NOSE-ALAR BASE RESECTION – MEDICAL FLAP TECHNIQUE – OUR EXPERIENCE.

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ABSTRACT: The aim of the surgery is narrowing of the nasal base with normal contour. The standard Wedge resection, as proposed by Weir, does narrow the base but too open at the expense of normal appearing nostrils. 20 patients were taken up for the corrective septo rhinoplasty of which 5 patients needed alar base resection. The medial flap technique as proposed by Jack Sheen was adopted and normal appearing nasal base achieved in all cases.

KEYWORDS: Alar base resection, medial flap technique, septo-rhinoplasty.

INTRODUCTION: The aim of the surgery is narrowing of the nasal base with normal contour.

This concept is many times overlooked. Standard wedge resection, as proposed by Weir, does narrow the base but too often at the expense of normal contour. However, appropriate pre-operative planning and slight modification in technique can achieve the goal of a narrow alar base with natural contours.

For intra-operative planning it is useful to categorized alar bases as type I, II, III

Type I: Heavy alar lobules with nostrils of proper size.

Type II: Heavy alar lobules with slightly large nostrils.

Type III: Flaring of the alar base where the curve of the lobule is parallel to that of the nostrils.

In the present study of septo-rhinoplasty 20 cases were taken up for corrective surgery.

Of these in 5 cases alar base resection was felt necessary after reduction rhinoplasty to correct the flared nostrils. We adopted the technique of medial flap alar base resection as advocated by Jack sheen to achieve normal nasal contour and successful post-operative result were documented.

MATERIAL AND METHODS: The present study was conducted on 20 patients requiring corrective rhinoplasty from April 2010 to October 2012 in the department of ENT accompanied by a plastic surgeon, in MNR Medical College, Sangareddy. Andhra Pradesh. These patients were seeking surgery for cosmetic reasons. 5 patients were taken for alar base resections after assessment.

Surgical Steps: Using number 11 blade incision made along the alar base, extending medially to within 3 mm of the rim. Then a back cut is made to create small triangle of skin extending from the nasal sill (as shown in figure. 2). A superior cut then completes the excision. When the incision is closed the flap provides a small arc of tissue that ensures a smooth, natural curve to the nasal sill. An oval contour was achieved at the alar base and no Wedging showed that the medial flap technique was a better option, to standard alar based resection.

Diagrammatic representation of

Alar base resection

Medial flap technique of alar base resection

DISCUSSION: Alar base surgery requires meticulous preoperative planning and intra operative assessment of the tip in relation to the reduced nasal dorsum. In many occasions, tip plasty or alar base resection is simply not needed, especially in the north Indian population whose have thick nasal skin and a slightly rounded nasal contour. When the height of the tip is decreased by lowering the dorsum and by resecting the angle of the septum, bowing of the nostrils will result. Obviously, large ala, marked flaring and a very prominent tip all require alar base resection to complete the rhinoplasty. However, it is difficult to anticipate the need for resection and intra operative assessment is of more importance. In our series out of 20 cases were taken up for the corrective septo rhinoplasty out of which, only 5 i.e. 20% require alar base resection. It was seen that retaining the medial flap creates a smooth nasal sill, which was more natural appearing in comparison to the notched nasal sill of Weir's technique.

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Fig. 1: Pre operative

Fig. 2: Post operative

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