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The Role of Nasal Septum in Structural Rhinoplasty

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Asian noses are generally small with inherent small structures. Projecting the tip and lengthening the nose have been the goal of Asian Rhinoplasty. In doing so, surgical planning and techniques involve mainly in structural support for the new tip and bridge.

Structural surgery deals mainly with the framework which include several types of support graft ranging from extended spreader graft, septal extension graft, columellar strut graft. A part of structural aspect is the cartilage contour which includes dorsal graft, tip grafts, alar strut/batten, premaxillary plump graft.

The most common technique used is extending the caudal septum through Septal Extension Graft (SEG) and fixing the lower cartilage to the new caudal septum. Long term follow up of SEG still show some degree of weakening because of the heavy skin and soft tissue envelope. Therefore emphasis is to strengthen the SEG as much as possible during surgery.

The design and strength of SEG depends on the size and thickness of the harvested septum. Fixation may be problematic if the harvested septum is small; suturing alone may not be steady enough to hold the load of the new tip and the overlying grafts and skin soft tissue envelop.

Several methods of supporting the SEG will be discussed using conchal cartilages. The basic technique is putting a folded ear cartilage at the anterior end to extend the SEG. Another method is placing it underneath the SEG. The Conchal cartilage is first scored on the concave part and is folded along the axis of scored incision thus resulting in a strong straight piece of ear cartilage. The conchal cartilage is then placed inferior to the SEG and sutured at the posterior edge of the SEG and at the posterior caudal septum similar to the principle of tenon mortise joint.

There are synthetic septum like material which can be used as support, namely porous polyethylene and polycaprolactone. Their use should be cautious to prevent erosion to mucosa, therefore they are fully covered bilaterally with cartilages.