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Letter to Editor

A New Method for Symmetrical Nasal Tip Plasty: The Role of the Location and Caudal Relations

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Letter to Editor

Dear editor,

The re-shaping of the nasal tip in rhinoplasty according to the patient's and the surgeon's expectations is called tip plasty [1]. Currently, tip plasty is performed by many technics; however, the results of them are varied [2,3]. Suture techniques offer a safe, reliable, and reversible tool in reconstructing nasal tip cartilages in a primary rhinoplasty. It is a non-destructive technique, and the long-term outcomes are predictable [4]. It is predominantly advisable in primary rhinoplasty, although it can be used in combination with grafts in secondary revision rhinoplasty [5]. Traditionally [6], briefly, after domal creation suture, domal equalization and inter domal sutures have been done, respectively. After that, the nasal tip should be put on columellar strut or septal extension graft. After checking projection, medial crura will be sutured to strut or septal extension graft in this step. Finally, refinement grafts (e.g., tip graft) be added. As expected, a unified and systemic tip complex is mandatory for tip plasty. Indeed, symmetry in dome location and its caudal relation is the most important step during tip plasty, especially in the cases of uneven tip and revision rhinoplasty [7]. Considering the above issues, we modified the standard technic for reached to the best outcome for tip plasty. Hence, after domal creation suture, our tip adjustment suture technique is performed. Briefly, by using a 4-0 and/or 5-0 nylon or prolene threads, from the cephalic trajectory to the dome, the needle is entered to the caudal portion, and reversely, it is returned to the cephalic side. In this step, surgeon's aid holds it as the cross manner for providing dome in both sides aligned in the same plan for the location and caudal relations. At the end, the doms of both sides are fixed by a fine needle (e.g., insulin syringe), and the rest of the standard steps will be done in order. We recommend that this technique be used in future studies in patients undergoing tip plasty, and its clinical outcomes be evaluated with appropriate follow-up.

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