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Rhinoplasty specifics of ethnic Armenian noses

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One of the types of ethnic noses are Armenian noses, most of which are described to have thick skin and subdermal fat tissue, big hump, wide alar cartilages, with long lateral wings and because of that we have lower location of the tip of the nose. In 95% of the cases, patients also have deviated septum with hypertrophy of lower nasal turbinate, in about 38% of cases patients also have deviation of nasal pyramid, which is result of trauma.

During the rhinoplasty we have to solve several problems with

1. Resection of deviated part of the septum, leaving straightened L-shaped cartilage with at least 8-10 mm wide
2. Vasotomy/resection of lower nasal turbinate (depending on the size and consistency)
3. Removal of subdermal fat tissue
4. Reduction of hump, lateral osteotomy (sometimes in 2 level)
5. Correction of inner nasal valve (spreader flaps or grafts)
6. Formation of the tip of the nose (cephalic resection of lateral wings of alar cartilages, sliding of lateral wings of alar cartilages, formation of the new dome with hemitransdomal suture, very random resection of medial wings of alar cartilages, shield graft)
7. Fixation of the tip in the needed position (tongue in groove, septum extension graft, columella strut graft (very rarely))

For the period of January 2021 - April 2021 257 primary rhinoplasties were performed by our team. 68 (26,5%) patients were male and 189 (73,5%) were female. The age of the patients was as following 20-30 years old 135 patients (52,5%), 30-40 years old 78 patients (30,4%), 40-50 years old 36 patients (14%) and 8 patients (3,1%) were over 50 years.

230 (89,5%) patients had big hump, 244 (94,9%) patients had deviated septum and hypertrophy of lower turbinate, 169 (65,8%) patients had long lateral wings and lower location of the tip of the nose, 102 (39,7%) patients had thick skin and subdermal fat tissue.

In all cases osteotomies were done with piezotome, on all patients correction of inner valve was done by spreader flaps, subdermal fat tissue had been removed in all patients who have thick subdermal fat tissue. Resection of cephalic edges of lateral wings of alar cartilages were performed in all cases, and also to fix the position of the

tip and to fix the nasolabial angle in all cases tongue in groove had been performed. Hemitransdomal suture for the fixation of the dome in all cases. Sliding of lateral wings of alar cartilages were done on all patients who had long lateral wings.

Primary intentional healing of wounds had been seen on all patients, subdermal thick scaring had been seen on 50 (19,5 %) patients. Injections of kenalog were performed in these cases, and in 43 cases this procedure was effective, and in 7 cases revision tip correction was done: thick scar tissue had been removed, and in all patients we had no more complications. Tip rotation controller suture was performed in 28(10,9%) cases. Late bleeding was observed on 2 patients, whom conchotomy had been done during the operation.

So the bases for best result in ethnic Armenian noses are.

1. Removal of hump with rasp for better control of the amount of removing bone and cartilage
2. osteotomy with piezotome, which helps to have better control of the bone cutting line and is less traumatic for bone tissue,
3. Correction of the inner valve with spreader flaps is quicker and valve is more elastic
4. In order to prevent further hanging of the tip, tongue in groove is more reliable method than the others.
5. To have neat tip resection of cephalic edge of lateral wings has to be done, leaving about 5-7 mm of cartilage depending of the thickness of the skin, size of the forthcoming nose and the sex of the patient.
6. Sliding of the lateral wings of alar cartilages is better choice than the resection of lateral wings. This way the strength of the lateral wings is more and, the chance to have problem with outer valve is less.
7. Hemitransdomal fixation sutures is a must, to have neat, narrow and straight tip.
8. Tip rotation controller sutures is technique of choice, if we have week medial wings of alar cartilages, and if during the operation the surgeon sees the risk of bending of medial wings.

Biography

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