







Figure 6: 6a and 6b pre operative patient lateral and frontal view.



Figure 7: 7a and 7b show same patient 8 months postoperative frontal view and lateral view

Rhinoplasty outcome evaluation was passed 6 months following surgery. The average score was 21.2. The lowest score achieved was 18 and the highest 24.

## Discussion

At the case reports by Buckley et al, closed primary rhinoplasties show a lack of tip definition that can be attributed to the loss of the defining points of the nose [3]. None the less, our patients demonstrated that after adequate tip projection and fixation, proper tip definition was achieved.

At the study realized by Patel, Mendoca, Skolnick, and Woo where they identified three anatomical types of medial crura in seventeen cadaveric bodies and evaluated the changes in tip projection after surgical intervention depending on the morphology of the medial crura. The types of medial crura described were asymmetric parallel, flared symmetric, and straight symmetric.

The measures were taken before any intervention and after each of the different interventions made: elevation of skin envelope and closure of the columellar incision, inderdomal and medial crura sutures, and placement and fixation of a floating columellar strut. The results showed that a straight symmetric type of medial crura were the strongest and did not need additional maneuvers to maintain nasal tip projection, while asymmetric parallel and flared symmetric types require suture techniques to maintain tip projection.

Also it was found that placement of a columellar strut increased tip projection in all three types of crura [4]. Although this statements and studies show the opposite, we can see that our results show a good tip projection and definition the crura, either symmetric or asymmetric, are transected and repositioned.

The retrospective longitudinal study by Kim, Song, Park, Oh, and Lee on the safety and efficacy of tip extension sutures for Asian rhinoplasty showed satisfying results. They describe the tip extension suture as a variation of the lateral crural spanning suture method by suturing the nasal septum to the cephalic aspect of the medially moved lower lateral cartilage, after advancing the alar cartilage caudally with a two-pronged skin hook allowing to rebuild the nasal tip framework [5]. We used a suture fixation from de domes to the septum similar to this conclusions and believe that this gives a support, especially when the inter domal ligament, or Pitanguys ligament is cut.

A comparative study between septal extension graft and double layered conchal cartilage extension graft by Suh, Jeong, and Choi showed that both nasal tip techniques are similar in terms of stability [6]. Our study demonstrated that although the crura was transected, a nasal tip stability is obtained if its is later sutured to a strut graft.

## Conclusion

According to our experience, alar crura detachment to correct nose tip is a viable option to give tip support and projection.

## References

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