



# Difficult Revision Case: Two Previous Septo-rhinoplasties

Armando Bocchieri, MD\*, Carlo Macro, MD

## ■ Preoperative evaluation

*Frontal view*

*Lateral view*

*Oblique view*

*Basal view*

*View from above*

## ■ Preoperative considerations

## ■ Surgical technique

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

## Basal view

- Asymmetrical nasal tip with deviation to the right
- Right dome of tip higher than left
- Collapse of the nasal wings more obvious on the right

## View from above

- Lateral walls of the nose pinched
- Deviation to the right of the lower two thirds of the nose

## 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

V.le U. Tupini 133, Rome 00144, Italy

\* Corresponding author.

E-mail address: armando.bocchieri@libero.it (A. Bocchieri).

106  
107  
108  
109  
110  
111  
112  
113  
114  
115  
116  
117  
118  
119  
120  
121  
122  
123  
124  
125  
126  
127  
128  
129  
130  
131  
132  
133  
134  
135  
136  
137  
138  
139  
140  
141  
142  
143  
144  
145  
146  
147  
148  
149  
150  
151  
152  
153  
154  
155  
156  
157  
158  
159  
160  
161  
162

print & web 4C/FPO



Fig. 1. (A, C, E, G, I) Preoperative views. (B, D, F, H, L) Postoperative views 1 year after surgery.

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

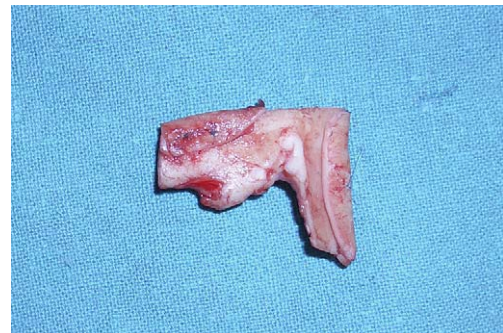


Fig. 2. ■ ■ ■ ■.

163  
164  
165  
166  
167  
168  
169  
170  
171  
172  
173  
174  
175  
176  
177  
178  
179  
180  
181  
182  
183  
184  
185  
186  
187  
188  
189  
190  
191  
192  
193  
194  
195  
196  
197  
198  
199  
200  
201  
202  
203  
204  
205  
206  
207  
208  
209  
210  
211  
212  
213  
214  
215  
216  
217  
218  
[Q5] 219

print & web 4C/FPO

[Q1]

220  
221  
222  
223  
224  
225  
226  
227  
228  
229  
230  
231  
232  
233  
234  
235  
236  
237  
238  
239  
240  
241  
242  
243  
244  
245  
246  
247  
248  
249  
250  
251  
252  
253  
254  
255  
256  
257  
258  
259  
260  
261  
262

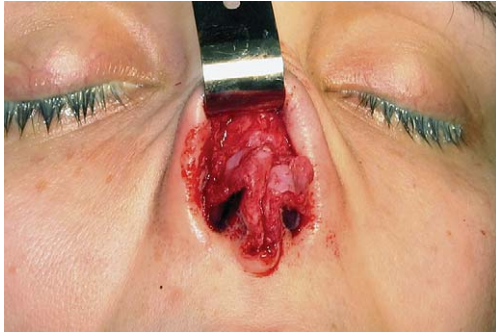


Fig. 3. ■■■■.



Fig. 5. ■■■■.

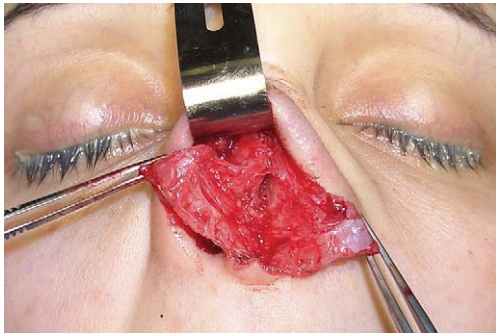


Fig. 4. ■■■■.



Fig. 6. ■■■■.

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).

263  
264  
265  
266  
267  
268  
269  
270  
271  
272  
273  
274  
275  
276  
277  
278  
279  
280  
281  
282  
283  
284  
285  
286  
287  
288  
289  
290  
291  
292  
293  
294  
295  
296  
297  
298  
299  
300  
301  
302  
303  
304  
305