

The Arabian Rhinoplasty: Soft Tissue Reduction and Tip Strengthening

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Abstract

Background: Arabian noses share with Middle Eastern noses common traits with some variability. These include thick/sebaceous skin envelope with excessive fibrofatty tissues, ill-defined plunging nasal tips, and weak lateral crurae relative to the skin envelope¹. Thick skin at the nasal tip has been claimed with poor surgical outcomes². Defatting techniques have been reported to have no effect on reducing tip and supratip skin thickness after rhinoplasty in moderate to thick skins³. The need for structure and strengthening the cartilaginous framework with respect to the thick, noncontractile skin/ soft-tissue envelope in the Middle Eastern nose have been advocated by Rohrich & Ghavami⁴ and Daniel⁵. This study will emphasize the importance of combining soft tissue reduction & strengthening of tip for the Arabian rhinoplasty.

Methods: The usual operative sequence included an open approach with bony, septal, tip, and alar base modifications as indicated for each of the 72 Arabian patients included in this work. The two constant surgical steps included the plane of dissection & strengthening of the tip. Instead of the standard subperichondrial plane of dissection, exposure was carried out subdermally in the fibrofatty layer over the lobule then converted subperiosteally over the bone. This allows for a uniform & controlled defatting of the thick skin along with excising the soft that remain on the alar cartilages. Tip sutures & grafts were used for all patients with or without columellar struts.

Results: Based on objective & subjective evaluation, 90% of the patients were satisfied with the significant change in their nasal appearance (figures 1&2), which still maintained balanced ethnic facial features within an average of 2-year follow-up. There were no functional complaints. The most common postoperative sequel was the prolonged edema in the supratip/tip region.

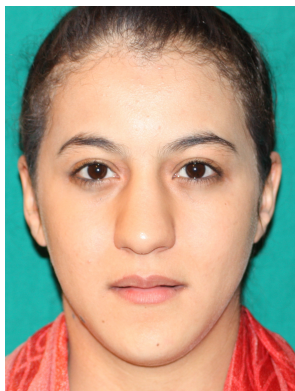


Figure (1): Preoperative photograph of a 20 years old female unsatisfied with shape of her nose demonstrating common features of an Arabian nose.



Figure (2): 9 months postoperative result following an open rhinoplasty procedure applying the concept of soft tissue debulking & tip strengthening.

Conclusions: There is no routine standard technique suitable for the Arabian nose & the surgery should be highly individualized. However, two main concepts should be incorporated in the surgical steps namely; soft tissue reduction & strengthening of the tip in order to achieve a balanced ethnic nose. Strengthening the lobular cartilage is needed for structure of Arabian noses to define the tip and support the originally large heavy skin. While the new thinned skin envelope will contract around the new rigid tip framework to achieve the desired aesthetic goal.

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Financial Disclosure

The author has no financial interest in any of the products, devices, or drugs mentioned in this manuscript.