Difficult Revision Case: Two Previous Septo-rhinoplasties

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This article reviews the case of a 29-year-old woman who underwent revision rhinoplasty after two previous septo-rhinoplasties.

Preoperative evaluation

Frontal view
- Short nose
- Upper third of the nose lacking in definition
- Inverted “V” deformity of the middle nasal vault
- Deviation to the right of the lower third
- Distorted nasal tip with nasal wings pinched and retracted
- Thin skin

Lateral view
- Hyperresection of the osseous and cartilaginous nasal dorsum with “empty profile”
- Hyperrotated nasal tip
- Retraction of the nasal wing with excessive columellar show
- Excessively wide nose–lip angle

Oblique view
- Confirmation of previous views
- Aesthetic line from eyebrow to nasal tip unharmonious and excessively hollow

Preoperative considerations

The presence of thin skin and cicatricial retraction due to the previous operations constitute two difficulties in treatment. Palpation reveals the complete absence of the septal cartilaginous support and structural weakness of the residual cartilages of the tip. There is obvious collapse of the middle nasal vault and nasal wings during forced inspiration. This situation is the result of overaggressive resection of the upper and lower lateral cartilage as well as subtotal removal of the nasal septum. The revision operation must provide the nasal pyramid with a valid supporting pillar and restore symmetry and strength to the middle nasal vault.
and nasal wings. Nasal length and dorsal height must also be restored.

**Surgical technique**

Harvesting of bilateral auricular concha. Reshaping of concha to reconstruct the completely missing nasal septum by means of incisions on the concave side, figure eight sutures, and attachment of two spreader grafts obtained from the concha, one on either side (Fig. 2).

Open access to the tip and nasal dorsum highlighting the marked asymmetry of the

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Fig. 1. (A, C, E, G, I) Preoperative views. (B, D, F, H, L) Postoperative views 1 year after surgery.
alar cartilages with overresection of the lateral crura. (Fig. 3).

Liberation of the alar cartilages from adhering scar tissue and removal of a cartilaginous onlay graft secured to the domus during a previous operation.

Detachment of the two flaps of the mucoperichondrium and insertion of the "neoseptum" obtained from the auricular concha. Fixation of the graft to the upper lateral cartilages and the medial crura (Figs. 4 and 5).

Preparation of two alar batten grafts and an onlay graft from the second concha.

Preparation of a pocket to accommodate the alar batten grafts from the lateral edge of the lateral crura to the piriform aperture and suturing of the grafts to the lateral third of the lateral crura.

Preparation of an onlay graft, which is sutured to the nasal dorsum to correct the saddle nose deformity (Fig. 6).