Alar Base Augmentation and Rhinoplasty in Asians

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ABSTRACT

Objective: To evaluate the results of alar base augmentation in Asians 

Background: Alar base insufficiency is a common feature in Asians due to the underdeveloped maxilla. Alar base insufficiency results in the alar base retraction and a flat nasal tip. Alar base augmentation can improve patient satisfaction. This study determined the relationship between alar base augmentation and patient satisfaction in Asians.

METHODS AND MATERIALS

Subjects and Methods: From March 2007 to September 2009, 22 patients in whom alar base augmentation was performed all the time of rhinoplasty were followed up for more than 6 months and included in the study. Patient satisfaction and surgical techniques used and complications were assessed as well as pre- and postoperative results using photo documentation. Paranasal augmentation was performed via the intranasal and sublabial approach. Of 22 patients, 11 patients (58%) had satisfactory results and 11 patients (58%) had unsatisfactory results. Six patients (27%) had complications. Silicone implants were used in 15 patients (68%), followed by e-PTFE graft in 2 patients and autologous rib cartilage in 1 patient. Extrusion of the alloplastic material occurred in 2 patients (silicone, e-PTFE) which were all performed through the sublabial approach. Excluding the 3 patients with complications, objective improvement was seen in 11 patients (54%) and subjective improvement (scale of 2.5) added an average score of 3.23, with everyone except 1 responding to patient satisfaction.

RESULTS

• To evaluate the results of PN augmentation
• To evaluate the results of PN augmentation in overall satisfaction of rhinoplasty

INTRODUCTION

Facial features of Asians

Midfacial hypoplasia is a common feature in Asians due to the underdeveloped maxilla. Nasal root and tip areas are more prominent. "Plump" nose results. Nasal tip buttock folds are prominent. "Hoo k edges" result. Nasal tip projection is decreased.

Paranasal augmentation

One of the procedures to improve midfacial hypoplasia

Alar base augmentation

Alar base augmentation can be done alone or as an adjunct to rhinoplasty. No formal study evaluating its effects on rhinoplasty 

METHODS AND MATERIALS

Subjects and Methods:

• From March 2007 to September 2009
• Patients who underwent paranasal augmentation
• At least 3 month follow-up
• Medical records reviewed for complications

RESULTS

• 22 out of 25 patients
• Adjunct to rhinoplasty 19 vs alone: 3
• Follow-up period: 12 months
• Average 4 years

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• To evaluate effect of PN augmentation in overall satisfaction of rhinoplasty

Complications

• Type of rhinoplasty

RESULTS

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OBJECTIVE

Worse than before (-1)

Much better than before (2)

Figure 1. Paranasal augmentation via the sublabial approach.

Figure 2. Paranasal augmentation via the endonasal approach.

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CONCLUSION

Patient satisfaction for PN augmentation is high

PN augmentation performed as an adjunct to rhinoplasty can improve subjective satisfaction of the rhinoplasty result (synergistic effect)

Although PN augmentation affects facial aesthetics and patient satisfaction, it is difficult to analyze it objectively using photographs.

The intranasal approach seems superior in terms of complication rate when using alloplastic implants.