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Post Traumatic Septorhinoplasty

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Abstract

In this study, we looked at 20 individuals who had septorhinoplasty for posttraumatic abnormalities. Excessive breadth, depression, and twisting were identified as three features that occur alone or in combination while studying the abnormalities over a one-year period. Removal of medial tissue, thorough mobilisation of the nasal bones, and postoperative compression exercises were the best treatments for a wide nose. Onlay grafts were used to bring the depressed nose forward, with septal cartilage being the initial choice. Finally, the nasal components were freed, the bone and cartilage were straightened, and they were replaced in their natural locations to treat the twisted nose.

Keywords: Septoplasty; Rhinoplasty; Septorhinoplasty; Deviated nasal septum; Augmentation rhinoplasty; External nasal deformity; Injury

Introduction

Traumatic nasal abnormalities differ from developmental defects in that they can cause both functional and aesthetic problems. These patients frequently have more apparent and substantial cosmetic issues, as well as nasal obstruction and asymmetry. The presence of cracked or substantially damaged septal cartilage complicates their treatment. The final deformity will be determined by the mechanism, severity, and direction of the original trauma, as well as the age at which it occurred [1-4].

Methods

This study covered individuals who presented between January 2020 and June 2020. Only those patients whose deformity was caused by a traumatic incident were included in the study. Lack of a detailed patient history disclosing a serious trauma, previous rhinoplasty or septoplasty, and follow-up less than 6 months prior were all exclusion criteria. Between the traumatic occurrence and the corrective septo-rhinoplasty surgery, all patients had at least a year. A thorough external and internal physical examination of the nose was conducted, with bone and cartilage abnormalities individually documented. Scarring or cohesiveness from the original trauma, any variations from the midline, the form of the nose, the width of the dorsal and basal bony vault, alar rim morphology, and tip definition/projection were all noticed during the facial study. The nasal septum, turbinates, internal nasal valve, and nasal airflow were all assessed during the internal nasal examination. During the intranasal inspection, the direction and degree of the septal fracture line or bending were also determined. The results of the examination and the surgical strategy were pre-planned. Patients go to Plastic Surgeons when their nose simply needs cosmetic work. They present to the ENT surgeon when their nose requires functional and structural treatment. Our patients had septorhinoplasty under general anesthesia, allowing us to repair both structural and functional issues in a single procedure. A columellar incision was made and elevated during the surgery. The septum and spur were used to collect bone and cartilage. Rather than ribs, pelvic bone, or other body parts. As a result, many incisions were not required. Correction of the septal deviation was performed, as well as cosmetic enhancement. For one week, a spill was placed [5-11].

Discussion

The treatment of traumatic nasal abnormalities was evaluated in this study, and its effectiveness in enhancing the function and cosmetic appearance of the nose was proven. We performed 20 septorhinoplasty operations in this study to show that surgical therapy of traumatic nasal abnormalities can be successful. Because both are commonly involved in traumatic deformities, preoperative planning included dividing the deformity into bony and cartilaginous components. Tip abnormalities and surgery were not included in this study since nasal tip surgery is identical to aesthetic rhinoplasty. Patients go to Plastic Surgeons when their nose simply needs cosmetic work. They present to the ENT surgeon when their nose requires functional and structural treatment. Our patients had septorhinoplasty under general anesthesia, allowing us to repair both structural and functional issues in a single procedure. A columellar incision was made and elevated during the surgery. The septum and spur were used to collect bone and cartilage. Rather than ribs, pelvic bone, or other body parts. As a result, many incisions were not required. Correction of the septal deviation was performed, as well as cosmetic enhancement. For one week, a spill was placed. At six months after surgery, the patient's postoperative views were satisfactory. Nasal appearance and breathing issues were successfully resolved (Figures 1-5).

Figure 1: 22 year old male patient, before (left) and after (right) septorhinoplasty.

Figure 2: 19 year old male patient, before (left) and after (right) septorhinoplasty.

Figure 3: 30, year old male patient, before (left) and after (right) septorhinoplasty.

Figure 4: 21 year old male patient, before (left) and after (right) septorhinoplasty.

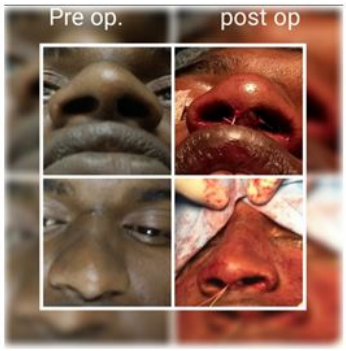

Figure 5: 25 year old male patient, before (left) and after (right) septorhinoplasty.

Conclusion

20 patients were included in the study. In our study group, 90% were male, and 12 10% were female. The patients were all aged between 19-32 years. Postoperative views of the patient at postoperative 6 months were satisfactory. Nasal appearance and breathing problems were corrected successfully.

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