

Letter to the Editor

Versatility of cartilage grafts: reimplantation after a second nasal trauma

Dear Editor,

materials and techniques used for nasal reconstructions have always been a matter of discussion and still no clear guidelines are present. In the beginning, autologous cartilage grafts were extensively used for its low resorption and complication rates¹⁻². Recently, authors have preferred synthetic materials for the immediate availability, no donor-site morbidity, better adaptability, good immediate results and minor costs³⁻⁵. Even if most of rhinoplasties are now performed with synthetic materials, autologous grafts have not been completely abandoned and we believe that they are more versatile especially in particularly difficult cases such as post-traumatic deformities.

A 25 years-old male patient presented with an evident nasal pyramid deformity and obstruction following a primary aesthetic rhinoplasty (Figure 1). We operated him on February 2002 with an "open" rhinoplasty technique using cartilage grafts harvested from the 11th rib. One year later aesthetic results were unremarkable (Figure 1). On September 2003, he suffered a nasal trauma while playing basketball that gave him a new lateral septum deviation and a dislocation of the previous graft (Figure 2). We removed the old graft, enveloped it with a piece of temporoparietal fascia and reimplanted it on the same site. Thirty months later (February 2006), aesthetic results are still positive and the respiratory activity completely restored (Figure 2).

Although the debate about types of grafts to be employed in aesthetic rhinoplasty is far from being solved and even if many surgeons actually favours synthetic materials, we believe that cartilage grafts are indicated in anticipated difficult cases such as post-traumatic nasal deformities. Cartilage grafts are more elastic and flexible than bone grafts. They are easy to harvest and have a long-lasting thickness with a minimal resorption rate. In this case, the cartilage graft has proven useful for reinsertion even after 18 months from the initial grafting.

References

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Figure 1. February 2002. Left upper panel: preoperative frontal view. Right upper panel: Postoperative frontal view. Left lower panel: preoperative lateral view. Right lower panel: postoperative lateral view.



Figure 2. September 2003. Left upper panel: preoperative frontal view. Right upper panel: Postoperative frontal view. Left lower panel: preoperative lateral view. Right lower panel: postoperative lateral view.