New Techniques for Management of the Crooked Nose

Surgical treatment of the crooked nose can be a challenging endeavor for the rhinoplasty surgeon, as conventional techniques used during surgery may be inadequate to fully correct the abnormality. Allison T. Pontius, MD, and Joseph L. Leach, Jr, MD, discuss 5 different procedures used in open rhinoplasty that help address asymmetries determined on preoperative facial analysis. These include a sidewall-spreading suture, a triangular spreader graft, clocking sutures, septocolumellar sutures, and excision of a “Burow triangle” of cartilage. Knowledge of these adjunctive procedures can be helpful to properly assess complex nasal deformities, and they should be part of the armamentarium of any surgeon performing corrective surgery of the nose.

See page 263

Evaluation of the Radiance FN Soft Tissue Filler for Facial Soft Tissue Augmentation

Many materials are available for soft tissue augmentation, from biologically derived products to synthetic fillers. One of the newer injectable products, Radiance FN (BioForm Inc), consists of spherical particles of calcium hydroxylapatite blended in a water, glycerin, and sodium carboxymethylcellulose-based gel. Thomas L. Tzikas, MD, discusses his experience using Radiance FN in 90 patients to treat various areas of the face, especially the nasolabial folds and lips. After 6 months, appearance, softness, and overall satisfaction were rated good or excellent in more than 74%, 80%, and 88% of patients, respectively. Interestingly, a computed tomographic scan obtained for 1 patient at 7 months showed a calcific density, with normal surrounding tissue in the lips where the filler was injected. Clearly, though, longer follow-up studies will help determine the most appropriate use and long-term safety of Radiance FN.

See page 234

Forehead Flap Periorbital Reconstruction

The forehead flap for defects of the nose has long been used and is well described. Daniel L. Price, MD, and associates describe their use of the paramedian forehead flap to address defects of the periorbital region. They report no complications, but some revisions were necessary because of lesion sequelae. Aesthetic outcomes were evaluated on a 10-cm visual analog scale, showing mean improvements of 1.6 from before tumor resection to after reconstruction and 3.8 from tumor resection to after reconstruction. Representative cases are also presented.

See page 222

Baiting the Cross-Face Nerve Graft With Temporary Hypoglossal Hookup

Staged, cross-face nerve grafting often yields inconsistent nerve regeneration results, often because of suboptimal traversing of axons through the graft. A study performed by Tessa Hadlock, MD, and associates attempted to determine if a cross-face nerve graft hooked distally to denervated muscle—as opposed to being left in the subcutaneous tissue—would positively affect neural ingrowth via neurotrophins released from the muscle. Results in 24 rats that underwent this procedure revealed a significantly greater fiber maturity in the axons between nerve grafts coapted distally to the tongue compared with nerve grafts coapted to a branch of the marginal mandibular branch of the facial nerve. However, recovery of vibrissal function did not differ between the 2 groups, indicating that further investigations are necessary to create techniques that will improve both histomorphometric and functional parameters for nerve grafting.

See page 228

This issue’s Highlights was written by Carlo P. Honrado, MD.