

THE THERAPY OF THE FLAT NOSE

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The improved knowledge of anatomy and physiology of the nose and the use of modern operation technics under the protection of antibiotics, makes it possible to have astonishing operation successes in this organ.

By individual suiting of the technique to the found situation a nearly complete reconstruction of physiological proportions can be attained. The additional implantation of tissues is mostly unnecessary.

But in the cases of noses which have to be reconstructed you will always find some with such a large destruction of the cartilage and bone that an additional implantation of fitting supporting tissue is necessary.

Especially with patients who have had a radical submucous resection before, as it can happen even now, or with patients who have suffered from an abscess of the septum with destruction of the cartilagenous parts of the septum and the resulting duck-beak-nose, this has to be done. Also the severe luetic saddle-nose often has to be treated in this way.

In former times synthetic materials were used as support. But as these materials penetrate the subcutaneous tissue and the skin and can lead to inflammations and later on to severe scars, these materials are unsuitable. Much better for this purpose is a specially prepared bovine bone. But here also complications such as inflammations or foreign body reactions may occur. Better successes can be obtained by using autoplatic bones, for example, of the tibia.

But here is another disadvantage. By and by the bone becomes resorbed by the surrounding tissue and the form changes. Besides this bigger implants of bone can produce a rigidity of facial mimicry.

As other authors we had very good results by autoplatic use of rib cartilage. The advantages of this material are obvious: The metabolism rate is extremely low. There is nearly no resorption. By its elasticity cartilage gives way better to the muscle movements of the features. Cartilagenous tissues can easily be treated.

In many cases of larger defects of the supporting tissues of the nose, as they are found in cases with severe flat noses and saddle-noses of different causes, for years we have only used rib cartilage taken from the same individual.

During later examinations we could make sure that even years after the operation had taken place the implanted cartilage was still unchanged and fitted well.

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Technique:

Before the reconstruction of the nose starts a chip is taken from the right side of the upper edge of the cartilagenous parts of the 6th, 7th or 8th rib. The continuity of the rib should not be interrupted. Of course the pleura parietalis remains unhurt. As there is a different curvature of the 3 ribs the choice of them can be important for the purpose of the chip.

With female patients the skin incision has to be located under the mamma in order that the scar remains practically invisible. With the right instruments this is an easy operation which can be done with the assistance of only one instrumenting nurse.

Until the end of the correcting and reconstructing nose operation, the cartilagenous chip remains in Ringer solution. Curvatures of the chips which sometimes arise, can be corrected by incisions or notching. The cartilage is put into the right position via the usual endonasal incisions. The maxilla-premaxilla approach (Cottle) is very suitable in order to bring implants between the mucous membranes.

Angled chips can also be brought in according to the situation which was found and the effect that is to be desired. A slight dressing has to be brought into the nose for about 7 days and the nose becomes protected on the outside by a dressing of plaster.

SUMMARY

By using modern operation techniques reconstructive nose operations can often be managed without additional implants. When there are large destructions of the supporting tissues, for example, after radical submucous resection and so on, it can be necessary to substitute these elements. Very good results can be achieved by using autoplasic rib cartilage for this purpose.

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