Combined Lower Lateral Crura Strut with Turn-In Flap for Primary Rhinoplasty

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Clinical Video
Traditionally, trimming the cephalic portion of the Lower Lateral Crura (LLC) is one of the most frequently performed surgical manoeuvres in primary rhinoplasty. To avoid functional and aesthetic complications, turn-in folding of the cephalic portion has been previously described [1]. We have recently combined turn-in flap with LLC strut graft to facilitate the tip refinement, increasing the structural integrity of lateral nasal wall and avoiding postoperative functional flaws.

Technique
Exposure of the low lateral cartilages is performed through an external approach. LLCs are dissected from the vestibular skin. Partial incision with No.15 blade is used to make a partial cut on the outer surface of the LLC followed by free cephalic portion turning in (Video 1). At least 7 mm to 8 mm of LLC is maintained. Three 6-0 PDS mattress sutures are used to suture the folded cephalic cartilage in place. LLC strut grafts, harvested from patient’s septum, are placed to the undersurfaces of the lateral cruras, sutured with three 6.0 PDS mattress sutures.

Discussion
We advocate this technique as ‘cartilage-sparing’ technique since the amount of cartilage required for the LLC strut graft is reduced by up to a factor of 50% by concomitant use of the turn-in flap. This is especially useful in revision surgery where cartilage is often lacking. The combination of LLC strut graft with turn-in flap can be a reliable prophylactic manoeuvre to prevent collapse of the lateral wall and simultaneously create a more favourable tip contour.

References

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Video 1: CAG is showing subtotal occlusion of LAD artery.