

Controlling Tip Projection by Resection of the Medial Crura: A No Fly Zone?

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Abstract

Background: The aesthetically pleasing nose relies heavily on tip shape and projection, which is determined by the length of the medial and lateral crura. In reducing or controlling tip projection, resecting the medial crura has been considered radical and thus infrequently used. Here we present our experience with purposeful transaction and resection of the medial crura during rhinoplasty procedures.

Methods: This is a single institution, retrospective review of all consecutive patients who underwent rhinoplasty with resection of the medial crura by a single surgeon from 1999 - 2009.

Results: 115 patients underwent resection of the medial crura during rhinoplasty from 1999-2009 at a single institution. Mean age was 35 years. There were 100 females (87%) and 15 males (13%). 76 (66%) patients suffered from varying degrees of nasal obstruction preoperatively and 40 (35%) had evidence of septal deviation. Ten (9%) had a history of prior trauma to the nose. 97 (84%) patients had significant cosmetic concerns. 31 patients (27%) had a history of a prior rhinoplasty procedure. All cases were performed using an open technique, under conscious sedation anesthesia in 99% of cases. In addition to resection of the medial crura, all patients received a columellar strut. 99 (86%) patients underwent septoplasty, thirteen (11%) patients had spreader grafts inserted and five (4%) patients had a tip graft placed. There were 5 complications in this series (4%), none of which were related to tip collapse. There were two infections treated successfully with oral antibiotics, 1 case of intranasal suture dehiscence, 1 case of persistent breathing complaints, and 1 cosmetic concern postoperatively requiring revisional rasping of the dorsum. Mean follow-up was 1.2 years.

Conclusion: Resection of the medial crura can be performed safely during rhinoplasty procedures. In select cases, this technique affords the surgeon the greatest freedom in controlling postoperative nasal tip projection.

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