

Nasal reconstruction

Nose is one of the main aesthetic dominants of the face.

- loss mostly due to tumor removal / injury
- aim of reconstruction: to reach the minimal possible difference in color, skin texture and contour

Primary closure

- for smaller defects, loose suture (the desirable outcome is healing with a fine scar + maintaining the contour)

Skin Graft

- full-thickness skin graft from the preauricular area (alternatively retroauricular or supraclavicular area)

Full thickness auricular composite chondrocutaneous graft

- suitable for reconstructing a nasal wing defect
- maximum graft size is 2 x 1 cm

Local flaps

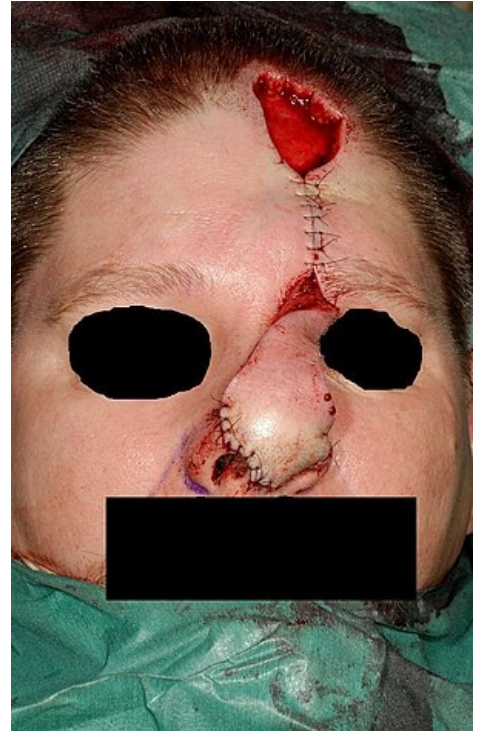
- various modifications of **transposition flaps**: e.g. double flap, V-Y island flap from the nasolabial fold, dorsal nasal flap
- **forehead flaps** ("Indian"): transfer of the tissue needed for reconstruction on the nose + detachment of the flap (with a time gap of several weeks), the donor area is closed with a primary suture / skin graft
- **frontotemporal + retroauricular lobes**: less frequent, after tissue transfer to the defect, most of the flap is positioned to its original location

Distant flaps

- transfer of a pedicle flap from the upper arm (Tagliacozzi 1597) has merely historical significance at this point
- free transfer of the a. dorsalis pedis osteomyocutaneous pedicle island flap

Tissue expander

- is not widely applied in nose reconstruction
- on the inner surface of the nose: skin graft / reverse island flap from the nasolabial fold
- nasal skeleton reconstruction: septum cartilage, cartilaginous / bone graft from a rib



Result of nasal reconstruction

Links

Related articles

- Upper lip reconstruction
- Lower lip reconstruction
- Facial Reconstruction
- History of plastic surgery
- Facial soft tissue injuries

References

- MĚŠŤÁK, Jan. *Úvod do plastické chirurgie*. 1. edition. Praha : Univerzita Karlova v Praze - Nakladatelství Karolinum, 2005. ISBN 80-246-1150-3.