



New Treatments Techniques of Cleft Nose Deformities

Jung Dong -hak, M.D.,Ph.D.

Shimmian Rhinoplasty Clinic

■Abstract

Cleft lip and nose (CLN) is one of the most difficult deformities to correct. Although there have been many procedures described in the literature, the results have not been satisfactory both in terms of functional and cosmetic outcome. We use two different techniques to correct CLN and both of these have given very good postoperative results. The first technique is for the skeletal framework and involves using the costal cartilage for reconstruction. In the second method we create 'flaps and various skin incisions' to provide stronger effects.

The point of success in CLN surgery depends on lifting of the sagged alar rim on affected side.

Although lifting up the dimpled nasal floor of the side of defect is easier to perform, it will not correct the CLN. Without addressing the sagged alar rim, it can make the size of nostril smaller than before and hence worsens the asymmetry in terms of the size of both the nostrils.

In the past, alar batten grafts on the affected side or suturing between alar cartilage and skin on the healthy side have been performed. These have however not been very successful.

Using the rib cartilage, we make extended spreader-graft (ESG) and the columellar strut. This is very effective as it provides a very strong supporting structure that is like a beam-column.

Columella that is deviated to the healthy side is one of the most difficult parts of the procedure to correct. We raise a subnasale flap to gain access and correct the deviation. The postoperative results have been very effective. Along with this, we use alar rotation flap on the normal side to correct the nostril show. To correct the low nostril base, a review of literature shows units to have used reinforcement of cartilage and soft tissue. Again the results have not been effective. To correct this, we use alar sliding flap technique.

In correction of CLN, not only is rhinoplasty surgery important but also the correction of scar and lips. Practically, there are many cases that need the correction of lips, philtrum and nasolabial groove. It is therefore better to correct the other deformities simultaneously during the rhinoplasty surgery. We use various flap designs to correct the deformities of lips and philtrum. In cases of whistle deformity on the lips, we use Z-plasty or V-Y advancement flaps. In cases of small upper lip, we use a flap that is similar to an Abbe flap from the lower lip, to increase the volume of the upper lip. In our practice, most CLN patients come to us to get only their nose corrected to improve cosmetically as they feel inferior about the shape of their nose. However, it is better to recommend other surgeries to be performed along with rhinoplasty as mentioned here so that there is an overall improvement in appearance. Also, we often recommend staging operation to provide symmetry of the nostrils and this is usually after 6 months.