds of the nose.
* From an aesthetic
* point of view, we believe there is less likelihood of
* creating excessive width or collapse of the middle
* vault and nasal bone deformities.