Composite Conchal Graft In Failed Rhinoplasty.

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Key words
Alar buckling, Nasal airway obstruction, membrinous 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, Augmentation 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
Membrinous 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.
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 columellar alar angles.

Figure 1
Pre-op frontal view
Profile view
Immediated post-op frontal view
Profile view
Late post-op frontal view
Profile view

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 unsightly buckling 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 columellar junction and are extended to a very small degree vertically downwards to create space between the two columellar portions of alar cartilage. Harvesting

Figure 2
Sketch
a. Composite graft in recipient area
b. after vestibule split
c. muscular donor site
Pre-operative view
Conchal graft after vestibule incision
Harvested undivided skin cartilage graft

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 edages.

Discussion
Blocked nasal airway due to flapping collapsed buckled alar cartilages causes during an inspiratory effort in drawing of the alar cartilages and markedly reduces are entry, resulting in respiratory distress and air hunger a most distressing condition indeed.
This procedure just described, siendidly car-
ryout 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 cor-
rected. Meticulous planning and careful dissection
and fixation of graft, holds the key to success of this
technique.

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