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Extended Abstract

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Abstract

"Middle Eastern" often refers to individuals of Arabic, Turkish, North African and Persian descent. Rhinoplasty on "Middle Eastern nose" possesses an added challenge for the surgeon, owing to certain anatomical characteristics that make Middle Eastern rhinoplasty difficult. Patients may present with a heavy thick skin envelope, bulbous tip, weak alar cartilages with limited support, nostril-tip imbalance and a droopy ill-defined nasal tip. The operative plan must take into account this vast majority of Middle Eastern nasal inherited features. Independent of the surgeon's technical approach, understanding the concerns, goals and motivations for such patients who tend to be "perfectionists" together with preservation of the patient's ethnic identity will make nasal surgery successful.

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Rhinoplasty remains one of the most challenging operations, as exemplified in the Middle Eastern patient. The ill-defined, droopy tip, wide and high dorsum, and thick skin envelope mandate meticulous attention to preoperative evaluation and efficacious yet safe surgical manoeuvres. The authors provide a systematic approach to evaluation and improvement of surgical outcomes in this patient population.

A retrospective, 3-year review identified patients of Middle Eastern heritage who underwent primary rhinoplasty and those who did not but had nasal photographs. Photographs and operative records (when applicable) were reviewed. Specific nasal characteristics, component-directed surgical techniques, and aesthetic outcomes were delineated.

The Middle Eastern nose has a combination of specific nasal traits, with some variability, including thick/sebaceous skin (excess fibro fatty tissue), high/wide dorsum with cartilaginous and bony humps, ill-defined nasal tip, weak/thin lateral crura relative to the skin envelope, nostril-tip imbalance, acute nasolabial and columellar-labial angles, and a droopy/hyper dynamic nasal tip. An aggressive yet non-destructive surgical approach to address the nasal imbalance often requires soft-tissue debunking, significant cartilaginous framework modification (with augmentation/strengthening), tip refinement/rotation/projection, low osteotomies, and depressor septi nasi muscle treatment. The most common postoperative defects were related to soft- tissue scarring, thickened skin envelope, dorsum irregularities, and prolonged edema in the supratip/tip region.

It is critical to improve the strength of the cartilaginous framework with respect to the thick, noncontractile skin/soft-tissue envelope, particularly when moderate to large dorsal reduction is required. A multitude of surgical maneuvers are often necessary to address all the salient characteristics of the Middle Eastern nose and to produce the desired aesthetic result.

The ethnic appearance of the Middle Eastern nose is defined by several unique visual features, particularly a

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high radix, wide overprotecting dorsum, and an amorphous hanging nasal tip. These external characteristics reflect distinct structural properties of the Osseo-cartilaginous nasal framework and skin-soft tissue envelope in patients of Middle Eastern extraction. The goal, and the ultimate challenge, of rhinoplasty on Middle Eastern patients is to achieve balanced aesthetic refinement, while avoiding surgical westernization. Detailed understanding of the ethnic visual harmony in a Middle Eastern nose greatly assists in preserving native nasal-facial relationships during rhinoplasty on Middle Eastern patients. Esthetic alteration of a Middle Eastern nose follows a different set of goals and principles compared with rhinoplasties on white or other ethnic patients. This article highlights the inherent nasal features of the Middle Eastern nose and reviews pertinent concepts of rhinoplasty on Middle Eastern patients. Essential considerations in the process spanning the consultation and surgery are reviewed. Reliable operative techniques that achieve a successful aesthetic outcome are discussed in detail.

Although it is difficult to define specific ethnic groups as they are multiracial mixtures determined by historical, geographical, and cultural factors, we can define basically five non-Caucasian groups that commonly request rhinoplasty. The specific anatomy, surgical options, implant material, grafts, and possible complications are discussed. The importance of blending the "new" nose with the ethnic features to achieve harmony in the facial aesthetic components is emphasized.